INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

NATIONAL HEALTH TRANSPORT DATE: 7/11/2023 APPLICANT NAME: 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 prehospital 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.

II. **COMPANY DETAILS**

1. NAME OF AGENCY: NATIONAL HEALTH TRANSPORT

MAILING ADDRESS: 2290 NW 110TH AVE

CITY SWEETWATER COUNTY MIAMI DADE

BUSINESS PHONE: (305) 636-5000 ZIP CODE: 33172

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

Corporation(private)

MANAGER'S NAME: Michael DeSouza 3.

ADDRESS: 1528 SW Mapp Road Palm City, FL 34990

PHONE #: (954)616-9000

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

NAME

ADDRESS

POSITION

Raul Rodriguez

2290 NW 110th Ave, Sweetwater, FL 33172

President

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

NAME

ADDRESS

PHONE #

Cory Richter

714 W Fischer Cir. Sebastian, FI 33958

772-633-3929

Jen Michalowski 2150 SE Salerno Rd, Ste 108 Stuart, Fl 34997

772-807-0415

Allison Parkes

1110 35th Lane Vero Beach, FI 32960

772-978-5554

6.	FUNDING SOURCE: Self				
7.	RATE SCHEDULE ATTACHE	O? YES ☑	NO □	N/A □	
8.	LIST THE ADDRESS OF YOU	R BASE AND ALL S	SUB-STATION	NS:	
1528 SW I	Mapp Road Palm Ci	ty, Florida 3	4990		
III.	COMMUNICATIONS INFORM	ATION:			
TVDES OF	RADIOS/EQUIPMENT:				
Motorola	TADIOS/EQUIPMENT.				
	ADIO FREQUENCY (ies) trat with Highland Wireless	2. RAD WQYV483	OIO CALL NU	MBER(s)	
		-			
	ST ALL HOSPITALS AND OTHE HICH YOU HAVE DIRECT RADI			Н	
	FROM AMBULANCE	FRO	OM BASE STA	ATION	
All Via Me	ed-10	All via phone			
					-
					-
Name of the last o					_

IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:

RENEWAL APPLICANTS NEED ONLY #'s 4 - 9

- Factual Statement indicating the public need and services, including studies supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services, and any other pertinent data you wish to be considered.
- 2. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
- Factual Statement indicating the ability of the applicant to manage and
 provide the proposed services, including the management plan, maintenance
 facilities, insurance program, accounting system, system for handling
 complaints, system for handling accidents and injuries, system for providing
 the county monthly operating reports and any other pertinent data you wish to
 be considered.
- 4. Copy of Standard Operating Procedures.
- Copy of Medical Protocols.
- 6. Copy of your insurance policy must show coverage limits -
- 7. Vehicle Information. For each vehicle provide the following:
 - a. Make, Model, Year, Manufacturer
 - b. Mileage
 - c. VIN#
 - d. Tag Number
 - e. Passenger capacity (E/E1 classification)
 - f. Indicate ALS/BLS (A-D classification)
- 8. Personnel Roster. For each employee provide the following:
 - a. Name Last, First and Middle Initial
 - b. Driver's License # (if commercial, specify class) & Expiration Date ADDITIONAL INFO REQUIRED FOR A-D classifications
 - c. Emergency Medical Service Certification and # (EMT or Paramedic)
 - d. Expiration date of Certification
 - e. Whether or not has an Emergency Vehicle Operation Certificate.
- 9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

V. NOTARIZED STATEMENTS
I, <u>Paul Rodriguez</u> , the representative of
Notiona Halth- Transport, 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.
APPLICANT SIGNATURE DATE
Before me personally appeared the said <u>Row Rowges</u> 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 <u>5</u> day of <u>July</u> , 2023 My commission expires: 710/28
ALISSA D. GARQIÓ TARY P BLIC MY COMMISSION # HH 151116 EXPIRES: July 10, 2025 Bonded Thru Notary Public Underwriters



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/30/2023

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 have ADDITIONAL INSURED provisions or 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).

	MARSH USA, LLC. 1221 Brickell Avenue, Suite 1550 Miami, FL 33131			NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:		FAX (A/C, No)		
				, ADDITUGO,	INSURER(S) AFFO	RDING COVERAGE		NAIC#
CN	1110033400WAGP-23-24			INSURER A : Old F	Republic Insurance Co			24147
INS	SURED				ry's Specialty Insurance	e Company		15686
	National Health Transport, Inc. 2290 NW 110TH Ave			INSURER C :				
	Sweetwater, FL 33172-1923			INSURER D:			*********	
				INSURER E:				
				INSURER F:				
C	OVERAGES CER	RTIFICA	ATE NUMBER:	ATL-005436677	7-03	REVISION NUMBER:)	
l C	THIS IS TO CERTIFY THAT THE POLICIE: NDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERTAI POLICIE	MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF ANY CONTR ED BY THE POL BEEN REDUCED	ACT OR OTHER ICIES DESCRIBE BY PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
LTF	TYPE OF INSURANCE	INSD W		POLICY E		LIMIT	rs	
В	X COMMERCIAL GENERAL LIABILITY		005FL000036286	06/23/2022	06/23/2023	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	50,000
						MED EXP (Any one person)	\$	5000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ \$	3,000,000
Α	AUTOMOBILE LIABILITY		MWTB 313612 23	06/01/2023	06/01/2024	COMBINED SINGLE LIMIT	\$	1,000,000
	X ANY AUTO		"Auto Physical Damage"			BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY X HIRED X AUTOS ONLY X AUTOS ONLY		"Comprehensive Ded: \$1,000" "Collision Ded: \$1,000"			BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$	
	UMBRELLA LIAB OCCUR						\$	
	EXCESS LIAB CLAIMS-MADE				į.	AGGREGATE	\$	
Δ	DED RETENTION \$ WORKERS COMPENSATION		MWC 313611 23	06/01/2023	06/01/2024	χ PER OTH-	\$	
^	AND EMPLOYERS' LIABILITY		141440 313011 20	00/01/2020	00/01/2024	^ STATUTE ER		4 000 000
	ANYPROPRIETOR/PARTNER/EXECUTIVE N	N/A				E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE		1,000,000
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	1,000,000
В	Professional Liability		005FL000036286	06/23/2022	06/23/2023	Limit Per Claim		1,000,000
						Aggregate		3,000,000
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	ES (ACO	RD 101, Additionai Remark⊊ Schedul	e, may be attached if	more space Is require	d)		
CE	RTIFICATE HOLDER			CANCELLATIO	ON			
	Indian River County Fire Department 4225 43rd Avenue Vero Beach, FL 32967			THE EXPIRAT		ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
				AUTHORIZED REPR	-			
						Marsk USA	000	3

Vehicles

NHT VEHICLES

Make	Model	Year	Manufacturer	Mileage	Vin#	Tag	ALS/BLS
Dodge	2500	2019	Dodge	129831	3C6TRVDG5KE563084	MIS86E	Dual Cert
Dodge	2500	2019	Dodge	69205	3C6TRVDG2KE559767	MIU83I	Dual Cert
Dodge	2500	2021	Dodge	134347	3C6ERVDG6ME502256	MIV18E	Dual Cert
Dodge	2500	2022	Dodge	30253	3C6LRVDG3NE140864	MIV09Q	Dual Cert
Dodge	2500	2023	Dodge	470	3C6LRVDG4PE535865	MIV20Q	Dual Cert

NHT EMPLOYEES					
Employee	Number	Effective	Expires		
Adams, Peirce	EMT571518	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	12/1/2024		
Adams, Peirce	PMD 542925	11/17/2020 3/6/2023	12/1/2024		
Aylsworth, Robert E	EMT 577039	1/14/2022			
			12/1/2024		
Bernier, Edgar	PMD 513546	8/17/2007	12/1/2024		
Brown, Jake	EMT571459	12/2/2020	12/1/2024		
Brown, Jake	PMD 540165	12/2/2021	12/1/2024		
Calvillo, Orbelin	EMT 578268	4/23/2022	12/1/2024		
Ceglio, Eliana	EMT583689	6/27/2023	12/1/2024		
Coburn, Joseph	EMT566020	5/18/2021	12/1/2024		
Coburn, Joseph	PMD539548	8/19/2021	12/1/2024		
Dawson, Pyke	EMT 581226	12/21/2022	12/1/2024		
DeSantis, Joseph	EMT 566158	8/20/2020	12/1/2024		
DeSouza, Mike	PMD6657	1/1/1983	12/1/2024		
Dugard, Richard	EMT 581564	1/24/2023	12/1/2024		
Fabrey, Joseph	EMT533699	12/17/2010	12/1/2024		
Fenech, Logan	EMT 576621	12/14/2021	12/1/2024		
Fuentes, Nathaniel B	PMD539437	8/4/2021	12/1/2024		
Greene, Tristan	EMT 575377	8/27/2021	12/1/2024		
Hagans, Brandon A	PMD530919	1/11/2017	12/1/2024		
Hebert, Christopher	EMT577842	3/15/2022	12/1/2024		
Javor, Andrew	EMT 577101	1/20/2022	12/1/2024		
Kilcoyne, Kaitlyn	EMT 577325	2/2/2022	12/1/2024		
Lohse, Luke	EMT 571637	12/8/2020	12/1/2024		
Maldonado, Jennifer	EMT 581737	2/2/2023	12/1/2024		
Martin, Raimee	EMT581351	1/5/2023	12/1/2024		
Martone, Gianna	EMT561265	10/13/2020	12/1/2024		
Martone, Gianna	PMD 541503	7/15/2022	12/1/2024		
McAuliffe, Marissa	PMD 534262	10/18/2018	12/1/2024		
McCallister, Julia	PMD 206952	11/19/2003	12/1/2024		
Neisius, Sarah	PMD 514538	2/6/2008	12/1/2024		
Nieto Gonzalez, Gerardo	EMT 581950	2/17/2023	12/1/2024		
Nunez, Juan	EMT 567624	11/26/2020	12/1/2024		
Pace, Anthony	PMD 542655	1/24/2023	12/1/2024		
Perez, David	EMT 583090	5/17/2023	12/1/2024		
Reinhard, Rochelle	PMD 11954	8/6/1992	12/1/2024		
Reis, Sarah	EMT 579140	6/22/2022	12/1/2024		
Samour, Carlos	PMD 520920	3/21/2011	12/1/2024		
Suarez, Nathan	PMD539290	7/7/2021	12/1/2024		
Tewari, Jason	EMT 582753	4/26/2023	12/1/2024		
Wallman, Anders	EMT 576978	1/11/2022	12/1/2024		
Wise, Mathieu	EMT 583801	6/30/2023	12/1/2024		
vvise, iviatineu	FINIT JOSOUT	0/30/2023	12/1/2024		



Schedule of Rates for Non-Emergency Ambulance Transports

Basic Life Support Base Fee \$363.20

Advanced Life Support Base Fee \$524.60

Advanced Life Support II Base Fee \$943.60

Specialty Care Transport Base Fee \$1,081.30

Oxygen \$54.70

Mileage \$11.90

Waiting time per hour ALS/BLS \$189.40