



**SANTA ROSA COUNTY
BOARD OF COMMISSIONERS**

Administrative Offices | 6495 Caroline Street, Suite M | Milton, Florida 32570-4592

VACANT, District 1
ROBERT A. "BOB" COLE, District 2
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ROB WILLIAMSON, District 4
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TONY GOMILLION, County Administrator
ROY V. ANDREWS, County Attorney
JAYNE BELL, OMB Director

MEMORANDUM

TO: Tony Gomillion, County Administrator

FROM: Emily Spencer

DATE: November 2, 2016

RE: Permit for operation of non-emergency Medical services by
TLT Transport, LLC

Attached for your review and recommendation is a copy of the application and proof of insurance for the issuance of a Permit for TLT Transport, LLC.

9. Describe the location and description of the place or places from which the vehicle is

intended to operate: SR County, Esc County, Okaloosa County

10. Describe briefly the training and experience of the applicant in the transportation and care of

patients: Employees are fully trained to move &
transport patients bedside to bedside. CNA &
CPI certified

11. Description of vehicle:

a. Make: Ford

b. Model: Econline / Transit Connect

c. Year of manufacture: 2013-2016

d. Motor number: _____

e. Chassis: _____

f. State or Federal Aviation Agency registration number: _____

g. Color scheme: White Van, red/blue logo

h. Insignia, name, monogram, or other distinguishing characteristics to be used to designate the Applicant's vehicle: _____



**Wheelchair
Stretcher
Non-Medical
Transportation**

12. Names and addresses of three (3) residents of the County as references:

DeVann Cook

John Roche

Joey Rogers

13. By execution of this Application by its duly authorized officer, Applicant agrees to file, in the event that the Application is granted and prior to its effectiveness, copies of policies of public liability, property damage and malpractice insurance as provided in Ordinance 2007-13 of the Board of County Commissioners of Santa Rosa County, Florida, or a surety bond conditioned for the payment and satisfaction of any final judgment as required by such ordinance.

14. By execution of this Application by its duly authorized officer, Applicant agrees to file, in the event that the Application is granted and prior to its effectiveness, a copy of standard operating procedures which shall include all general and/or special instructions to personnel as to the exact nature of the duties, when applicable, under what conditions, to whom and how emergency care shall be rendered; and acknowledges that said standard operating procedures are to be reviewed and approved by the Board prior to initiation of service.

15. Attached to this application is Applicant's fee of \$50.00.

APPLICANT'S NAME:

TLT Transport

By: Dominic Persichini

Its: Owner



TLTTRAN-01

BRIDGET

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2016

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 Eustis Insurance, Inc. 110 Veterans Memorial Boulevard Suite 200 Metairie, LA 70005	CONTACT NAME: PHONE (A/C, No, Ext): (504) 586-0440		FAX (A/C, No): (504) 565-5219
	E-MAIL ADDRESS: info@eustis.com		
INSURED TLT Transport, LLC. 3061 Chippewa Lane Pace, FL 32571	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Lexington Insurance Company		19437
	INSURER B : Illinois National Insurance Company		23817
	INSURER C : Commerce & Industry Insurance Company		19410
	INSURER D :		
	INSURER E :		
INSURER F :			

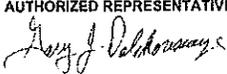
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 SUBR INSD 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		41LX0670464720000	04/16/2015	04/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 ABUSE MOLESTATI \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		06CA0132269530000	04/16/2015	04/16/2016	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
C	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 N/A	WC031522430	10/29/2015	10/29/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Bay Breeze Nursing Home 3387 Gulf Breeze Pkwy Gulf Breeze, FL 32563	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Non-Medical Services Transportation

PERMIT

WHEREAS, TLT Transport, LLC, has requested a permit for non-medical transport services; and,

WHEREAS, there has been a need demonstrated for said services; and,

WHEREAS, TLT Transport, LLC, has indicated that it will comply with all requirements of Florida Law and County ordinance, the Board of County Commissioners of Santa Rosa County hereby issues a Permit for the year 2017.

In issuing this permit it is understood that the above named will meet the requirements of State Law and County ordinance and shall provide non-emergency transport services on a twenty-four hour basis for the following area: Santa Rosa County



Clerk

Chairman, Board of County Commissioners

2017-01

**ORDER GRANTING PERMIT FOR
PUBLIC CONVENIENCE AND NECESSITY
FOR AMBULANCE SERVICE**

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF
SANTA ROSA COUNTY, FLORIDA

IN RE: APPLICATION FOR PERMIT FOR
OPERATION OF AMBULANCE SERVICE,
FOR TRANSPORTATION OF NON-
EMERGENCY SICK, INJURED, WOUNDED,
OR OTHERWISE INCAPACITATED OR
HELPLESS.

ORDER NO.2017-01NET

WHEREAS, Santa Rosa County has been requested to issue a Permit to TLT Transport, LLC, for the operation of a non-medical transportation system, and

WHEREAS, the Santa Rosa Board of County Commissioners find as follows:

1. There is a public need for the type of service proposed within the territory affected by the application.
2. That the applicant has qualified as set forth under the terms of Ordinance 87-54.
3. That the Permit shall be for all areas of Santa Rosa.
4. The Permit shall be for a period of one year from the date of the signing of this Order and the issuance of the Permit.

NOW, THEREFORE, IT IS ORDERED AND ADJUDGED that a Permit for operation of a non-medical transportation system is hereby granted. This Permit and all activities authorized pursuant to this Permit are subject to and shall be conducted in compliance with all requirements of Florida law and county ordinance as currently exist and as are provided in the future.

PASSED AND ADOPTED by the Board of County Commissioners, Santa Rosa County, Florida, on a vote of ____ yeas, ____ nays, and ____absent, this 10th day of November, 2016.

ATTEST:

**BOARD OF COUNTY COMMISSIONERS
OF SANTA ROSA COUNTY, FLORIDA**

Clerk of the Courts

Lane Lynchard, Chairman