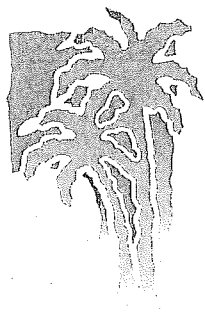


**APPLICATION FOR LEE COUNTY
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR
AMBULANCE AND RESCUE SERVICE**



LEE COUNTY
S O U T H W E S T F L O R I D A

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.

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

1. Prior to the arrival of an advanced life support ambulance from local EMS transport providers; initial basic and advanced life support services will be administered 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 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.

1. This service will allow us to continue to deliver emergency care at the level of basic and advanced life support services.
2. This service will decrease the amount of time that the patient must wait for basic and advanced life support services, which will directly reduce patient morbidity and mortality.
3. This service will allow the current advanced life support 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 and rescue units to provide basic and advanced life support service, which will improve response times to patients.
2. This service will supplement local EMS transport agencies.
3. This service will provide emergency medical personnel, certified as firefighter EMTs and paramedics with additional certifications in other pre-hospital specialties, as required by the 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.

Eight (8) advance life support non-transport units:

CALL SIGN	MAKE/MODEL	SERIAL #	Personnel
E3	2015 SUTPHEN PUMPER	1S9A1HNDXG1003088	3
E5	2015 SUTPHEN CUSTOM	1S9A1BND9F1003126	3
LD6	2006 E-ONE TYPHOON	4EN6AAA8661001299 (75' Aerial)	3
LD7	2006 E-ONE TYPHOON	4EN6AAA8771001300 (75' Aerial)	3
E8	2016 SUTPHEN PUMPER	1S9A1HND1G1003089	3
E9	2016 SUTPHEN PUMPER	1S9A1HND0G1003021	3
E10	2013 SUTPHEN PUMPER	1S9A1HND5D1003138	3
E11	2017 SUTPHEN PUMPER	1S9A1HND6H1003140	3

G. Provide address of the Service Headquarters.

Emergency Operations Address: 1115 SE 9th Avenue, Cape Coral, Fl 33991

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

STATION	Level of Service	Address
Fire Station 1	BLS	4610 Coronado Pkwy., Cape Coral, FL 33904
Fire Station 2	BLS	701 Nicholas Pkwy., Cape Coral, Fl 33990
Fire Station 3	ALS	1627 Everest Pkwy., Cape Coral, FL 33904
Fire Station 4	BLS	2007 Santa Barbara Blvd., Cape Coral, Fl 33914
Fire Station 5	ALS	1029 Diplomat Pkwy., Cape Coral, Fl 33909
Fire Station 6	ALS	4540 Chiquita Blvd., Cape Coral, Fl 33914
Fire Station 7	ALS	3942 Burnt Store Rd. N., Cape Coral, FL 33993
Fire Station 8	ALS	707 SW 1 st St., Cape Coral, Fl 33914
Fire Station 9	ALS	4107 Pelican Blvd., Cape Coral, Fl 33914
Fire Station 10	ALS	3623 Gator Circle West, Cape Coral, Fl 33909
Fire Station 11	ALS	1038 Burnt Store RD. N., Cape Coral, FL 33993

I. Provide the schedule of rates for service.

N/A

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

Name: Douglas S. Lee MD

Medical License# FL ME 94545

Drug Enforcement Agency (DEA)# FL5853494

Additional Medical Director

Name: N/A

Medical License# N/A

Drug Enforcement Agency (DEA)# N/A

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

SEE ATTACHED

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.

10/15/18 Ryan W. CFB
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: Cape Coral Fire Department

ADDRESS: 815 Nicholas Pkwy.


STREET/PO BOX: PO BOX 150027. Cape Coral, FL 33915-0027

CITY: Cape Coral

STATE: Florida

ZIP: 33990

MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF
COUNTY COMMISSIONERS

CERTIFICATE OF COVERAGE		
Certificate Holder CITY OF CAPE CORAL 1015 CULTURAL PARK BOULEVARD CAPE CORAL FLORIDA 33990	Administrator Issue Date 9/16/18 Florida League of Cities, Inc. Department of Insurance and Financial Services P.O. Box 530065 Orlando, Florida 32853-0065	
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 IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT.		
COVERAGE PROVIDED BY: FLORIDA MUNICIPAL INSURANCE TRUST		
AGREEMENT NUMBER: FMIT 0074	COVERAGE PERIOD: FROM 10/1/18	COVERAGE PERIOD: TO 10/1/19 12:01 AM STANDARD TIME
TYPE OF COVERAGE - LIABILITY General Liability <input checked="" type="checkbox"/> Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury <input checked="" type="checkbox"/> Errors and Omissions Liability <input checked="" type="checkbox"/> Employment Practices Liability <input checked="" type="checkbox"/> Employee Benefits Program Administration Liability <input checked="" type="checkbox"/> Medical Attendants'/Medical Directors' Malpractice Liability <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Law Enforcement Liability <input checked="" type="checkbox"/> Underground, Explosion & Collapse Hazard Limits of Liability * Combined Single Limit Deductible N/A Automobile Liability <input checked="" type="checkbox"/> All owned Autos (Private Passenger) <input checked="" type="checkbox"/> All owned Autos (Other than Private Passenger) <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos Limits of Liability * Combined Single Limit Deductible N/A		TYPE OF COVERAGE - PROPERTY <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Buildings <input type="checkbox"/> Basic Form <input checked="" type="checkbox"/> Special Form <input checked="" type="checkbox"/> Personal Property <input type="checkbox"/> Basic Form <input checked="" type="checkbox"/> Special Form <input checked="" type="checkbox"/> Agreed Amount <input checked="" type="checkbox"/> Deductible \$25,000 <input checked="" type="checkbox"/> Coinsurance 100% <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Specific <input checked="" type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> Miscellaneous <input checked="" type="checkbox"/> Inland Marine <input checked="" type="checkbox"/> Electronic Data Processing <input checked="" type="checkbox"/> Bond <input type="checkbox"/> </div> </div> <div style="text-align: center;">Limits of Liability on File with Administrator</div> TYPE OF COVERAGE - WORKERS' COMPENSATION <input checked="" type="checkbox"/> Statutory Workers' Compensation <input checked="" type="checkbox"/> Employers Liability <div style="float: right; text-align: right; font-size: small;"> \$1,000,000 Each Accident \$1,000,000 By Disease \$1,000,000 Aggregate By Disease </div> <input type="checkbox"/> Deductible N/A <input checked="" type="checkbox"/> Self-Insured Retention: \$350,000
Automobile/Equipment - Deductible <input checked="" type="checkbox"/> Physical Damage Per Schedule - Comprehensive - Auto Per Schedule - Collision - Auto N/A - Miscellaneous Equipment		
Other * The limit of liability is \$3,000,000 (combined single limit) bodily injury and/or property damage each occurrence in excess of a self-insured retention of \$100,000 for General Liability; \$300,000 for Auto Liability. This limit is solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida.		
Description of Operations/Locations/Vehicles/Special Items Re: Verification of Coverage		
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.		
DESIGNATED MEMBER CITY OF CAPE CORAL 1015 CULTURAL PARK BOULEVARD CAPE CORAL, FL 33990	CANCELLATIONS SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES. <div style="text-align: center;">  <hr style="width: 100%;"/> AUTHORIZED REPRESENTATIVE </div>	