

**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.

1. Prior to the arrival of an advanced life support ambulance from local EMS transport providers, our agency will be able to continue initial basic and advanced life support services to patients in preparation for transport to a medical facility.
2. Assist local EMS transport providers with advanced life support services when requested to do so.
3. Conduct basic and advanced emergency medical training along with and/ or equivalent to, or exceeding the local EMS agencies.

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

This service will allow for us to continue providing care of advanced life support services.

1. This service will decrease the amount of time that the patient currently has to wait for basic and advanced life support services, which will directly reduce patient morbidity and mortality.
2. This service will allow the current local advanced life support transport services additional resources to assist them in the delivery of pre-hospital emergency care.

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

1. This service will allow fire rescue units to continue to provide basic and advanced life support services which will decrease advanced life support response times by approximately five to 20 minutes. It will also provide an additional resource to local EMS transport agencies.
2. Provide emergency medical personnel certified as firefighter-EMT's and paramedics with additional certifications in other pre-hospital emergency specialties, as required by the service medical director.

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.

1. Eight advanced life support non-transport units.

G. Provide address of the Service Headquarters.

ADDRESS OF HEADQUARTERS

Bonita Springs Fire Control and Rescue District – Station #24
27701 Bonita Grande Drive
Bonita Springs, FL 34135

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

ADDRESS OF SUB-STATIONS

Bonita Springs Fire Station #21
27490 Old 41 Road
Bonita Springs, FL 34135

Bonita Springs Fire Station #22
28055 Mango Street
Bonita Springs, FL 34134

Bonita Springs Fire Station #23
25001 South Tamiami Trail
Bonita Springs, FL 34135

Bonita Springs Fire Station #25
8850 West Terry Street
Bonita Springs, FL 34135

Bonita Springs Fire Station #26
16001 Bonita Beach Rd SE
Bonita Springs, FL 34135

Bonita Springs Fire Station #27
26105 Hickory Blvd
Bonita Springs, FL 34134

I. Provide the schedule of rates for service.

None

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

Name: Alexander Edward Rodi Jr, DO

Medical License# OS 5873

Drug Enforcement Agency (DEA)# FR2002234

Additional Medical Director

Name: _____

Medical License# _____

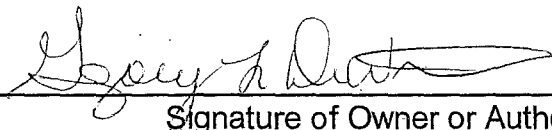
Drug Enforcement Agency (DEA)# _____

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.

10/2/18
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

☒ Renewal Application Fee: \$500.00

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

NAME: Bonita Springs Fire Control and Rescue District

ADDRESS: 27701 Bonita Grande Drive

STREET/PO BOX:

CITY: Bonita Springs

STATE: Florida

ZIP: 34135

**MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF
COUNTY COMMISSIONERS**

Named Insured:
BONITA SPRINGS FIRE CONTROL AND
RESCUE DISTRICT

Policy Number: VFIS-TR-2066598-06/000
Policy Period: From 10-11-2018
To 10-11-2019

AUTO COVERAGE PART DECLARATIONS

ITEM ONE: Named Insured - Refer to the Common or Auto Policy Declarations

ITEM TWO: Coverage and Covered Autos

This coverage part provides only those coverages activated by a Covered Auto Symbol or a Premium shown below:

Coverage	Covered Auto Symbols	Limit of Insurance (this is the most we will pay for any one accident or loss)	Premium
Liability (combined single limit)	1	\$1,000,000 each accident	\$ 11,381
Personal Injury Protection (PIP) (or equivalent no-fault coverage)	5	Refer to ITEM THREE and each PIP or added PIP endorsement	\$ 269
Added Personal Injury Protection (or equivalent added no-fault coverage)	N/A	Separately stated in each added PIP endorsement	
Property Protection Insurance (Michigan Only)	N/A	Separately stated in the P.P.I. endorsement minus Ded. for each accident	
Auto Medical Payments	N/A	each person	
Medical Expense and Income Loss Benefits (Virginia only)	N/A	Separately stated in each Medical Expense and Income Loss Benefits endorsement	
Uninsured Motorists (UM)	2	Refer to ITEM THREE and the Uninsured Motorists endorsement	\$ 4,784
Underinsured Motorists (UIM) (when not included in UM coverage)	2	Refer to ITEM THREE and the Underinsured Motorists endorsement	INCL
Physical Damage – Comprehensive	10, 7, 8	Refer to ITEM THREE and ITEM FOUR (if applicable)	\$ 5,657
Physical Damage – Specified Causes of Loss	N/A		
Physical Damage – Collision	10, 7, 8		\$ 11,578
Physical Damage – Towing and Labor	N/A	Refer to ITEM THREE	
Other Auto Coverages			\$ 567
Estimated Coverage Part Premium:			\$ 34,236.00
Taxes, Fees and Surcharges:			
Total Premium:			\$ 34,236.00

Named Insured:
 BONITA SPRINGS FIRE CONTROL AND
 RESCUE DISTRICT

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 To 10-11-2019

ITEM THREE Schedule of Your Auto Coverage

Auto Schedule Summary

Veh. Num.	Year	Make	Model	PE Code	V.I.N.	Value
1	1956	INT'L	ANTIQUE	OTH	S84791	\$ 14,500
2	1992	INT'L 4800	BRUSH VEH	BV	1HTSEN2N8NH438373	\$ 250,000
3	1993	INT'L 4800	BRUSH VEH	BV	1HTSEN2NXPH499372	\$ 250,000
4	1999	FORD	F250	OTH	1FTNX21L8XEB44902	ACV
5	1998	CHEVY STEP	HAZ MAT	HM	1GBKP32Y7W3314815	\$ 36,500
6	2001	PIERCEQUAN	PUMPER LDH	PLDH	4P1CT02E61A001038	\$ 400,000
7	2000	EXPRESS	TRAILER	OTH	5GLBE24221C000009	\$ 9,000
8	2001	PIERCECONT	PUMPER LDH	PLDH	4P1CT02U71A001587	\$ 245,000
9	2004	PIERCEQUAN	PUMPER LDH	PLDH	4P1CT02H34A004154	\$ 500,000
10	2004	PIERCEQUAN	RESCUE HVY	RTH	4P1CU01S34A004326	\$ 550,000
11	2006	FORD	EXPEDITION	OTH	1FMPU16566LA60377	ACV
12	2007	FORD	ESCAPE	OTH	1FMYU02Z47KA59761	ACV
13	2007	FORD	ESCAPE	OTH	1FMYU02Z27KA59760	ACV
14	2006	CUSTOM	TRAILER	OTH	4YMUL12115G113486	\$ 9,000
15	2007	FORD	F-150	OTH	1FTRX12W57FA07057	ACV
16	2007	FORD	F-150	OTH	1FTRX12W47NA21246	ACV
17	2007	FORD	VAN	OTH	2FTZA546X7BA13766	ACV
18	2007	FORD	F-150	OTH	1FTRX14W07FA56941	ACV
19	2007	PIERCE	PUMPER LDH	PLDH	4P1CC01C87A006797	\$ 290,286
20	2008	FORD	EXPEDITION	OTH	1FMFU16578LA40038	ACV
21	2008	FORD	MINI PUMPER	MP	1FDAX57R38EC60646	\$ 75,000
22	2008	FORD	MINI PUMPER	MP	1FDAX57R58EC60647	\$ 75,000
23	2009	PIERCE	PUMPER LDH	PLDH	4P1CV01A09A009334	\$ 437,500
24	2009	SUTPHEN	AERIAL DEVICE	AD	1S9A7LLE492003100	\$ 756,000
25	2013	FORD	F-250 PU	OTH	1FT7W2B64DEA62164	ACV
26	2015	CHEVY	TAHOE	OTH	1GNSK3EC1FR536684	ACV
27	2015	CHEVY	TAHOE	OTH	1GNSK3EC0FR533646	ACV
28	2015	FORD	ESCAPE	OTH	1FMCU0F70FUA93797	ACV
29	2015	CHEVY	TAHOE	OTH	1GNSK3EC9FR533631	ACV
30	2015	FORD	TAURUS	OTH	1FAHP2L84FG133720	ACV
31	2015	FORD	EXPLORER	OTH	1FM5K8AT7FGB51758	ACV
32	2015	PIERCE	PUMPER LDH	PLDH	4P1BAAFFXFA015252	\$ 477,000
33	2016	FORD	MINI PUMPER	MP	1FDOW5HT9GEA53685	\$ 191,333
34	2017	PIERCE	AERIAL DEVICE	AD	4P1BCAFF0HA017654	\$ 898,600
35	2017	FIRSTLOAD	TRAILER	OTH	4YBAB1615HF007531	
36	2017	FORD	ESCAPE	OTH	1FMCU0GD1HUE98591	ACV
37	2017	FORD	ESCAPE	OTH	1FMCU0GDHXHUE98590	ACV
38	2018	FORD	ESCAPE	OTH	1FMCU0F76JUC12106	\$ 18,999
39	2018	FORD	ESCAPE	OTH	1FMCU0F78JUC12107	\$ 18,999
40	2018	CHEVY	TAHOE	OTH	1GNSKFEC4JR278316	\$ 37,885
41	2018	CHEVY	TAHOE	OTH	1GNSKFEC0JR276191	ACV
42	2018	CHEVY	TAHOE	OTH	1GNSKFEC8JR280330	ACV
43	2018	CHEVY	TAHOE	OTH	1GNSKFEC6JR276955	ACV