

**1. REQUESTED MOTION:**

**ACTION REQUESTED:** Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the Estero Fire 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 ALS service in accordance with State law and provision contained in Lee County Ordinance 02-19.

**2. DEPARTMENTAL CATEGORY:**  
**COMMISSION DISTRICT #:**

*C7A*

**3. MEETING DATE:**

*06-08-2004*

**4. AGENDA:**

- CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC
- WALK ON
- TIME REQUIRED:

**5. REQUIREMENT/PURPOSE:**  
(Specify)

- STATUTE
- ORDINANCE
- ADMIN. CODE
- OTHER

**6. REQUESTOR OF INFORMATION:**

- A. COMMISSIONER
- B. DEPARTMENT ~~Public Safety~~
- C. DIVISION *EMS* Public Safety
- BY: *Michael Bridges, Deputy Director*

**7. BACKGROUND:**

This District is submitting an application for a Certificate of Public Convenience and Necessity (CON) to provide advance life support (ALS) non-transport service within its boundaries. Granting the request would allow the district to place qualified paramedics and emergency medical technicians on fire rescue vehicles or engines that could provide pre-hospital emergency medical care prior to Lee County EMS personnel arriving on scene.

County staff reviewed the District's application according to the current county ordinance provisions and recommends granting the Certificate if the District complies with provisions in the attached CON prior to furnishing any ALS non-transport service within its defined service area. The District's fire chief has agreed to these conditions.

- Attachment #1: Application for Certificate of Public Convenience and Necessity (3)
- Attachment #2: Certificate of Public Convenience and Necessity (3)

**8. MANAGEMENT RECOMMENDATIONS:**

Staff recommends approval.

**9. RECOMMENDED APPROVAL:**

A Department Director	B Purchasing or Contracts	C Human Resources	D Other	E County Attorney	F Budget Services				G County Manager
					OA	OM	Risk	GC	
<i>Michael Bridges</i>	<i>N/A</i>	<i>N/A</i>		<i>Michael Bridges</i>	<i>5/28/04</i>	<i>5/25/04</i>	<i>5/26/04</i>	<i>5/26/04</i>	<i>[Signature]</i>

**10. COMMISSION ACTION:**

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by *COATEY*  
Date: *5/24/04*  
Time: *1:55 pm*  
Forwarded To:

RECEIVED BY  
COUNTY ADMIN: *[Signature]*  
COUNTY ADMIN  
FORWARDED TO: *PL*  
*5-26-04*  
*now*

*HS*

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

**12/12/96**

Governmental [ <input checked="" type="checkbox"/> ]	Private [ <input type="checkbox"/> ]	Voluntary [ <input type="checkbox"/> ]
TYPE:		
Transport	[ <input type="checkbox"/> ] ALS	[ <input type="checkbox"/> ] BLS [ <input type="checkbox"/> ]
Non-Transport	[ <input checked="" type="checkbox"/> ] ALS	[ <input checked="" type="checkbox"/> ] BLS [ <input type="checkbox"/> ]
Air-Medical	[ <input type="checkbox"/> ] ALS	[ <input type="checkbox"/> ] BLS [ <input type="checkbox"/> ]
<b>GOVERNMENTAL/CORPORATION/OWNER</b>		
Name: Estero Fire Rescue (EFR)		
Address: 19850 Breckenridge Dr. Suite A	Estero	Florida 33928
Street/PO Box	City	State Zip
<b>DIRECTORS/OWNERS</b>		
Name: Richard Schweers		
Address: 19850 Breckenridge Dr. Suite A	Estero	Florida 33928
Street/PO Box	City	State Zip
Name: Lawrence Westin		
Address: 19850 Breckenridge Dr. Suite A	Estero	Florida 33928
Street/PO Box	City	State Zip
Name: Gayle Sassano		
Address: 19850 Breckenridge Dr. Suite A	Estero	Florida 33928
Street/PO Box	City	State Zip
Name: Barbara Akins		
Address: 19850 Breckenridge Dr. Suite A	Estero	Florida 33928
Street/PO Box	City	State Zip
Name: Bob Morris		
Address: 19850 Breckenridge Dr. Suite A	Estero	Florida 33928
Street/PO Box	City	State Zip
Name:		
Address:		

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

Prior to the arrival of an advanced life support transport unit, Estero Fire Rescue will be able to initiate basic and advanced life support services to patients in preparation for transport to a medical facility. Estero Fire Rescue will have the ability to assist EMS transport providers with advanced life support services when required. Estero Fire Rescue will conduct basic and advanced life support emergency medical training along with other EMS agencies that is equivalent to, or exceeds the standards for the area.

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

This service will allow Estero Fire Rescue to provide an increased level of care to the residents of Estero and Lee County. It will decrease the amount of time that a patient will have to wait for advanced life support services in turn this will directly reduce patient morbidity and mortality. Additional resources will be available to the current advanced life support transport service to assist them in the delivery of pre-hospital emergency care.

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

This service will allow Estero Fire Rescue units to provide basic and advanced life support services, which will decrease advanced life support response times and provide additional resources to assist other EMS agencies. Emergency Medical personnel certified as firefighter-EMT's and paramedics with additional certifications in other pre-hospital emergency specialties will be available to enhance the EMS system, as required by Estero Fire Rescue's Medical Director.



Estero Fire Rescue currently has four advanced life support non-transport units in service. Estero Fire Rescue may expand to as many as six units during the two-year length of the Certificate of Convenience and Necessity from Lee County.

**ADDRESS OF HEADQUARTERS**

Estero Fire Rescue  
19850 Breckenridge Dr. Suite A  
Estero, FL 33928

**ADDRESS OF POSTING-STATIONS**

Estero Fire Rescue  
Fire / Rescue Station # 1  
8631 County Rd  
Estero, FL 33928

Estero Fire Rescue  
Fire / Rescue Station # 3  
21510 Three Oaks Parkway  
Estero, FL 33928

Estero Fire Rescue  
Fire / Rescue Station # 4  
21300 Firehouse Ln  
Estero, FL 33928

## **SCHEDULE OF RATES FOR SERVICE**

Estero Fire Rescue charges a \$ 25.00 per person per hour fee for standby at special events or as may otherwise be requested. EFR seeks reimbursement for personnel, equipment and supplies when called to respond to catastrophic events. Apart from its normal ad valorem taxes and those sources aforementioned EFR does not anticipate charging a fee for providing ALS services.

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

**NAME: William R. Bess M.D.**

**AUDIT CONTROL # 52818**

**FILE # 0753616**

**BOARD CERTIFICATION # ME33756**



**CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE**

See attached forms from American Alternative Insurance Corporation (VFIS).

**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:**

**ADDRESS:**

**STREET/PO BOX      CITY      STATE      ZIP**

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



# American Alternative Insurance Corporation

STATUTORY HOME OFFICE  
1013 Centre Road  
Wilmington, DE 19805

ADMINISTRATIVE OFFICE  
555 College Road East  
Princeton, New Jersey, 08543-5241  
(800) 305-4954

## Commercial Automobile Policy RENEWAL DECLARATION

**POLICY NO. VFIS-CL-0004571-7/000**  
RENEWAL OF VFIS-CL-0004571-6

### NAMED INSURED AND MAILING ADDRESS

ESTERO FIRE RESCUE  
19850 BRECKENRIDGE DRIVE, SUITE A  
ESTERO FL 33928-2117

### AGENCY AND MAILING ADDRESS

VFIS  
183 LEADER HEIGHTS ROAD  
PO BOX 2726  
YORK, PA 17405

POLICY PERIOD: From 10/01/2003 to 10/01/2004 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.  
THE NAMED INSURED IS : CORPORATION BUSINESS DESCRIPTION : EMERGENCY SERVICE ORGANIZATION

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

### 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 symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
1	LIABILITY	\$ 1,000,000 EACH ACCIDENT MINUS \$ DED	\$ 15,423
5	PERSONAL INJURY PROTECTION - PIP (or equivalent No-Fault coverage)	Separately stated in each PIP endorsement	\$ 317
7	AUTO MEDICAL PAYMENTS	\$ 5,000 EACH PERSON	\$ 60
2	UNINSURED MOTORIST - UM BODILY INJURY-BI, COMBINED SINGLE LIMIT-CSL	(UNINSURED MOTORISTS STACKED COVERAGE LIMITS DO NOT APPLY) \$ 30,000 EACH ACCIDENT	\$ 468
7 8	PHYSICAL DAMAGE: COMPREHENSIVE COVERAGE	Agreed Value, Actual Cash Value or Cost of Repairs, whichever is less, minus Deductible for each covered auto (see item three) - no Ded. applies to loss caused by fire/lightning.	\$ 6,938
	PHYSICAL DAMAGE: SPECIFIED CAUSES OF LOSS COVERAGE	Agreed Value, Actual Cash Value or Cost of Repairs, whichever is less, minus \$25 Ded for each covered auto for loss caused by mischief or vandalism.	\$

INSURED COPY



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VFIS  
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 PO BOX 2726  
 YORK, PA 17405

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### ITEM FOUR - SCHEDULE OF HIRED, BORROWED OR COMMANDEERED AUTO COVERAGE AND PREMIUMS.

#### LIABILITY INSURANCE-RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE \$	RATE PER EACH \$100 COST		PREMIUM
FL	IF ANY	2.248	MIN	\$ 134

#### PHYSICAL DAMAGE INSURANCE - FL

COVERAGE	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMP	ACTUAL CASH VALUE, COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ 50 Ded. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	IF ANY	.454	\$ 22
COLLISION	ACTUAL CASH VALUE COST OF REPAIRS OR \$ WHICHEVER IS LESS, MINUS \$ 100 Ded. FOR EACH COVERED AUTO	IF ANY	.481	\$ 1
TOTAL PREMIUM			MIN	\$ 23

SUCH INSURANCE AS IS AFFORDED BY HIRED AUTO PHYSICAL DAMAGE COVERAGE ALSO APPLIES TO "AUTOS" YOU COMMANDEER.

INSURED COPY



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Wilmington, DE 19805

ADMINISTRATIVE OFFICE  
555 College Road East  
Princeton, New Jersey, 08543-5241  
(800) 305-4954

## Portable Equipment RENEWAL DECLARATION

**POLICY NO. VFIS-CL-0004571-7/000**  
RENEWAL OF VFIS-CL-0004571-6

### NAMED INSURED AND MAILING ADDRESS

### AGENCY AND MAILING ADDRESS

ESTERO FIRE RESCUE  
19850 BRECKENRIDGE DRIVE, SUITE A  
ESTERO FL 33928-2117

VFIS  
183 LEADER HEIGHTS ROAD  
PO BOX 2726  
YORK, PA 17405

POLICY PERIOD: From 10/01/2003 to 10/01/2004 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE INSURANCE AS STATED IN THIS POLICY.

SCHEDULE OF COVERAGES			
DESCRIPTION	LIMIT	DEDUCTIBLE	ANNUAL PREMIUM
COVERAGE A - BLANKET "PORTABLE EQUIPMENT"	GUARANTEED REPLACEMENT COST	100	1,802
COVERAGE B - SCHEDULED "PORTABLE EQUIPMENT"	N/A	N/A	N/A

**TOTAL PREMIUM \$1,802**

**FORMS AND ENDORSEMENTS**  
APPLYING TO COMMERCIAL PROPERTY COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:  
PE1001 (03-00) PE1003 (01-96) CP0090 (07-88) CM0116 (04-89) IL0175 (09-93) IL0255 (03-98)  
IL0952 (11-02)

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

COUNTERSIGNED AT: \_\_\_\_\_ DATE: \_\_\_\_\_ BY: \_\_\_\_\_

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ESTERO FIRE RESCUE

ACCOUNTS PAYABLE

12018

DATE INVOICE NO COMMENT  
4/19/04 041904

AMOUNT	DISCOUNT	NET AMOUNT
250.00	.00	250.00

CHECK: 012018 04/23/04 Lee Co Board of Co Comm

CHK TOTAL: 250.00

ESTERO FIRE RESCUE  
ACCOUNTS PAYABLE  
19850 BRECKENRIDGE DR, SUITE A  
ESTERO, FL 33928

Bank of America  
ACH R/T 063100277

12018

63-4/630 FL  
342

012018

\*TWO HUNDRED FIFTY DOLLARS AND NO CENTS

DATE	AMOUNT
04/23/04	*****250.00*

Lee Co Board of Co Comm  
P.O. Box 398  
Fort Myers FL 33902

*[Handwritten Signature]*  
*[Handwritten Signature]*

⑈012018⑈ ⑆063000047⑆ 003449703732⑈

## 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:

### ESTERO FIRE RESCUE

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

### ESTERO FIRE 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 June 20, 2004, to June 20, 2006, unless sooner forfeited or rescinded.

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Vice-Chairman

  
\_\_\_\_\_  
Witness

ATTEST:  
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

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

By: \_\_\_\_\_  
Chairman