

## CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be of public convenience and necessity that:

1. There is hereby granted to:

### CAPE CORAL FIRE DEPARTMENT

the right to maintain, operate and control an Advanced Life Support (ALS) non-transport service within the geographic district designated:

### CITY OF CAPE CORAL, FLORIDA

and to do all things needed to the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said Service, hereafter referred to as CCFD, and until rescinded by the County but this Certificate shall not be transferred or assigned without the consent of the Board of County Commissioners.

2. CCFD in carrying out the purpose of this Certificate shall have free right to run the streets of Lee County with its vehicles, subject only to State regulations incident thereto as may govern ambulances and shall have free access to and the right, within said area, to perform (ALS) non-transport service; provided, however, CCFD shall at all times hold Lee County harmless, release, and indemnify County from any loss or damage by reason of the acts of CCFD, its agent, servants, or employees. Neither CCFD nor Lee County waives their right to sovereign immunity and this Hold Harmless and Indemnity Agreement is limited to the amount waived un Section 768.28, Florida Statutes.


3. It shall be the duty of CCFD, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to CCFD to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. CCFD certifies it has the legal capacity to operate said (ALS) non-transport services and to comply with the Laws of Florida, particularly Chapter 401, et al. Florida Statues.

4. In no event shall Lee County be responsible in any way for the debts or Obligations of CCFD contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of the negligence of CCFD in carrying out the provisions of this Certificate.

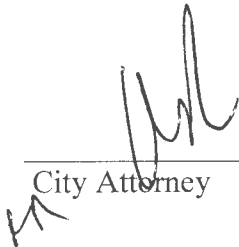
5. Upon the failure of CCFD to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to CCFD shall thereupon be forfeited.

6. This Certificate shall be in force and become effective upon written acceptance of its terms by said Association being filed with the County Clerk.

7. This permit is valid for the period of June 1, 2019, to May 31, 2021, unless sooner forfeited or rescinded.

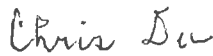
  
\_\_\_\_\_  
Fire Chief

  
\_\_\_\_\_  
City Manager

  
\_\_\_\_\_  
City Attorney

ATTEST:  
LINDA DOGGETT, Clerk

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

By:   
\_\_\_\_\_  
Deputy Clerk

By:   
\_\_\_\_\_  
Vice-Chairman



APPROVED AS TO FORM FOR THE  
RELIANCE OF LEE COUNTY ONLY

By:   
\_\_\_\_\_  
Office of the County Attorney

**Compliance with Standards in LCO 08-16  
Cape Coral Fire Department**

**A. That there is a public necessity for the service.**

- 1. The extent to which the proposed service is needed to improve the overall Emergency Medical (EMS) capabilities within Lee County.**

The ALS non-transport service units in the Cape Coral Fire Department (CCFD) will provide timely access to advanced medical care. In the less populated areas of the city the prolonged response time for transport services will be off set by the CCFD's ability to provide advance medical care prior to a transport units arrival.

- 2. The effect of the proposed service on existing services with respect to quality of service and level of care.**

This service increases the quality and level of care to the citizens and visitors of Cape Coral. Critical patients may require time sensitive medical interventions, and this service allows rapid, efficient care to be rendered by first responding units.

- 3. The effect of the proposed service on the overall level of out-of-hospital medical care in the County.**

As the medical first response, CCFD provides greater access to advanced life support, and to the Cape Coral/Lee County residents. CCFD also routinely provides mutual aid support beyond the city limits.

- 4. The effect of the proposed service on existing hospitals and other health care facilities.**

By providing additional care and providers, this service will reduce the severity of injury and illness, lessening the demand on the local healthcare system.

**B. That the applicant has sufficient knowledge and experience to properly operate the proposed service.**

CCFD staff understands LCO 08-16 and abides by it in addition to State of Florida Statute.

**C. That the applicant has an adequate revenue base for the proposed service and the proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.**

CCFD's advanced life support program is funded by the City of Cape Coral. The program has a long-term budget commitment. CCFD has maintained staffing levels for the past two years and has adequate advanced life support equipment.

**D. The proposed service meets the minimum equipment requirements on a BLS transport or ALS permitted emergency vehicles as set forth in ch. 64E-2, Florida Administrative Code, ch. 401, Florida Statutes, and additional equipment or personnel as required in the Lee County EMS Common Treatment Guidelines.**

CCFD carries all equipment required by State of Florida Statute 401, 64E-2 and the Lee County Common EMS Treatment Guidelines and the current Medical Director.

- E. The proposed service meets the additional equipment and personnel essentials as required in the Lee County Common EMS Treatment Guidelines.**

CCFD is equipped with all the equipment required by the Lee County Common EMS Treatment Guidelines and Medical Direction.

- F. The proposed service obtains and provides certificates of insurance as mandated by ch. 64E-2, Florida Administrative Code and ch. 401, Florida Statutes.**

SEE ATTACHED

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**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><b>C. Describe how the applicant's service will coordinate with existing public safety agencies.</b></p>
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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 9<sup>th</sup> 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 <sup>st</sup> 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.

10/15/19      Ryan L. C. B.  
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

- ☒ Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- ☒ Errors and Omissions Liability
- ☒ Employment Practices Liability
- ☒ Employee Benefits Program Administration Liability
- ☒ Medical Attendants/Medical Directors' Malpractice Liability
- ☒ Broad Form Property Damage
- ☒ Law Enforcement Liability
- ☒ Underground, Explosion & Collapse Hazard

Limits of Liability  
\* Combined Single Limit

Deductible N/A

### Automobile Liability

- ☒ All owned Autos (Private Passenger)
- ☒ All owned Autos (Other than Private Passenger)
- ☒ Hired Autos
- ☒ Non-Owned Autos

Limits of Liability  
\* Combined Single Limit

Deductible N/A

## TYPE OF COVERAGE - PROPERTY

- ☒ Buildings
  - ☐ Basic Form
  - ☒ Special Form
- ☒ Personal Property
  - ☐ Basic Form
  - ☒ Special Form
- ☒ Agreed Amount
- ☒ Deductible \$25,000
- ☒ Coinsurance 100%
- ☒ Blanket
  - ☐ Specific
- ☒ Replacement Cost
- ☐ Actual Cash Value

Limits of Liability on File with Administrator

## TYPE OF COVERAGE - WORKERS' COMPENSATION

- ☒ Statutory Workers' Compensation
- ☒ Employers Liability
  - \$1,000,000 Each Accident
  - \$1,000,000 By Disease
  - \$1,000,000 Aggregate By Disease
- ☐ Deductible N/A
- ☒ Self-Insured Retention: \$350,000

## Automobile/Equipment - Deductible

- ☒ 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.



AUTHORIZED REPRESENTATIVE