1. REQUESTED MOTION:	Angelow arem outmitted y	Artic Office 110. A							
ACTION REQUESTED: Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the Bonita									
Springs Control & Rescue District to conduct advance life support (ALS) non-transport service, emergency medical service care.									
WHY ACTION IS NECESSARY: Commission Chairman's signature is required to execute CON.									
WHAT ACTION ACCOMPLISHES:	Grants the applicant license to provide AL	S service in accordance with Stat	e law and provision						
contained in Lee County Ordinance 02-19).								
2. DEPARTMENTAL CATEGORY:		3. MEETING DATE:							
Division of Public Safety (07) COMMISSION DISTRICT #:	C7B	0	1-07-2003						
4. AGENDA:	5. REQUIREMENT/PURPOSE:	6. REQUESTOR OF INFO	DRMATION:						
	(Specify)								
X CONSENT ADMINISTRATIVE	STATUTE ORDINANCE	A. COMMISSIONER B. DEPARTMENT	Independent						
APPEALS	ADMIN. CODE		Public Safety/EMS						
PUBLIC	x OTHER	BY: John D. Wilson, I							
WALK ON TIME REQUIRED:									
7. BACKGROUND:	1								
This District is submitting an application	for a Contificate of Duklic Commission	1 Nana-14- (CON) 4 141	1:6						
	for a Certificate of Public Convenience and indaries. Granting the request would allow								
emergency medical technicians on fire res	cue vehicles or engines that could provide								
County EMS personnel arriving on scene.									
County staff reviewed the District's application	cation according to the current county ordi	nance provisions and recommend	ls granting the						
Certificate if the District complies with predefined service area. The District's fire characteristics.	ovisions in the attached CON prior to furn	ishing any ALS non-transport ser	vice within it's						
	<u>-</u>								
Attachment 1: Application for Certificate Attachment 2: Certificate of Public Conve			Ť.						
Addenment 2. Certificate of Fubite Convi	entence and Necessity (3)								
8. MANAGEMENT RECOMMENDA	FIONS: Staff recommends approval of Co	ON.							
	9. RECOMMENDED APPROV	AL:							
A B C Department Purchasing Human Disceto or Contracts Resources	D E County	F Budget Services (2) 17 12 18	G County Manager						
	OA	OM Risk _/ GC	,						
DIN A IN COLLEGE	Mark Mark	12/18/02 02	Day 1						
N13/161 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18/18/18/18/18	11/0							
10. <u>COMMISSION ACTION</u> :									
APPROVED DENIED Rec. by CoAtty 12-18-02									
DEFER	RRED Date 1.) (17/03)	10:00							
ОТНЕ	OTHER Time: A: 18								
	p_{N}	A STATE OF THE STA	*						
	Forwarded To:		Ť						
	4 24.2 CO 8114	12/19 830	- .						
		111 0							

Lee County Board Of County Commissioners Agenda Item Summary

Blue Sheet No. 20021445

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:

BONITA SPRINGS FIRE CONTROL AND RESCUE DISTRICT with the right to maintain, operate and control an Advanced Life Support (ALS) non-transport service within the geographic district designated:

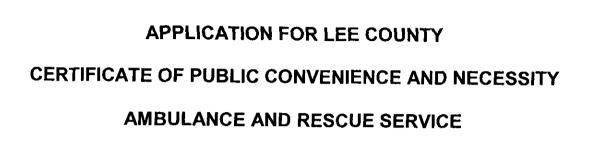
BONITA SPRINGS FIRE CONTROL AND RESCUE DISTRICT, FLORIDA and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall not be transferred or assigned 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 shall have free access to and the right, within said area, to perform (ALS) non-transport 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 the legal capacity to operate said (ALS) non-transport 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 Fire 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 the 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 January 31, 2003, to January 31, 2005, unless sooner forfeited or rescinded.

Witness	Chairman
Witness	
ATTEST: Charlie Green, Clerk	BOARD OF COUNTY COMMISSIONERS OF LEE COUNTY, FLORIDA
By:	By:



BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT

27490 OLD 41 ROAD BONITA SPRINGS, FL 34135

ADMINISTRATION TEL (941) 992-3320 FAX: (941) 992-1921

FIRE PREVENTION
TEL: (941) 992-3511
FAX: (941) 992-6942

December 9, 2003

Mr. John Wilson
Director
Lee County Department of Public Safety
Post Office Box 398
Ft. Myers, FL 33902-0398

Dear Mr. Wilson,

As per the requirements of the Lee County Emergency and Non-Emergency Medical Transport Ordinance, our agency is respectfully submitting to have our current certificate of need renewed. Enclosed you will find our renewal application for Lee County Certificate of Public Convenience and Necessity Ambulance and Rescue Service with the supporting information as requested in the application and the application fee check for \$250.00.

We respectfully request that the application be renewed so that we may continue to provide Advance Life Support Non-Transport Services to our community. Our renewal application to the State is due by the end of January, 2003, and we would greatly appreciate it if you would expedite our renewal in order to meet that deadline.

If you find that additional information is needed or any item needs to be clarified, please contact me.

Respectfully,

Kenneth Craft

Deputy Fire Chief

Ken Craft

KC/mh_

Enclosures



www.bonitafire.org

Governmental (x) Private () Voluntary ()

TYPE:
Transport () ALS (xx) BLS ()

Non-Transport (x)

Air Medical () ALS () BLS ()

GOVERNMENTAL/CORPORATION/OWNER

Name: Bonita Springs Fire Control Fire Control and Rescue District

Address: 27490 Old 41 Road Bonita Springs, FL 34135
Street/PO Box City State Zip

DIRECTORS/OWNERS

Name: Frank Liles Age: 58

Address: 27233 J.C. Lane Bonita Springs, FL 34135

Name: Evans Conforti Age: 55

Address: 24680 Sweet Gurn Court Bonita Springs, FL 34134

Name: Dean Pauly Age: 58

Address: 24642 Dietz Drive Bonita Springs, FL 34135

Name: Pat Buttino Age: 69

Address: 28533 Highgate Drive Bonita Springs, FL 34135

Name: Bob Paterson Age: 59

Address: 4021 Whiskey Pointe Lane, #202 Bonita Springs, FL 34134

N:\OrgData\Administation\Clerical Share\Protocols-Procedures-Operations\1-Medical - B-3 STUFF\ALS-BLS Contracts-Agreements\APPLICATION FOR LEE COUNTY ALS.doc

NARRATIVE DESCRIBING HOW THE APPLICANT'S SERVICE WILL COORDINATE WITH EXISTING PUBLIC SAFETY AGENCIES

- 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.

HOW WILL THE SYSTEM ENHANCE PRE-HOSPITAL CARE FOR THE PUBLIC HEALTH, SAFETY AND WELFARE

- 1. This service will allow for us to continue to provide care of advanced life support services.
- 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.
- 3. 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.

HOW WILL THE SERVICE IMPROVE THE 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.
- 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.

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES 1. Four advanced life support non-transport units.

ADDRESS OF HEADQUARTERS

Bonita Springs Fire Control and Rescue District 27490 Old 41 Road Bonita Springs, FL 34135

ADDRESS OF SUB-STATIONS

Bonita Springs Fire Station #2 28055 Mango Street Bonita Springs, FL 34134

Bonita Spring Fire Station #3 25001 South Tamiami Trail Bonita Springs, FL 34135

SCHEDULE OF RATES FOR SERVICE None

MEDICAL DIRECTOR'S NAME AND LICENSE NUMBER(S)

Name:

William Bess, M.D.

Audit Control#:

0753616 N/A

File#:

14// 1

License#:

ME0033756

Batch#: Provider#:

N/A

Provider#: Control #:

N/A 52818 PHONE NO. : 3327490

Jan. 29 2002 03:28PM P1

*AC#₀₇₅₃₆₁₆

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE

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THE MEDICAL DOCTOR:
NAMED BELOW HAS METALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.
EXPIRATION DATE: JANUARY 31, 2004
WILLIAM RUNYON BESS, JR
1231 HANTON AVE
FT MYERS, FL 33901-6716

JEB BUSH GOVERNOR

JOHN O AGWUNOBI, M.D., M.B.A

DÍSPLÁÝ JE REQUIRED BY LAW

acting secretary

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE See attached forms



P.O. Box 1084 = 5910 Mineral Point Road Madison, WI 53701-1084 Phone: 608/238-5851

POLICY NO	SSC104415E				
Renewal of Policy No	o. New				
BONITA SPRING RESCUE DISTRIC 27490 OLD 41		K			
Policy Period: Form of Business:	From 10/01/2	2002	To 10/	01/2003	at 12:01 A. M., Standard Tin at your mailing address shown above
Individual	Joint Venture	Partnership	I imita	l Liability Company	y X Other Organization
Business Description	on:	•		Liability Company	
TO PROVIDE THE IN	E PAYMENT OF THE P ISURANCE AS STATED IUM IS INDICATED. T	REMIUM, AND SUE O IN THIS POLICY.	BJECT TO AI THIS POLIC	LL THE TERMS OF THE CONSISTS OF THE	THIS POLICY, WE AGREE WITH YOU HE FOLLOWING COVERAGE PART(S)
Co	ommercial Property Cov	verage Part			
Co	mmercial General Liab	oility Coverage Part	t		\$Incl.
Co	mmercial Crime Cover	age Part _			\$
Со	mmercial Inland Marin	e Coverage Part	 -		\$
Со	mmercial Auto Covera	ge Part			\$Incl.
					\$
_			 -		\$
EMPA FEE			4.0	o	\$
STATE FIR Windstorm	E ASSESSMENT		16.9 212.1	9 5 TOTAL PREMII	UM \$28,054.00
Audit Period: Non-Audital	ole Unless Indicated By	Annua	al S	emi-Annual (Quarterly Monthly Other
Form(s) and Endorse	ment(s) applicable to a	ll Coverage Part(s) : Refer to GU			t time of issue:
Countersigned: 11/	12/02 (HM)	ву //	ellan	D. Jamb	Jing Kepresanighve

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

INSURED
Insured's Copy

MCNEIL AND COMPANY, INC.



CP DS 00 10 00

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

POLICY NO. M "X" If Supplemental EFFECTIVE DATE 10/01/02 SSC104415E Declarations Is Attached NAMED INSURED BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT **DESCRIPTION OF PREMISES** Bldg. Location, Construction And Occupancy Prem. No. No. Located at: 27490 OLD 41 ROAD 340 BONITA SPRINGS, FL 34133 Construction: MODIFIED FIRE-RESISTIVE STATION Prot. Class: 4 **COVERAGES PROVIDED** Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown Bldg. Prem. Limit Covered Of Insurance **Causes Of Loss** No. No. Coverage Coinsurance* Rates BUILDING \$1,094,654 SPECIAL INCL. THEFT SPECIAL INCL. THEFT 1 90% 1 PERS. PROP \$40,833 90% *If Extra Expense Coverage, Limits On Loss Payment **OPTIONAL COVERAGES** Applicable Only When Entries Are Made In The Schedule Below Prem. Bldg. Agreed Value Replacement Cost (X) **Expiration Date** No. No. Cov. **Amount** Building Pers. Including "Stock" Prop. BLDG \$1,094,654 10/01/03 PER. PROP. \$40,833 Inflation Guard (%) *Monthly Limit Of **Maximum Period** *Extended Period Bldg. Pers. Prop. Indemnity (Fraction) Of Indemnity (X) Of Indemnity (Days) *Applies to Business Income Only **MORTGAGEHOLDERS** Prem. Bldg. Mortgageholder Name And Mailing Address No. No. DEDUCTIBLE \$500kxExceptions: Building: \$250 Personal Property: \$250 FORMS APPLICABLE To All Coverages: See form GU-207 (6/78) To Specific Premises/Coverages: Prem. Bldg. Coverages Form Number No. No.

POLICY NO. SSC104417E
Renewal of Number New

CUMIS Insurance Society, Inc. 5910 Mineral Point Road Madison, WI 53705

UMBRELLA LIABILITY PART 2 SCHEDULE OF UNDERLYING INSURANCE:

COMMERCIAL GENERAL LIABILITY

Policy Type and No.

Policy Period

Insurer

Limits of Insurance

10/01/02 - 10/01/03 SSC104415E

Cumis Insurance Society, Inc.

General Aggregate \$ 10,000,000

\$ 10,000,000 Products-Completed Operations

Aggregate

Personal and Advertising Injury 1,000,000

1,000,000 Each Occurrence

AUTOMOBILE LIABILITY

Policy Type and No. SSC104415E

Policy Period

Insurer

Limits of Insurance

10/01/02 - 10/01/03

Cumis Insurance Society, Inc.

\$ 1,000,000 Combined Bodily Injury and Property Damage Liability

EMPLOYERS LIABILITY

Policy Type and No.

85099

Policy Period

02/15/02 - 02/15/03

P.G.I.T.

Insurer

Limits of Insurance

Bodily Injury by Accident \$ 1,000,000 Each Accident

Bodily Injury by Disease

\$ 1,000,000 Policy Limit \$ 1,000,000 Each Employee

OTHER LIABILITY

Policy Type and No.

Policy Period

Insurer

Limits of Insurance

THIS PART OF THE DECLARATIONS MUST BE ATTACHED WITH THE DECLARATIONS PAGE

SSC 0254 (05/01) Page 1 of 1



CUMIS Insurance Society, Inc.

CUMIS Insurance Society, Inc.
5910 Mineral Point Road
Madison, WI 53705

EXCESS/UMBRELLA DECLARATIONS

POLICY NO. SSC	104417E				
Renewal of Number Ne	<u> </u>				
Named Insured and BONITA SPRINGS RESCUE DISTRICT 27490 OLD 41 RO BONITA SPRINGS,	AD	., Street, Town or	· City, County, Sta	te, Zip Code)	
Policy Period: Fro	om 10/01/02 To	10/01/03	at 12:01 A. M. Stan	dard Time at your Mailing address shown above	
Form of Business: Individual	☐ Joint Venture	Partnership	X Organizatio	on (Other than Partnership or Joint Venture)	-
Business Description: FIRE AND RESCUE					
Coverages Provided: Coverage A –	Excess Liability:	🛛 IN	CLUDED DEXC	LUDED	
Coverage B ~	Umbrella Liability:	X IN	CLUDED	LUDED	
LIMITS OF INSURA	NCE:				
MPA FEE TATE FIRE ASSES	\$ 5,000,000 \$ 5,000,000 \$ 5,000,000 \$ 5,000,000	Products-Comple Personal & Adve Each Occurrence	eted Operations Aggi ertising Injury Limit	regate	
POLICY PREMIUM	\$_6,250.00				
Forms and Endorsemen	ts made a part of this polic	cy at time of issue:	SEE GU207		
Countersignature: 11/1	12/02		Millam.	A gransfor	
THESE DECLA ANY ISSUED T	RATIONS TOGETHER WI TO FORM A PART THEREO	TH THE COMMERC OF, COMPLETE THE	IAL UMBRELLA POL	ICY, FORMS AND ENDORSEMENTS, IF	

SSC 0248 (05/01)





POLICY DECLARATIONS

Policy No. SSC104416E	a renewal of Policy No. IDZ5636630				
Named Insured and Mailing Address BONITA SPRINGS FIRE CONTROL OF RESCUE DISTRICT 27490 OLD 41 ROAD BONITA SPRINGS, FL 34133-199	2 d 139				
Policy Period: From 10/01/ at your Mailing Address shown above.	02 to 10/01/03 at 12:01 A.M. Standard Time				
Limits of Insurance:					
Emergency Apparatus:	as shown on the Schedule of Apparatus				
Portable Equipment:	\$ 520,000.00				
Other Property:	as shown on the Schedule of Other Property				
Deductible:					
Emergency Apparatus:	\$500				
Portable Equipment:	\$				
Other Property:	\$				
EMPA FEE STATE FIRE ASSESSMENT	Total Premium: \$ 19,633.00 4.00				
orms and Endorsements made a part of the These Declarations, together with the for above numbered policy.	his policy at time of issue: SEE ATTACHED GU207 rms and endorsements listed above, issued to form a part thereof, complete the				
Countersigned by: MCNEIL AND COMP.	ANY, INC. Date: 11/12/02				
· , ——————	Authorized Representative				

Policy Number: SSC104416E

		Schedule of Apparatus	
		Ocheudie in Apparatus	
No.	Year	Description (Make, Type, VIN)	Agreed Valu
1	1956	INT'L 4X4 FIRE TRUCK SB4791	\$ 14,500
2	1988	PIERCE DASH FIRE TRUCK 1P9CTU1H0JA040380	\$ 200,000
3	1989	PIERCE PUMPER 1P9CT0G0KA040676	\$ 425,000
4	1992	INT'L 4800 4X4 1HTSEN2N8NH438373	\$ 150,000
5	1993	INT'L 4800 4X4 1HTSEN2NXPH499372	\$ 150,000
6	1993	PIERCE DASH CUSTOM PUMPER 4PICT02E5PA000486	\$ 250,000
7	1994	FORD AEROSTAR 1FTCA14U6RZB44206	\$ 13,795
8	1995	PIERCE DASH CUSTOM PUMPER 4PICT02E7SA000479	\$ 250,000
9	1995	FORD AEROSTAR 1FTDA14U1SZB79746	\$ 16,845
10	1995	FORD BRONCO 1FMEU15N3SLB84478	\$ 20,500
11	1995	FORD AEROSTAR 1FTDA14U6SZC05290	\$ 16,940
12	1997	FORD AEROSTAR 1FTDA14U4VZB76043	\$ 16,325
13	1997	FORD AEROSTAR 1FTDA14U6VZB76930	\$ 16,371
14	1999	FORD F250 PICKUP 1FTNX21L8XEB44902	\$ 23,891
15	1998	CHEVY P30 STEP VAN 1GBKP32Y7W3314815	\$ 36,445
16	1999	FORD EXPEDITION 1FMRU1861XLA14343	\$ 27,706
17	2000	FORD EXPLORER 1FMZU62X0YUB76040	\$ 21,233
18	2001	PIERCE PUMPER 4P1CT02E61A001038	\$ 334,769
19	2001	FORD EXPEDITION 1FMRU16W71LB56545	\$ 26,820
20	2001	PIERCE CONTENDER 4P1CT02U71A001587	\$ 215,000
21	1997	DODGE 1 TON 4X4 1B6MC36B5VJ604489	\$ 10,559
			\$
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Named Insured:	BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT
Policy No.	SSC104416E
Effective Date of this Schedule:	10/01/02

SSC 0518 (03/01) Page 1 of 1

Policy Number: SSC104416E

	Schedule of Other Property					
No.	Description	Limit of Insurance				
1.	EXPRESS TRAILER #5GLBE24221C000009	\$8,992				
2.	19' APEX BOAT #1TC41923H001 W/ MOTOR #6E5L407	\$20,550				
3.	2000 20' BOAT MASTER TLR #ZBM1820ST/42XBB1819YF0037	\$2,361				
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Named Insured:	BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT
Policy No.	SSC104416E
Effective Date of this Schedule:	10/01/02

SSC 0519 (03/01)

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage) ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage) PROPERTY PROTECTION (insulvalent insulvalent) AUTO MEDICAL PAYMENTS \$ SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT AUTO MEDICAL PAYMENTS \$ 100000000000000000000000000000000000		·			
LIABILITY FELLOW MEMBER INCL 1 \$ 1000000/CSL \$ IN PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage) ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage) PROPERTY PROTECTION INSURANCE (Michigan only) AUTO MEDICAL PAYMENTS \$ SEPARATELY STATED IN THE P.P.I. SPORSEMENT MINUS \$ DED. FOR EACH ACCIDENT: UNINDURED MOTORISTS \$ \$ 50000/CSL \$ \$ UNIDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage) PHYSICAL DAMAGE COMPREHENSIVE COVERAGE PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE PHYSICAL DAMAGE COVERAGE PHYSICAL DAMAGE TOWING AND LABOR PREPAIR WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR FOR FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR FOR EACH COVERED AUTO See ITEM FOUR FOR EACH COVERED AUTO SEE ITEM FOUR FOR EACH COVERED AUTO. See ITEM FOUR FOR FOR EACH COVERED AUTO. See ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE COLLISION COVERAGE PHYSICAL DAMAGE TOWING SEE FOR EACH COVERED AUTO. See ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERED AUTO. See ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERED AUTO. See ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERED AUTO. See ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERED AUTO. See ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERD AUTO. SEE ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERD AUTO. SEE ITEM FOUR FOR HIRED OR BORROW "Autos". PHYSICAL DAMAGE TOWING SEE FOR EACH COVERD AUTO. SEE ITEM FOUR FOR EACH COVERD AUTO. SEE ITEM FOUR FOR EACH C	COVERAGES	(Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos	THE MOST WE WILL PAY FOR ANY	PF	REMIUM
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^{*}This policy may be subject to final audit.

SCHEDULE OF COVERED AUTOS YOU OWN EXTENSION OF DECLARATIONS

POLICY NUMBER: SSC104415E

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	_				SCRIPTION					··			HASED		RRITORY:			
Auto No.	1	s	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number		lype Jumber:	VIN)	Original Cost New			Actual NEW (N) Cost & USED (U)			Auto will	be principal	lly garage			
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8	199	4 FORD		AEROS	STAR	1FTC	A14U6	RZB44:	206			-†			ONITA SI			FL
9	199	5 PIERC	E DASH	CUSTO	M PUM	4PIC	T02E7	SA0004	479						ONITA SE			FL
10	199	5 FORD		AEROS	STAR	1FTD	A14U1	SZB79'	746			_			ONITA SE			PL
11	199	5 FORD		BRONG	20	1FME	U15N3	SLB84	478			_ -			ONITA SE			FL
12	199	5 FORD		AEROS	STAR_	1FTD/	A14U6	3ZC052	290						ONITA SE			FL
13	199	7 FORD		AEROS	STAR	1 FTD	A14U4	/ZB760	043						ONITA SE			FL,
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SCHEDULE OF COVERED AUTOS YOU OWN EXTENSION OF DECLARATIONS

POLICY NUMBER: SSC104415E

"TEM THREE-SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)* DESCRIPTION *tered* PURCHASED TERRITORY: Town & State Where the Covered Auto Year Model; Trade Name; Body Type Actual NEW (N) Original Cost Auto will be principally garaged No. Cost & USED (U) Serial Number (S); Vehicle Identification Number (VIN) New 1998 CHEVY P30 16 STEP VAN 1GBKP32Y7W3314815 BONITA SPRINGS FL1999 FORD 17 EXPEDITION 1FMRU1861XLA14343 BONITA SPRINGS FL18 2000 FORD EXPLORER 1FMZU62X0YUB76040 BONITA SPRINGS FL 2001 PIERCE 19 PUMPER 4P1CT02E61A001038 BONITA SPRINGS FL 20 EXPRESS TRAILER 5GLBE24221C000009 BONITA SPRINGS FL 1997 DODGE 21 1 TON 4X4 1B6MC36B5VJ604489 BONITA SPRINGS FL 22 2001 FORD EXPEDITION 1FMRU16WF1LB56545 BONITA SPRINGS FL 23 2001 PIERCE CONTENDER 4P1CT02U71A001587 BONITA SPRINGS FL24 2002 FORD **ESCAPE** 1FMYU011X2KD50110 BONITA SPRINGS FL25 2002 FORD **ESCAPE** 1FMYU01112KD50111 BONITA SPRINGS FL CLASSIFICATION Business use **Primary Rating** Covered Radius of s ≠ service Size GVW, GCW Age Factor Secondary Except for towing all physical damage loss is payable to you and the loss Operation r = retail or Vehicle Auto Phy. Rating Group payee named below as interests may appear at the time of the loss Code Liab (In Miles) |c = comm'l Seating Capacity No. Damage Factor 16 90 7905 17 . 90 7909 18 - -.90 7909 19 . 90 7909 20 .10 68199 21 .80 7908 22 . 90 7909 ٠3 .90 7909 4 .80 7908 25 .80 7908 COVERAGES—PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead) SPEC. ADDED LIABILITY P.I.P. P.P.I. (Mich. only) AUTO, MED, PAY, COMPREHENSIVE CAUSES COLLISION TOWING & LABOR P.I.P. OF LOSS Limit* Limit* Limit** Limit* Cov Limit Limit minus minus minus ered minus Limit Limit* (In Limit** Premium deductible Premium deductible Premium deductible Premium Premium Premium deductible Auto Thouper dis-Premium Premium Thou-Premium shown shown shown No. sands) shown ablement sands) below below below below 16 1000 Incl. Incl. NO COV NO CO VO COV NO COV Incl. NO COVO 1000 Incl. NO CO NO COV NO COV 18 NO CO 1000 Incl. Incl. NO COVO NO COV NO COV 19 1,000 Incl. Incl. NO COVO NO CO TO COV NO COV 20 1000 Incl. NO COVO NO CO NO COV NO COV 2000 21 Incl. Incl. NO COVO NO CO. NO COV NO COV 1000 Incl. 22 Incl. NO COVO NO CO NO COV NO COV 23 1000 Incl. NO COVO Incl. NO CO! NO COV NO COV Incl. NO COV 4 1000 Incl. NO CO 500 [Incl. 500 Incl 1000 25 Incl. Incl. NO COV NO CO 500 Incl 500 Incl al Premium Incl. XXXX Incl. Incl. XXX XXX Incl. XXXX Incl. XXX Limit stated in each applicable P.I.P. OR P.P.I. Endorsement. "Limit stated in ITEM TWO. Add'l Coverage(s)—Premium, Limit, Deductible:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA PERSONAL INJURY PROTECTION

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 10/01/02	Countersigned By:
Named Insured: Bonita Springs Fire Control &	
Rescue District	(Authorized Representative)

We agree with the "named insured", subject to all the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows that:

SCHEDULE

Any Personal Injury Protection deductible shown in the Declara	ations of \$
is applicable to the following "named insured" only:	
☐ each "named insured" and each depende	ent – "family member".
☐ Work loss for "named insured" does not apply.	·
☐ Work loss for "named insured" and dependent – "family m	nember" does not apply.
Benefits	Limit Per
	Person
Total Aggregate Limit	Up to \$10,000
Death	\$5,000
Benefits	(included in aggregate)
Medical	80% of medical expenses
Expenses	subject to total
	aggregate limit
Work Loss	60% of work loss
	subject to total
	aggregate limit
Replacement	subject to total
Services Expense	aggregate limit

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

LEE COUNTY BOARD OF COUNTY COMMISSIONERS P.O. BOX 398 FORT MYERS, FLORIDA 33902-0398

INVOICE

APPLICATION FEE: \$250.00

FOR:

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

AMBULANCE AND RESCUE SERVICE

NAME:

Bonita Springs Fire Control and Rescue District

ADDRESS: 27490 Old 41 Road

Bonita Springs, FL 34135

Make Checks Payable To: LEE COUNTY BOARD OF

COUNTY COMMISSIONERS

CERTIFICATE APPLICATION REQUIREMENTS

Section 5

Item B We wish to continue to provide Advanced Life Support services to our 72 square mile district in which we currently provide Fire Suppression, and Fire Prevention services, and Emergency Medical Services.