

Lee County Board of County Commissioners  
 Agenda Item Summary

(Blue Sheet No. 20030087)

1. REQUESTED MOTION:

**ACTION REQUESTED:** Board approve a two year Certificate of Public Convenience and Necessity (CON) for Lehigh Acres Fire Control and Rescue District.

**WHY ACTION IS NECESSARY:** CON required by Florida Statue 401.25 (d) for renewal of EMS provider license application.

**WHAT THE ACTION ACCOMPLISHES:** Allows Lehigh Acres Fire Control and Rescue District to be recertified by the Bureau of EMS as an ALS Provider for two years.

2. DEPARTMENTAL CATEGORY:  
 COMMISSION DIST. #

C7A

3. MEETING DATE:

02-04-2003

4. AGENDA

- X CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- TIME REQUIRED:

5. REQUIREMENT/PURPOSE

- (Specify)
- STATUTE
  - ORDINANCE
  - ADMAN. CODE
  - X OTHER

6. REQUESTOR OF INFORMATION

- A. COMMISSIONER
- B. DEPARTMENT
- C. DIVISION Public Safety

BY John D. Wilson, Director

7. BACKGROUND:

Every two years, Florida EMS providers are required to renew their Advanced Life Support (ALS) License with the Florida Department of Health. According to Florida Statue 401.25 (d), "The applicant has obtained a certificate of public convenience and necessity from each county in which the applicant will operate." The relicensing application requires a copy of the certificate and convenience and necessity be included prior to the issuance of an ALS License by the Bureau of Emergency Medical Service.

Lehigh Acres Fire Control and Rescue District current ALS License expires on March 31, 2003. The application is to be submitted for process to the Bureau of EMS within 60 days of the provider's license expiration date.

Attachment 1: Application for Certificate of Public Convenience and Necessity (3)

Attachment 2: Certificate of Public Convenience and Necessity (3)

8. MANAGEMENT RECOMMENDATIONS: Management recommends approval.

9. RECOMMENDED APPROVAL

DEPARTMENT DIRECTOR <i>[Signature]</i>	Purchasing or Contracts <i>[Signature]</i>	Human Resources	County Attorney <i>[Signature]</i>	County Administration OAI OMI Risk IGC <i>[Signatures]</i> 1/21/03 1/23/03 1/25/03/08 1-22-03	COUNTY MANAGER <i>[Signature]</i>
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10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty  
 Date: 1/21/03  
 Time: 3:45 PM  
 Forwarded To:  
 Box 400  
 1/23/03

RECEIVED BY  
 COUNTY ADMIN. PM  
 1/23/03 4:50  
 COUNTY ADMIN.  
 FORWARDED TO: BX  
 1/23 3:00

## 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, 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 Ambulance 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 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 the 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.

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

**12/12/96**

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Governmental [ X ]	Private [ ]	Voluntary [ ]
TYPE:		
Transport	[X] ALS	[X] BLS [ ]
Non-Transport	[ ] ALS	[ ] BLS [ ]
Air-Medical	[ ] ALS	[ ] BLS [ ]
<b>GOVERNMENTAL/CORPORATION/OWNER</b>		
Name: Lehigh Acres Fire Control and Rescue District		
Address: 1000 Joel Blvd.	Lehigh Acres	FL 33972
Street/PO Box	City	State Zip
<b>DIRECTORS/OWNERS</b>		
Name: Barry Ashman		
Address: 6600 Maytree Circle	Ft. Myers	FL 33905
Street/PO Box	City	State Zip
Name: John O. Boardman, Jr.		
Address: 2704 E. 3 <sup>rd</sup> Street	Lehigh Acres	FL 33972
Street/PO Box	City	State Zip
Name: D. Bruce Boyd, Jr.		
Address: 1802 7 <sup>th</sup> Street East	Lehigh Acres	FL 33972
Street/PO Box	City	State Zip
Name: Steven P. Hass		
Address: 1403 W. 17 <sup>th</sup> Street	Lehigh Acres	FL 33936
Street/PO Box	City	State Zip
Name: Ralph B. Hemingway, Jr.		
Address: 622 Morningmist Lane	Lehigh Acres	FL 33936
Street/PO Box	City	State Zip
Name:		
Address:		
Street/PO Box	City	State Zip

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

**The Lehigh Acres Fire Control and Rescue District participates in a mutual aid agreement with other existing EMS services in the county. We are available 24 hours a day 7 days a week for mutual aid responses when needed.**

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

**The Lehigh Acres Fire Control and Rescue District provides pre-hospital advanced life support care and ambulance transport services to the residents of Lehigh Acres, Florida. Our district covers approximately 143 square miles and services 30,000 – 40,000 full-time residents.**

**HOW WILL THE SERVICE IMPROVE PUBLIC CONVENIENCE AND JUSTIFY THE NECESSITY OF THE INTENDED SERVICE**

**Since Lehigh Acres, Florida is an unincorporated area at the eastern end of Lee County, the Lehigh Acres Fire Control and Rescue District has been providing emergency ambulance service to its residents for approximately 25 years. We have been providing this service in coordination with Lee County EMS. We provide the initial response to this area.**

## **NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES**

**We currently have (4) ALS transport units and (1) ALS non-transport unit.**

- **Rescue 110 = Type I ALS transport unit**
- **Rescue 160 = Type I ALS transport unit**
- **Rescue 170 = Type I ALS transport unit**
- **Rescue 180 = Type I ALS transport unit**
- **Engine 210 = Class-A pumper with ALS non-transport capability**

**ADDRESS OF HEADQUARTERS**

**1000 Joel Blvd.  
Lehigh Acres, FL 33972**

**ADDRESS OF POSTING-STATIONS**

**1000 Joel Blvd.  
Lehigh Acres, FL 33972**

## **SCHEDULE OF RATES FOR SERVICE**

**Current rate schedule effective October 1, 2002:**

- **Advanced Life Support, Level 1 (ALS 1) = \$350.00**
- **Advanced Life Support, Level 1 Emergency (ALS 1-Emergency) = \$375.00**
- **Advanced Life Support, Level 2 (ALS 2) = \$550.00**
  
- **Treatment/non-transport = \$80.00**
  
- **Mileage = \$7.00/mile**



**MEDICAL DIRECTOR' S NAME AND LICENSE NUMBER(S)**

**NAME: William Bess**

**AUDIT CONTROL #: 0753616**

**FILE #: N/A**

**BOARD CERTIFICATION #: 800015**

**LICENSE #: ME 33756**

**CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE**

**See attached.**

**ACORD CERTIFICATE OF LIABILITY INSURANCE** SR ON LEHIGH-2 DATE (MM/DD/YY) 01/16/03

**PRODUCER**  
 Edison Insurance Agency, Inc.  
 3035 Palm Beach Boulevard NA  
 Fort Myers FL 33916  
 Phone: 941-692-0400 Fax: 941-692-2522

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 POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

**INSURED**  
 Lehigh Acres Fire Control and  
 1000 Joel Blvd  
 Lehigh Acres FL 33936

INSURER A: **Cumis Insurance Society**  
 INSURER B:  
 INSURER C:  
 INSURER D:  
 INSURER E:

**COVERAGES**  
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	START DATE	EXPIRATION DATE	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOG	SSC104576E	10/01/02	10/01/03	EACH OCCURRENCE \$1000000 FIRE DAMAGE (Any one fire) \$100000 MED EXP (Any one person) \$5000 PERSONAL & ADY INJURY \$1000000 GENERAL AGGREGATE \$10000000 PRODUCTS - COMP/OP AGG \$10000000
<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SSC104576E	10/01/02	10/01/03	COMBINED SINGLE LIMIT (EA ACCIDENT) \$1000000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ADY \$
<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10000	SSC104576E	10/01/02	10/01/03	EACH OCCURRENCE \$2000000 AGGREGATE \$2000000 \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b>				WC OVERLAP TO POLICY LIMITS OVER SR E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**  
 Fire Department Fire Prevention

**CERTIFICATE HOLDER**  **ADDITIONAL INSURED**  **INSURER LETTER**  **CANCELLATION**

Lee County Board of Co. Comm.  
 FAX 335-2459  
 P. O. BOX 398  
 Fort Myers FL 33902

DEEC001  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE HEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 [Signature]  
 [Signature]



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ESIP COVERAGE EXTENSIONS

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This endorsement modifies the insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE FORM

##### I. EMERGENCY MEDICAL SERVICES

A. In **SECTION I - COVERAGES**, the following subparagraph b.(1) of Paragraph 1. **Insuring Agreement** under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is amended to read as follows:

(1) The "bodily injury" or "property damage" is caused by an "occurrence" or by "emergency medical service" that takes place in the "coverage territory"; and

B. In **SECTION I - COVERAGES**, Exclusion 2.a. **Expected or Intended Injury** under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is amended to read as follows:

a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage":

- (1) Resulting from the use of reasonable force to protect persons or property; or
- (2) Arising from "emergency medical service".

C. The following is added to **SECTION V - DEFINITIONS**:

"Emergency medical service" means any actual or alleged act, error or omission by you or any insured in providing or failing to provide:

- a. First aid, firefighting, or emergency rescue services;
- b. Professional services of emergency medical technicians (EMT's), paramedics, or nurses;
- c. Furnishing or dispensing drugs, or surgical or medical supplies or devices;
- d. Ambulance or emergency medical transportation services; and
- e. Dispatching personnel to provide any of the above services.

##### II. AGGREGATE LIMITS

The following is added to Paragraph 2. of **SECTION III - LIMITS OF INSURANCE**:

The General Aggregate Limit applies separately to each entity scheduled as a Named Insured on the Declarations. Also, the General Aggregate Limit applies separately to each of your locations owned by or rented to you. Location means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

#### INJURY TO VOLUNTEERS

The following exclusion is added to Paragraph 2. Exclusions of **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

"Bodily Injury" to:

- a. A volunteer arising out of and in the course of their duties for you or while performing duties related to the conduct of your business; or
- b. The spouse, child, parent, brother or sister of that volunteer as a consequence of paragraph a. above.

This exclusion applies:

- (1) Whether the insured may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion only applies if you are legally required to provide insurance covering the volunteer under any workers compensation or disability benefits law (or similar law) and you fail to do so.

#### IV. AIRCRAFT AND WATERCRAFT

A. Exclusion 2.g.(2) under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY** is deleted and replaced with the following:

- (2) A watercraft that is not being used to carry persons or property for a charge and which:
  - (a) You do not own; or
  - (b) Which you do own but it is less than 26 feet long.

B. The following subsection (6) is added to Exclusion 2.g. under **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

- (6) An aircraft that is not owned or operated by any insured and which is being used for firefighting, emergency rescue or emergency evacuation purposes.

#### V. WHO IS INSURED

A. Paragraph 1.c. of **SECTION II - WHO IS AN INSURED** is deleted and replaced with the following:

- c. An organization other than a partnership or joint venture, you are an insured. Your stockholders are also insureds, but only with respect to their liability as stockholders.

B. Paragraph 2.a. of **SECTION II - WHO IS AN INSURED** is deleted and replaced with the following:

2. Each of the following is also an insured:

- a. (1) Your officers, directors, commissioners, board members, "employees", volunteers and appointees while acting within the scope of their duties for you. If your officer, director, commissioner, board member, "employee", volunteer or appointee is a physician or osteopath then such officer, director, commissioner, board member, "employee", volunteer or appointee is not an insured while acting in their capacity as a physician or osteopath;
- (2) Your officers, directors, commissioners, board members, "employees", volunteers and appointees while rendering emergency assistance at the scene of an emergency encountered suddenly and unexpectedly. Such assistance must be independent of any other

organization. If your officer, director, commissioner, board member, "employee", volunteer or appointee is a physician or osteopath then such "employee" is not an insured while acting in their capacity as a physician or osteopath.

- (3) Any person(s) who is (are) your medical director(s) while acting within the scope of their duties for you. However, no person is an insured for "bodily injury" or "personal injury" arising out of his or her providing or failing to provide professional health care services as a physician or osteopath, except while performing or failing to perform "medical administrative duties" on behalf of the Named Insured.

No person is an insured under (1), (2) or (3) above for "property damage" to property owned or occupied or rented or loaned to that person or to any of your officers, directors, commissioners, board members, "employees", volunteers, appointees, or medical directors.

**C. The following is added to SECTION V - DEFINITIONS:**

"Medical administrative duties" means establishing medical protocol, creating medical training curriculum, providing medical training, conducting medical quality assurance programs, and carrying out similar duties for managing, training, advising or monitoring medical services provided by you. "Medical administrative duties" does not include:

- a. The providing of or failure to provide on-line medical direction via telecommunication to emergency medical personnel; or
- b. Providing or failing to provide professional health care services to individuals or groups of patients

**VI. FELLOW MEMBER**

The following exclusion is added to Paragraph 2, Exclusions of **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**:

- "Bodily injury" to any fellow "employee" or volunteer of the insured arising out of and in the course of:
- a. the fellow "employee's" employment or while performing duties related to the conduct of your business, or
  - b. the fellow volunteer's duties for you or while performing duties related to the conduct of your business.

This exclusion does not apply if Fellow Member Coverage is shown in the Schedule as included.

**VII. DEFINITIONS**

The definition of "Employee" is replaced with the following:

"Employee" includes a "leased worker" and a "temporary worker".

**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: Lehigh Acres Fire Control and Rescue District**

**ADDRESS: 1000 Joel Blvd. Lehigh Acres FL 33972  
STREET/PO BOX CITY STATE ZIP**

**MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF  
COUNTY COMMISSIONERS**

AN ARTIFICIAL WATERMARK IS PRESENT ON THE REVERSE SIDE



**Lehigh Acres Fire Control and Rescue District**

1000 Joel Boulevard  
Lehigh Acres, Florida 33972

Lehigh Acres Office 190  
SunTrust Bank, Southwest Florida  
1110 W. Homestead Road  
Lehigh Acres, Florida 33972

63-147/190/670

NO. 031873

CHECK NO.

031873

\*TWO HUNDRED FIFTY DOLLARS AND NO CENTS

DATE  
01/16/03

AMOUNT  
\*\*\*\*\*250.00\*



VOID AFTER 90 DAYS

Lee County Board of  
County Commissioners

P.O. Box 398

Fort Myers

FL 33902-0398

*Bruce Bay*  
*John O. Boardman*  
TWO AUTHORIZED SIGNATURES REQUIRED

THE  
SER

CRCC

DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

⑈031873⑈ ⑆067001479⑆ ⑆0190900090034⑈