APPLICATION FOR LEE COUNTY

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

FOR

AMBULANCE AND RESCUE SERVICE

LEE COUNTY

SOUTHWEST FLORIDA

A. For Non-governmental Organizations: Attach the name, address, and resume of the owner and the primary EMS operating officer or manager of the ambulance provider, or if the owner is a corporation, then the names, addresses and resumes of the Chief Executive Officer (CEO) and directors of the corporation and of all the stockholders holding more than 25% of the outstanding shares.

For Governmental Organizations: Appointed or elected official(s) of a governmental entity shall not be required to provide a resume.

B. For the following items, C through I, adjust the spacing of the document as necessary to provide the requested information.

C. Describe how the applicant's service will coordinate with existing public safety agencies.

The Lehigh Acres Fire Control and Rescue District currently participates in a mutual aid agreement with other Fire/Rescue and EMS agencies within Lee County. In addition, the District also participates in an interlocal (closest unit response) agreement with other fire rescue and EMS agencies within Lee County as well. Through our involvement in the countywide dispatch system, we are available 24 hours a day, 7 days a week for initial and mutual aid responses as necessary.

D. Describe how the system will enhance pre-hospital care and/or interfacility transports for the public health, safety, and welfare.

The Lehigh Acres Fire Control and Rescue District (District) provides pre-hospital advanced life support care and ambulance transport services to the residents and visitors of Lehigh Acres, Florida. The District covers approximately 142 square miles and provides services to approximately 88,000 residents (census 2010). It is believed that the population of Lehigh Acres is currently 130,000 residents (estimate). Our system

enhances the existing advanced life support care and ambulance transport service capabilities of the eastern region of Lee County.

E. Describe how the service will improve public convenience and justify the necessity of the intended service.

Lehigh Acres, Florida is an unincorporated area of the eastern region of Lee County, Florida. The District has been providing ambulance transport services since 1976. The District began to offer advanced life support care in addition to ambulance transport services in 1981. The District has been providing this service in coordination with Lee County EMS. The District responds to approximately 13,800 calls for service annually and currently provides the initial pre-hospital emergency response to this area. We are committed to the continued provision of these services, which justifies the necessity mentioned herein.

F. Describe the number and type of response/transport vehicles, including the minimum number of staffed permitted response/transport units during a 24-hour period.

The District currently operates out of five (5) stations. The District is currently under construction to add an addition fire station on North Sunshine Blvd and W 17th street, and has plans to place an ALS Engine and ALS Transport unit to respond from this station. The district is also in the process of acquiring several additional sites for future fire stations. Each station houses a permitted ALS non-transport fire suppression unit. Currently the District can provide a minimum of Four (4) permitted advanced life support transport units during a 24-hour period with additional units added when staffing permits. The District has plans to implement a BLS transport program in early 2021 to supplement our ALS transport

service.

G. Provide address of the Service Headquarters.

Lehigh Acres Fire Control and Rescue District

636 Thomas Sherwin Avenue South

Lehigh Acres, Florida 33974

H. Provide address(es) of the post(s) or sub-station(s).

Station 101: 1000 Joel Boulevard, Lehigh Acres, Florida 33936

Station 102: 11 Homestead Road South, Lehigh Acres, Florida 33936

Station 103: 308 Gunnery Road, Lehigh Acres, Florida 33972

Station 104: 3102 16th Street S.W., Lehigh Acres, Florida 33976

Station 105: 636 Thomas Sherwin Avenue South, Lehigh Acres, Florida 33974

Station 106: 2501 49th Street W, Lehigh Acres, Florida 33971

I. Provide the schedule of rates for service.

Lehigh Acres Fire Control and Rescue District fees are consistent with Lee County's rates for service as follows:

- BLS non-Emergency = $650.00
- BLS Emergency = $650.00
- ALS non-Emergency = $875.00
- ALS Emergency = $875.00
- ALS 2 = $875.00
- Treat No Transport = $150.00
- Ambulance Transport Mileage = $12.00 per loaded mile

J. Medical Director(s) Name and License Number(s)

Name: Joseph Lemmons

Medical License # OS 5632

Drug Enforcement Agency (DEA) # BL 9473810

Additional Medical Director

Name: N/A

Medical License #_____

Drug Enforcement Agency (DEA)#_____

K. Attach the certificate of insurance for vehicle(s) and malpractice.

L. Include the application fee of one thousand dollars ($1,000.00) for initial application, or five hundred dollars ($500.00) for a renewal application.

I, the undersigned owner or authorized representative, hereby submit this application and the attached support documentation. The information and documents provided are complete and accurate to the best of my knowledge.

12/9/2020 Robert A DiTullio Fire Chief

Date Signature of Owner or Authorized Representative

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 398

FORT MYERS, FLORIDA 33902-0398

INVOICE

Check appropriate box:

☐ **Initial Application Fee: $1,000.00**

X **Renewal Application Fee: $500.00**

FOR: CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE

NAME: Lehigh Acres Fire Control and Rescue District

ADDRESS: 636 Thomas Sherwin Avenue South

STREET/PO BOX: N/A

CITY: Lehigh Acres

STATE: Florida

ZIP: 33974

MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF COUNTY COMMISSIONERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/5/2020

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).

PRODUCER Marsh & McClennan (CLW) 101 N Starcrest DR Clearwater FL 33765	CONTACT NAME: Bouchard Insurance PHONE (A/C, No, Ext): 727-447-6481 FAX (A/C, No): 727-449-1267 E-MAIL ADDRESS: clcerts@bouchardinsurance.com
INSURED LEHIGHAC1 Lehigh Acres Fire Control & Rescue Ms. Susan Platas District 636 Thomas Sherwin Ave. S Lehigh Acres FL 33974-0555	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : American Alternative Ins Co — 19720 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1817462783 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		VFNUTR001748500	10/1/2020	10/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY	Y		VFNUTR001748500	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			VFNUTR001748500	10/1/2020	10/1/2021	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE / 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)

NOTICE:
If required by written contract, Certificate Holder is an additional insured with respect to General Liability and Auto Liability, subject to the terms, conditions and exclusions of the policies.

CERTIFICATE HOLDER

Board of Lee County Commissioners
2120 Main Street
Fort Myers FL 33901-0000

CANCELLATION

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

CERTIFICATE OF COVERAGE ISSUED ON: **12/08/2020**

COVERAGE PROVIDED BY: **PREFERRED GOVERNMENTAL INSURANCE TRUST**

PACKAGE AGREEMENT NUMBER: WC FL1 0364704 20-22 COVERAGE PERIOD: 10/01/2020 TO 10/01/2021 12:01 AM

COVERAGES: This is to certify that the agreement below has been issued to the designated member for the coverage 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 coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.

Mail to: Certificate Holder
Info Only
n/a
n/a , n/a n/a

Designated Member
Lehigh Acres Fire Control and Rescue District
636 Thomas Sherwin Ave. S
Lehigh Acres , FL 33974

LIABILITY COVERAGE

Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury:
Limit Deductible

Employee Benefits Liability
Limit Deductible

Employment Practices Liability
Limit Deductible

Public Officials Liability
Limit Deductible

Law Enforcement Liability
Limit Deductible

WORKERS' COMPENSATION COVERAGE

WC AGREEMENT NUMBER: WC FL1 0364704 20-22

Self Insured Workers' Compensation

X **Statutory Workers' Compensation**

X **Employers Liability**
$ 1,000,000 Each Accident
$ 1,000,000 By Disease
$ 1,000,000 Aggregate Disease

PROPERTY COVERAGE

Buildings & Personal Property
Limit: Per schedule on file with Trust Deductible
Note: See coverage agreement for wind, flood, and other deductibles.

Rented, Borrowed and Leased Equipment
Limit: $ 0 TIV See Schedule for Deductible

Total All other Inland Marine
Limit: $ 0 TIV See Schedule for Deductible

CRIME COVERAGE

Employee Dishonesty
Limit Deductible

Forgery or Alteration
Limit Deductible

Theft Disappearance & Destruction
Limit Deductible

Computer Fraud
Limit Deductible

AUTOMOBILE COVERAGE

Automobile Liability
Limit Deductible
All Owned
Specifically Described Autos
Hired Autos
Non-Owned Autos

Automobile Physical Damage
Comprehensive See Schedule for Deductible
Collision See Schedule for Deductible
Hired Auto with limit of

Garage Keepers
Liability Limit
Liability Deductible
Comprehensive Deductible
Collision Deductible

NOTE:Additional Covered Party status is excluded for non-governmental entities. The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of loss.

Description of Operations/ Locations/ Vehicles/Special items-(*This section completed by member's agent, who bears complete responsibility and liability for its accuracy)*:

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.

Administrator
Public Risk Underwriters®
P.O. Box 958455
Lake Mary, FL 32795-8455

CANCELLATIONS
SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE AGREEMENT PROVISIONS.

Producer
Marsh & McLennan Agency LLC - Bouchard Ft Myers

12800 University Drive , Suite 165

Fort Myers , FL 33907

Margaret E Glass

AUTHORIZED REPRESENTATIVE

PGIT-CERT (1/19) *PRINT FORM* 12/08/2020

12/08/2020

Info Only
n/a
n/a , n/a , n/a

Re: Coverage Agreement - WC FL1 0364704 20-22
Lehigh Acres Fire Control and Rescue District
Effective Date: 10/01/2020 TO 10/01/2021

To Whom It May Concern:

Preferred Governmental Insurance Trust is unable to name non-governmental entities as an additional covered party due to Florida Statute 768.28.

Non-governmental entities do not enjoy sovereign immunity protection under Florida law. Coverage through the Preferred Governmental Insurance Trust is predicated upon the concept of sovereign immunity among all its members. Accordingly, entities which are not eligible for sovereign immunity protection under F.S. 768.28 may not be an additional covered party under the Preferred coverage agreement.

We appreciate your understanding.

Margaret E. Gross, CPCU
Director of Underwriting

If Additional Covered Party status was not requested on the attached certificate, the provisions in this letter do not apply.