

**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 143 square miles and provides services to approximately 87,000 residents (census 2010). It is believed that the population of Lehigh Acres is currently 110,000 + 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 13,500 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. Each station houses a permitted ALS non-transport fire suppression unit. The District will provide a minimum of four (4) permitted advanced life support transport units during a 24 hour period.

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 33973

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

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

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.

12/17/18 Robert A. J. Lullo Fire chief
Date Signature of Owner or Authorized Representative

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2018

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Bouchard Insurance (FTM) 8191 College Parkway, Suite 202 Fort Myers, FL 33919 239 489-3232	CONTACT NAME: Richard Caligiuri PHONE (A/C, No, Ext): 239 489-3232 FAX (A/C, No): 239 489-1084 E-MAIL ADDRESS: clicerts@bouchardinsurance.com																					
INSURED Lehigh Acres Fire Control & Rescue District 636 Thomas Sherwin Ave. S Lehigh Acres, FL 33974-0555	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A :</td><td>American Alternative Ins Co</td><td>19720</td></tr> <tr> <td>INSURER B :</td><td></td><td></td></tr> <tr> <td>INSURER C :</td><td></td><td></td></tr> <tr> <td>INSURER D :</td><td></td><td></td></tr> <tr> <td>INSURER E :</td><td></td><td></td></tr> <tr> <td>INSURER F :</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	American Alternative Ins Co	19720	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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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 INSR 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	VFISTR205874211	10/01/2018	10/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	Y	VFISTR205874211	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			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)

CERTIFICATE HOLDER

CANCELLATION

FLORIDA DEPT OF HEALTH / BUREAU OF EMERGENCY MEDICAL SERVICES MAIL BIN C18 4052 BALD CYPRESS WAY TALLAHASSEE, FL 32399-1738	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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CERTIFICATE OF COVERAGE

ISSUED ON: 12/13/2018

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

PACKAGE AGREEMENT NUMBER: WC2FL1 0364704 18-20

COVERAGE PERIOD: 10/01/2018 TO 10/01/2020 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
FLORIDA DEPT OF HEALTH / BUREAU OF EMERGENCY MEDICAL SERVICES
 Mail Bin C18 4052 Bald Cypress Way
 Tallahassee, FL 32399-1738

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
Limit	Deductible
Employment Practices Liability	
Limit	Deductible
Employee Benefits Liability	
Limit	Deductible
Law Enforcement Liability	
Limit	Deductible

WORKERS' COMPENSATION COVERAGE

WC AGREEMENT NUMBER: WC2FL1 0364704 18-20

Self Insured Workers' Compensation
 Self Insured Retention
☒ **Statutory Workers' Compensation**
☒ **Employers Liability**
 1,000,000 Each Accident
 1,000,000 By Disease
 1,000,000 Aggregate Disease

PROPERTY COVERAGE

Buildings & Personal Property

Per schedule on file with Trust Limit Deductible

Note: See coverage agreement for details on wind, flood, and other deductibles.

Rented, Borrowed and Leased Equipment

Limit \$0

Total All other Inland Marine

Limit \$0 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:

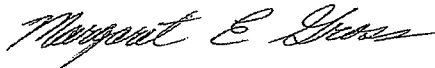
This section completed by member's agent, who bears complete responsibility and liability for its accuracy.

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 PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, PREFERRED GOVERNMENTAL INSURANCE TRUST WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE, OR 10 DAYS WRITTEN NOTICE FOR NON-PAYMENT OF PREMIUM, 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.

Producer
Bouchard Insurance - Ft Myers
 8191 College Parkway, Suite 202
 Fort Myers, FL 33919



AUTHORIZED REPRESENTATIVE

PGIT-CERT (11/09) PRINT FORM

12/13/2018

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 398

FORT MYERS, FLORIDA 33902-0398

I N V O I C E

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**