

## 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:

### LEHIGH ACRES FIRE CONTROL AND RESCUE DISTRICT

with the right to maintain, operate and control an ambulance service within the geographic district designated:

### LEHIGH ACRES FIRE CONTROL AND RESCUE DISTRICT, FLORIDA

and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall not be transferred or assigned without the consent of the Board of County Commissioners.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. The said Fire District 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 have free access to and the right, within said area, to perform ambulance service; provided, however, the District shall at all times hold Lee County harmless, release and indemnify County from any loss or damage by reason of the acts of District, its agent, servants or employees.

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

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

5. Upon the failure of said Fire District to carry out and fulfill the obligation and duties hereby imposed upon it, all rights hereby granted to said District 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 March 30, 2019 to March 30, 2020, unless sooner forfeited or rescinded.

Ruth J. Hall  
Witness

By: Catherine Kruse  
Chairman

Anita M. Kessel  
Witness

ATTEST:  
Linda Doggett, Clerk



BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

By: Missy Flint  
Deputy Clerk

By: Brian Parn  
Vice-Chairman

APPROVED AS TO FORM FOR THE  
RELIANCE OF LEE COUNTY ONLY:

By: Andrea Finner  
Office of the County Attorney

**Compliance with Standards in LCO 08-16  
LEHIGH ACRES FIRE CONTROL AND RESCUE DISTRICT**

**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 Lehigh Acres Fire Control and Rescue District (Fire District) is the primary provider of pre-hospital advanced life support (ALS) care and ambulance transport services within the geographical boundaries of the Fire District. The Fire District currently participates in a mutual aid agreement with other Fire/Rescue and EMS agencies within Lee County, in addition to an Interlocal (closest unit response) agreement.

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

The Fire District has been providing ambulance transport services since 1976. It has been the primary provider of advanced life support (ALS) care and ambulance transport services since 1981, in coordination with Lee County EMS. We are committed to the continued provision of these services, which justifies the necessity mentioned herein.

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

The Fire District provides the majority of all pre-hospital advanced life support (ALS) care and ambulance transport services within the Fire District. The Fire District responds to approximately 13,500 calls for service annually. Without this level of service, Lee County EMS would be required to absorb all of the ambulance calls within the Fire District.

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

The Fire District works closely with the Lee Memorial Health System and Lehigh Regional Medical Center to provide high quality pre-hospital emergency care to the residents and visitors of Lehigh Acres and Lee County, Florida.

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

As mentioned above, The Fire District has been providing ambulance transport services since 1976. All Emergency Medical Technicians (EMTs) and Paramedics are credentialed by the Fire District's Medical Director with respect to the Lee County Common EMS Treatment Guidelines.

**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.**

The Fire District has demonstrated sufficient funding to provide said services and will provide a minimum of four (4) fully-equipped, permitted, and staffed ALS ambulance transport units during a 24-hour period.

**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.**

The Fire District meets or exceeds all applicable Codes, Statutes, and Guidelines as referenced above.

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

The Fire District meets or exceeds all equipment and personnel requirements as required in the Guideline referenced above.

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

The Fire District meets or exceeds all insurance requirements as mandated by the Codes and Statutes referenced above.

**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.

**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 16<sup>th</sup> 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 <b>Bouchard Insurance (FTM)</b> 8191 College Parkway, Suite 202 Fort Myers, FL 33919 239 489-3232	CONTACT NAME: <b>Richard Caligiuri</b>	
	PHONE (A/C, No, Ext): <b>239 489-3232</b>	FAX (A/C, No): <b>239 489-1084</b>
	E-MAIL ADDRESS: <b>clcerts@bouchardinsurance.com</b>	
INSURED  <b>Lehigh Acres Fire Control &amp; Rescue District</b> 636 Thomas Sherwin Ave. S Lehigh Acres, FL 33974-0555	INSURER(S) AFFORDING COVERAGE	
	INSURER A : <b>American Alternative Ins Co</b>	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	NAIC # <b>19720</b>	

## 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 \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>3,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b> \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	VFISTR205874211	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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

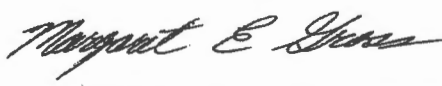
## CANCELLATION

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



<div style="display: flex; justify-content: space-between;"> <span>CERTIFICATE OF COVERAGE</span> <span>ISSUED ON: 12/13/2018</span> </div>	
COVERAGE PROVIDED BY: <b>PREFERRED GOVERNMENTAL INSURANCE TRUST</b>	
<div style="display: flex; justify-content: space-between;"> <span>PACKAGE AGREEMENT NUMBER: WC2FL1 0364704 18-20</span> <span>COVERAGE PERIOD: 10/01/2018 TO 10/01/2020 12:01 AM</span> </div>	
<b>COVERAGES:</b> 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 <b>FLORIDA DEPT OF HEALTH / BUREAU OF EMERGENCY MEDICAL SERVICES</b> Mail Bin C18 4052 Bald Cypress Way Tallahassee, FL 32399-1738	<b>Designated Member</b> <b>Lehigh Acres Fire Control and Rescue District</b> 636 Thomas Sherwin Ave. S Lehigh Acres, FL 33974
<b>LIABILITY COVERAGE</b> <div style="margin-top: 5px;"> <b>Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div> <div style="margin-top: 5px;"> <b>Employment Practices Liability</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div> <div style="margin-top: 5px;"> <b>Employee Benefits Liability</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div> <div style="margin-top: 5px;"> <b>Law Enforcement Liability</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div>	<b>WORKERS' COMPENSATION COVERAGE</b> WC AGREEMENT NUMBER: WC2FL1 0364704 18-20 <div style="margin-top: 5px;"> <b>Self Insured Workers' Compensation</b>              Self Insured Retention  <input checked="" type="checkbox"/> <b>Statutory Workers' Compensation</b>    <input checked="" type="checkbox"/> <b>Employers Liability</b>              1,000,000 Each Accident              1,000,000 By Disease              1,000,000 Aggregate Disease           </div>
<b>PROPERTY COVERAGE</b> <div style="margin-top: 5px;"> <b>Buildings &amp; Personal Property</b>              Per schedule on file with Trust Limit Deductible  <i>Note: See coverage agreement for details on wind, flood, and other deductibles.</i> </div> <div style="margin-top: 5px;"> <b>Rented, Borrowed and Leased Equipment</b>              Limit \$0           </div> <div style="margin-top: 5px;"> <b>Total All other Inland Marine</b>              Limit \$0 See Schedule for Deductible           </div>	<b>AUTOMOBILE COVERAGE</b> <div style="margin-top: 5px;"> <b>Automobile Liability</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> <div style="margin-top: 5px;">             All Owned              Specifically Described Autos              Hired Autos              Non-Owned Autos           </div> </div> <div style="margin-top: 5px;"> <b>Automobile Physical Damage</b>  <div style="margin-top: 5px;">             Comprehensive See Schedule for Deductible              Collision See Schedule for Deductible              Hired Auto with limit of           </div> </div>
<b>CRIME COVERAGE</b> <div style="margin-top: 5px;"> <b>Employee Dishonesty</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div> <div style="margin-top: 5px;"> <b>Forgery or Alteration</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div> <div style="margin-top: 5px;"> <b>Theft Disappearance &amp; Destruction</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div> <div style="margin-top: 5px;"> <b>Computer Fraud</b>  <div style="display: flex; justify-content: space-between;"> <span>Limit</span> <span>Deductible</span> </div> </div>	<b>Garage Keepers</b> <div style="margin-top: 5px;">             Liability Limit              Liability Deductible              Comprehensive Deductible              Collision Deductible           </div>
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:	
<i>This section completed by member's agent, who bears complete responsibility and liability for its accuracy.</i>	
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.	
<b>Administrator</b> <b>Public Risk Underwriters®</b> <b>P.O. Box 958455</b> <b>Lake Mary, FL 32795-8455</b>	<b>CANCELLATIONS</b> <small>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.</small>
<b>Producer</b> <b>Bouchard Insurance - Ft Myers</b>  <b>8191 College Parkway , Suite 202</b>  <b>Fort Myers , FL 33919</b>	<div style="text-align: center; margin-top: 20px;">  </div> <hr/> AUTHORIZED REPRESENTATIVE
<div style="display: flex; justify-content: space-between;"> <span>PGIT-CERT (11/09) PRINT FORM</span> <span>12/13/2018</span> </div>	

**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:** 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**