



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: We Care of the Treasure Coast DATE: 8/28/2017

APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.

If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- This is a new application; fee is attached.
- This is a renewal of our present COPCN.
- This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

Class A BLS ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

Class B BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

Class C BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

Class D BLS ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

Class E Wheelchair Wheelchair/Stretcher Ambulatory Transport
Agencies that provide wheelchair transportation service only where said services are paid for in part or in whole either directly or indirectly with government funds.

Class E1 Wheelchair Wheelchair/Stretcher Ambulatory Transport
Agencies that provide wheelchair vehicle service where said services are not paid for in part or in whole either directly or indirectly with government funds.

II. COMPANY DETAILS

1. NAME OF AGENCY: We Care of the Treasure Coast, Inc.

MAILING ADDRESS: 1971 SW Biltmore St.

CITY Port St. Lucie COUNTY ST. Lucie

ZIP CODE: 34984 BUSINESS PHONE (772) 398-0845

2. TYPE OF OWNERSHIP(i.e. Private, Government, Volunteer, Partnership, etc.):

Private (sub S)

3. MANAGER'S NAME: Haralambos "Bob" Barakos

ADDRESS: 1971 SW Biltmore St. PSL, FL 34984

PHONE #: (772) 398-0845

4. PROVIDE NAME OF OWNER(S) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION (attach a separate sheet if necessary):

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Haralambos Barakos</u>	<u>7203 Indian River dr.</u>	<u>Pres/owner</u>

5. PROVIDE NAMES AND ADDRESSES OF AT LEAST THREE (3) LOCAL REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
<u>Health South TC. Rehab</u>	<u>1600 37th St. Vero</u>	<u>(772) 778-2100</u>
<u>IRMC</u>	<u>1000 36th St Vero</u>	<u>(772) 567-4311</u>
<u>Hospice of Martin</u>	<u>1201 Indian St Vero</u>	<u>(772) 287-7860</u>

6. FUNDING SOURCE: Private

7. RATE SCHEDULE ATTACHED? YES NO N/A

8. LIST THE ADDRESS(es) OF YOUR BASE AND ALL SUB-STATIONS:

1971 SW Biltmore St. Port St. Lucie FL 34984

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

PXx777

1. RADIO FREQUENCY (ies)

400 MHz

2. RADIO CALL NUMBER(s)

We Care 100

3. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS:

FROM AMBULANCE

FROM BASE STATION

IRMC

//

//

Lawnwood Reg

//

//

SLMC

//

//

TRADITION Medical

//

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V. NOTARIZED STATEMENTS Fill in Statements as applicable.

E or E1 APPLICANTS

I, Haralambos BAZAKOS, the representative of
Applicant Name

We Care of the Treasure Coast do hereby attest that the
Business Name of Service

above named service meets all the requirements of, and that I agree to comply with, all applicable provisions of Chapter 304, Life Support and Wheelchair Services.

A-D APPLICANTS

I, Haralambos BAZAKOS, the representative of
Applicant Name

We Care of the Treasure Coast do hereby attest that
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

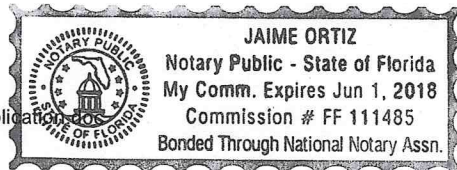
ALL APPLICANTS

I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

[Signature] 8/29/17
APPLICANT SIGNATURE DATE

Before me personally appeared the said Haralambos BAZAKOS who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 29th day of August, 2017.

[Signature] My commission expires: June 1 2018
NOTARY PUBLIC





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/9/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Specialty Insurance Group, Inc 3111 45th St Suite 16 West Palm Beach FL 33407-1981	CONTACT NAME: CSR CSR PHONE (A/C, No, Ext): (561) 683-1220 FAX (A/C, No): (561) 683-1248 E-MAIL ADDRESS: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width:20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A Markel Insurance Company</td> <td style="text-align: center;">38970</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A Markel Insurance Company	38970	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED We Care of the Treasure Coast, Inc 1971 SW Biltmore Street Port St Lucie FL 34984															

COVERAGES **CERTIFICATE NUMBER:17-18 MASTER** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			MTK700002832-04	3/5/2017	3/5/2018	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000 Professional Liability \$ 500,000	
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			MTA700002832-04	3/5/2017	3/5/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$ 20,000	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							
	Certificate Holder is to be listed as additional insured in respects to the operations of the named insured only. 30 DAY CANCELLATION							

CERTIFICATE HOLDER

Florida Department of Health Bureau of Emergency Medical Oversight 4052 Bald Cypress Way Bin A-22 Tallahassee, FL 32399	CANCELLATION <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> AUTHORIZED REPRESENTATIVE Hugh Tamoney/SWG
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We Care



Of The Treasure Coast Inc.
Dispatch - 772-398-0845
1971 SW Biltmore St, Port St Lucie, FL 34984

FLEET

Van 102	1FTNS24W27DA03706	2007	FORD E250 mileage 238,410
Van 104	1FTNS24W88DB10082	2008	FORD E250 mileage 217,930
Van 106	1FTNS2EW1ADB02068	2010	FORD E250 mileage 169,184

Ambulances:

MEDIC 1	1FDSS3EP1ADA39549	2010	FORD E350 mileage 224,663
BLS 3	1FDSS34P29DA88191	2009	FORD E350 mileage 152,425
BLS 7	1FDWE35F21HB75732	2001	FORD E350 mileage 266,787

Drivers name	Drivers license	Medical service certification	Evoc certified
David Avila	A-140-160-83-329-0 EXP-9/9/2018	EMT-E-525210 EXP-12/1/18	Yes
William Rizzo	R200-930-75-296-0 EXP 8/16/19	EMT-E-524243 EXP-12/1/18	Yes
Angelina Wilson	W425-012-82-760-0 EXP-7/20/22	Paramedic-P-525414 EXP 12/1/18	Yes
Matthew Rodriguez	R362-556-71-084-0 3/4/19	Paramedic-P-508671 EXP 12/1/18	Yes
Jack Berkle	B 624-424-65-346-0 EXP 9-26-22	Driver N/A	N/A
Jacqueline Nacca	N 200-421-82-791-0 EXP 08-11-18	Driver N/A	N/A
Will Ramos	R520-920-85-001-6 EXP 1/1/20	Driver N/A	N/A
Chandler Larsen	L625-118-97-015-0 EXP 1-15-23	EMT E-556366 EXP-12/1/18	Yes



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FEE SCHEDULE - EXHIBIT A

WHEELCHAIR:

-One way - \$40.00 + \$2.50/mile

NON MEDICAL STRETCHER:

-One way- \$125.00 + \$5.00/mile

BLS (with oxygen):

-One Way- \$300.00 + \$8.00/mile

ALS:

-One Way - \$425.00 + \$8.00/mile

STRETCHER WAIT TIME:

-\$25.00 every half hour