

Lee County Board Of County Commissioners
Agenda Item Summary

Blue Sheet No.
200050068

1. REQUESTED MOTION:

ACTION REQUESTED: Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the Bonita Springs Fire Control and 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 #:**

3. MEETING DATE:

01-25-2005

4. AGENDA:

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

6. REQUESTOR OF INFORMATION:

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

- _____ STATUTE
- _____ ORDINANCE
- _____ ADMIN. CODE
- OTHER

- A. COMMISSIONER _____
- B. DEPARTMENT _____ Independent
- C. DIVISION _____ Public Safety
- BY: John D. Wilson, Director *JW*

7. BACKGROUND:

This District is submitting renewal 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>[Signature]</i> 1/19/05	<i>NA</i> <i>CS</i> 1/19/05			<i>[Signature]</i> 1/19/05	<i>[Signature]</i> 1/19/05	<i>[Signature]</i> 1/20/05	<i>[Signature]</i> 1/20/05	<i>[Signature]</i> 1/20/05	<i>[Signature]</i> 1-20-05

10. COMMISSION ACTION:

- APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by CoAtty
Date: 1/19/05
Time: 9:25am
Forwarded To:
Admin 1/19/05

RECEIVED BY
COUNTY ADMIN:
1/19/05
10:10 am
COUNTY ADMIN
FORWARDED TO:
1/20/05
[Signature]

AGENDA UPDATE

FROM



DIVISION OF PUBLIC RESOURCES

MEETING OF JANUARY 25, 2005

**RE: WALK ON #3-CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY-BONITA SPRINGS FIRE CONTROL AND RESCUE DISTRICT**

Attached please find additional back up for the above referenced agenda item. Please place this in your agenda book.

Thank you.

SEND TO:

**BOARD: ALBION HALL JUDAH JANES ST. CERNY
COMMISSION RECEPTION DESK
DONALD STILWELL, COUNTY MANAGER
WILLIAM HAMMOND, DEPUTY COUNTY MANAGER
HOLLY SCHWARTZ, ASSISTANT COUNTY MANAGER
PETE WINTON, ASSISTANT COUNTY MANAGER**

**ANTONIO MAJUL, BUDGET SERVICES
BOB GRAY, DEPUTY CO ATTORNEY
JAMES LAVENDER, PUBLIC WORKS
PUBLIC RESOURCES OFFICE
LISA PIERCE, MINUTES**

DATE AND TIME DISTRIBUTED: 01-24-05 9:00 AM

BOARD OF COUNTY COMMISSIONERS
WALK ON AGENDA ITEMS
MEETING DATE: January 25, 2005

WO # **DESCRIPTION**

- WO #1** **ACTION REQUESTED:**
Authorize Chairman to sign Grant Certification Form for Grant Application to the Florida Housing Finance Corporation.
WHY ACTION IS NECESSARY:
The certification form is required to submit the grant application
WHAT ACTION ACCOMPLISHES:
Allows the Department of Human Services to apply for additional grant funding. (#20050062-Human Services)
REASON FOR WALK ON:
Grant opportunity recently released, needs to be submitted ASAP.
- WO #2** **ACTION REQUESTED:**
1) Authorize the Chairman, on behalf of the BOCC, to sign as the Chief Official of the Subgrant Recipient for Lee County Utilities' CERTIFICATION OF ACCEPTANCE OF SUBGRANT AWARD for a Florida Department of Law Enforcement's Law Enforcement Terrorism Prevention Program Grant in the amount of \$120,000; and 2) Approve Budget Amendment Resolution for \$120,000.
WHY ACTION IS NECESSARY:
Required by each agency's regulations.
WHAT ACTION ACCOMPLISHES:
Establishes the BOCC as being the Subgrant Recipient of the Grant and this Certificate constitutes official acceptance of the award and must be received by the FDLE prior to any reimbursement of project expenditure. (#20050045-Utilities)
REASON FOR WALK ON:
To meet the 30-day deadline imposed by the FDLE, which is January 28, 2005.
- WO #3** **ACTION REQUESTED:**
Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the Bonita Springs Fire Control and 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. (#20050068-EMS)
REASON FOR WALK ON:
Bonita Springs Fire Control and Rescue District's Certificate of Convenience and Necessity expires January 31, 2005.

BOARD: ALBION HALL JUDAH JANES ST. CERNY
COMMISSION RECEPTION DESK
DONALD STILWELL, COUNTY MANAGER
WILLIAM HAMMOND, DEPUTY COUNTY MANAGER
HOLLY SCHWARTZ, ASSISTANT COUNTY MANAGER
PETE WINTON, ASSISTANT COUNTY MANAGER

ANTONIO MAJUL, BUDGET SERVICES
BOB GRAY, DEPUTY CO ATTORNEY
JAMES LAVENDER, PUBLIC WORKS
PUBLIC RESOURCES OFFICE
LISA PIERCE, MINUTES

DATE AND TIME DISTRIBUTED: 01-20-05 3:30 PM

Division of

Public Safety

MEMO

To: Kathy Geren
From: John D. Wilson, Director
Subject: Walk-on
Date: January 19, 2005



Bonita Springs Fire Control and Rescue District's Certificate of Convenience and Necessity expires January 31, 2005. They must have a signed CON to continue providing ALS non-transport service to their service area beyond this date. Therefore, I am requesting this document be put on the Board's agenda for January 25, 2005, as a walk-on.

9813 12 01 11 2005

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 & Rescue District

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

Bonita Springs Fire Control & Rescue District

and to do all things needful to 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 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, to the extent permitted by law, 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. The District nor Lee County waives their right to sovereign immunity and this Hold Harmless and Indemnity Agreement is limited to the amount waived under Section 768.28, Florida Statutes.

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 40, 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 term by said Association being filed with the County Clerk.

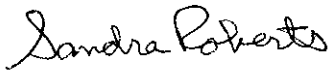
7. This permit is valid for the period January 31, 2005, to January 31, 2007, unless sooner forfeited or rescinded.



Witness




Chairman



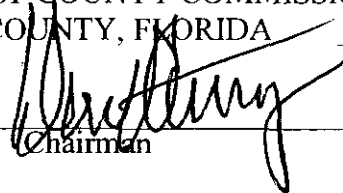
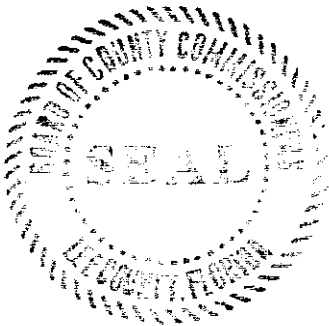
Witness

ATTEST:
Charlie Green, Clerk


By: 
Deputy Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____


Chairman

APPROVED AS TO FORM


OFFICE OF COUNTY ATTORNEY

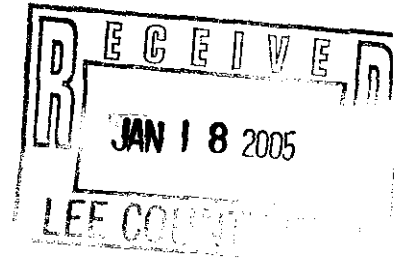
BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT

27490 OLD 41 ROAD
BONITA SPRINGS, FL 34135

ADMINISTRATION
TEL: (239) 949-6200
FAX: (239) 949-6207

FIRE PREVENTION
TEL: (239) 949-6211
FAX: (239) 949-6216

January 18, 2005



Mr. John Wilson, Director
Lee County Department of Public Safety
P.O. 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, 2005, 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,

A handwritten signature in black ink, appearing to read "Phil Kinsey".

Phil Kinsey
Deputy Fire Chief

PK/mh

Enclosure



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

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: 60

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

Name: Evans Conforti Age: 57

Address: 24680 Sweet Gum Court Bonita Springs, FL 34134

Name: Edward Fitzgerald Age: 70

Address: 13100 South Hampton Dr. Bonita Springs, FL 34135

Name: Pat Buttino Age: 71

Address: 28533 Highgate Drive Bonita Springs, FL 34135

Name: Bob Paterson Age: 61

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

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

1. 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.
2. 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.
2. 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. Five 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 Springs Fire Station #3
25001 South Tamiami Trail
Bonita Springs, FL 34135

Bonita Springs Fire Station #5
26890 South Bay Drive
Bonita Springs, FL 34134

SCHEDULE OF RATES FOR SERVICE

None

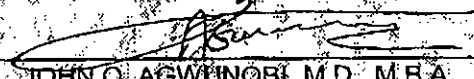
MEDICAL DIRECTOR'S NAME AND LICENSE NUMBER(S)

Name:	William Bess, M.D.
Audit Control#:	0753616
File#:	N/A
License#:	ME0033756
Batch#:	N/A
Provider#:	N/A
Control #:	52818

AC# 1284457

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/29/2003	ME 33756	107848

The **MEDICAL DOCTOR**named below has met all requirements of
the laws and rules of the state of Florida.Expiration Date: **JANUARY 31, 2006**WILLIAM RUNYON BESS, JR
1231 HANTON AVE
FT MYERS, FL 33901-6716JEB BUSH
GOVERNORJOHN O. AGWUNOBI, M.D., M.B.A.
SECRETARY

DISPLAY IF REQUIRED BY LAW

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See attached forms

COMMON POLICY DECLARATIONS

Arch Insurance Company 3100 Broadway Kansas City, MO 64111 Phone: 800-821-5546	McNeil and Company, Inc. P.O. Box 5670 Cortland, NY 13045
NAMED INSURED: <u>BONITA SPRINGS FIRE CONTROL &</u>	
MAILING ADDRESS: <u>27490 OLD 41 ROAD</u> <u>BONITA SPRINGS, FL 34135-1958</u>	
POLICY PERIOD: FROM <u>10/01/2004</u> TO <u>10/01/2005</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.	

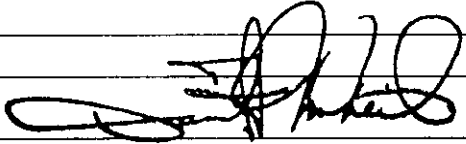
BUSINESS DESCRIPTION	FIRE AND RESCUE
----------------------	-----------------

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

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
BOILER AND MACHINERY COVERAGE PART	\$ _____
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ <u>Incl.</u>
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ <u>Incl.</u>
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ <u>Incl.</u>
CRIME AND FIDELITY COVERAGE PART	\$ <u>Incl.</u>
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
POLLUTION LIABILITY COVERAGE PART	\$ <u>Incl.</u>
PROFESSIONAL LIABILITY COVERAGE PART	\$ _____
	\$ _____
TOTAL:	\$ 41,114.00
Premium shown is payable: \$ _____ at inception. \$ _____	

TRIA - Property	35.00	TRIA - Crime	3.00
TRIA - GL	139.00	Commercial Property Surch	41.31
TRIA - Auto	22.00	Insurance Premium Surchar	4.00

FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):

Countersigned:	10/26/04	(BJS)	By:	
	(Date)			(Authorized Representative)
				MCNEIL AND COMPANY, INC.

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 00 10 00

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

POLICY NO.
 MEPK057835

EFFECTIVE DATE 10 / 01 / 04

"X" If Supplemental
 Declarations Is Attached

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
1	1	Located at: 27490 OLD 41 ROAD BONITA SPRINGS, FL 34135 Construction: MODIFIED FIRE-RESISTIVE STATION	4

COVERAGES PROVIDED Insurance At The Described Premises Applies Only For Coverages For Which A Limit Of Insurance Is Shown

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
1	1	BUILDING	\$1,208,853	SPECIAL INCL. THEFT	GRC	
1	1	PERS. PROP	\$45,019	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES Applicable Only When Entries Are Made In The Schedule Below

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
1	1	10/01/05	BLDG	\$1,208,853	X		
1	1	10/01/05	PER. PROP.	\$45,019		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

DEDUCTIBLE

~~\$500~~ Exception: Building: \$250 Personal Property: \$250

FORMS APPLICABLE

To All Coverages: See form GU-207 (6/78)

To Specific Premises/Coverages:

Prem. No.	Bldg. No.	Coverages	Form Number

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy
1	2	Located at: 27490 OLD 41 ROAD BONITA SPRINGS, FL 34135 Construction: MODIFIED FIRE-RESISTIVE STORAGE Prot. Class: 4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
1	2	BUILDING	\$66,885	SPECIAL INCL. THEFT	GRC	
1	2	PERS. PROP	\$64,320	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
1	2	10/01/05	BLDG	\$66,885	X		
1	2	10/01/05	PER. PROP.	\$64,320		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
See form GU-207 (6/78)			

DEDUCTIBLE, if applicable: Building: \$250 Personal Property: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
1	3	Located at: 27490 OLD 41 ROAD BONITA SPRINGS, FL 34135 Construction: NON-COMBUSTIBLE TANKS	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
1	3	BUILDING	\$17,365	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
1	3	10/01/05	BLDG	\$17,365	X		

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number

See form GU-207 (6/78)

DEDUCTIBLE, if applicable: Building: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
2	1	Located at: 27491 FRONT STREET BONITA SPRINGS, FL 34135 Construction: NON-COMBUSTIBLE OFFICES	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
2	1	BUILDING	\$86,374	SPECIAL INCL. THEFT	GRC	
2	1	PERS. PROP	\$32,156	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
2	1	10/01/05	BLDG	\$86,374	X		
2	1	10/01/05	PER. PROP.	\$32,156		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
See form GU-207 (6/78)			

DEDUCTIBLE, if applicable: Building: \$250 Personal Property: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy
3	1	Located at: 28055 MANGO DRIVE BONITA SPRINGS, FL 34134 Construction: NON-COMBUSTIBLE STATION 2 Prot. Class: 4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
3	1	BUILDING	\$190,363	SPECIAL INCL. THEFT	GRC	
3	1	PERS. PROP	\$37,301	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Agreed Value			Replacement Cost (X)		
		Expiration Date	Cov.	Amount	Building	Pers. Prop.	Including "Stock"
3	1	10/01/05	BLDG	\$190,363	X		
3	1	10/01/05	PER. PROP.	\$37,301		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
		See form GU-207 (6/78)	

DEDUCTIBLE, if applicable: Building: \$250 Personal Property: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
4	1	Located at: 25001 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34135 Construction: MODIFIED FIRE-RESISTIVE STATION	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
4	1	BUILDING	\$797,509	SPECIAL INCL. THEFT	GRC	
4	1	PERS. PROP	\$42,875	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
4	1	10/01/05	BLDG	\$797,509	X		
4	1	10/01/04	PER. PROP.	\$42,875		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address
4	1	KISLAK NATIONAL BANK IT'S SUCCESSORS AND/OR ASSIGNS 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
See form GU-207 (6/78)			

DEDUCTIBLE, if applicable: Building: \$250 Personal Property: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy
4	2	Located at: 25001 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34135 Construction: NON-COMBUSTIBLE TANK Prot. Class: 4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
4	2	BUILDING	\$17,365	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Agreed Value			Replacement Cost (X)		
		Expiration Date	Cov.	Amount	Building	Pers. Prop.	Including "Stock"
4	2	10/01/05	BLDG	\$17,365	X		

Inflation Guard (%)	*Monthly Limit Of Indemnity (Fraction)	Maximum Period Of Indemnity (X)	*Extended Period Of Indemnity (Days)
Bldg. Pers. Prop.			

*Applies To Business Income Only

MORTGAGEHOLDERS

Prem. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
		See form GU-207 (6/78)	

DEDUCTIBLE, if applicable: Building: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy
5	1	Located at: 27460 OLD 41 ROAD BONITA SPRINGS, FL 34135 Construction: FRAME Prot. Class: 4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
5	1	BUILDING	\$80,917	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
5	1	10/01/05	BLDG	\$80,917	X		

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
		See form GU-207 (6/78)	

DEDUCTIBLE, if applicable: Building: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
5	2	Located at: 27460 OLD 41 ROAD BONITA SPRINGS, FL 34135 Construction: FRAME GARAGE	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
5	2	BUILDING	\$22,895	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Agreed Value		Replacement Cost (X)			
		Expiration Date	Cov.	Amount	Building	Pers. Prop.	Including "Stock"
5	2	10/01/05	BLDG	\$22,895	X		

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
See form GU-207 (6/78)			

DEDUCTIBLE, if applicable: Building: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
6	1	Located at: 29890 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134 Construction: FRAME STATION 5	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
6	1	BUILDING	\$55,000	SPECIAL INCL. THEFT	GRC	
6	1	PERS. PROP	\$15,000	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Expiration Date	Agreed Value		Replacement Cost (X)		
			Cov.	Amount	Building	Pers. Prop.	Including "Stock"
6	1	10/01/05	BLDG	\$55,000	X		
6	1		PER. PROP.	\$15,000		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
See form GU-207 (6/78)			

DEDUCTIBLE, if applicable: Building: \$250 Personal Property: \$250

Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class
6	2	Located at: 29890 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134 Construction: FRAME CARPORT	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
6	2	BUILDING	\$5,000	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Agreed Value			Replacement Cost (X)		
		Expiration Date	Cov.	Amount	Building	Pers. Prop.	Including "Stock"
6	2	10/01/05	BLDG	\$5,000	X		

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
		See form GU-207 (6/78)	

DEDUCTIBLE, if applicable: Building: \$250



Arch Insurance Company
 3100 Broadway
 Kansas City, MO 64111
 Phone: 800-821-5546

COMMERCIAL PROPERTY
 CP DS 01 10 00

COMMERCIAL PROPERTY COVERAGE PART SUPPLEMENTAL DECLARATIONS

POLICY NO. MEPK057835

COMPANY

Arch Insurance Company

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &

DESCRIPTION OF PREMISES

Prem. No.	Bldg. No.	Location, Construction And Occupancy	Prot. Class:
6	3	Located at: 29890 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134 Construction: FRAME STORAGE BUILDING	4

COVERAGES PROVIDED

Prem. No.	Bldg. No.	Coverage	Limit Of Insurance	Covered Causes Of Loss	Coinsurance*	Rates
6	3	BUILDING	\$5,000	SPECIAL INCL. THEFT	GRC	
6	3	PERS. PROP	\$10,000	SPECIAL INCL. THEFT	GRC	

*If Extra Expense Coverage, Limits On Loss Payment

OPTIONAL COVERAGES

Prem. No.	Bldg. No.	Agreed Value			Replacement Cost (X)		
		Expiration Date	Cov.	Amount	Building	Pers. Prop.	Including "Stock"
6	3	10/01/05	BLDG	\$5,000	X		
6	3	10/01/05	PER. PROP.	\$10,000		X	

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. No.	Bldg. No.	Mortgageholder Name And Mailing Address

FORMS APPLICABLE TO SPECIFIC PREMISES/COVERAGES

Prem. No.	Bldg. No.	Coverages	Form Number
See form GU-207 (6/78)			

DEDUCTIBLE, if applicable: Building: \$250 Personal Property: \$250

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Arch Insurance Company 3100 Broadway Kansas City, MO 64111 Phone: 800-821-5546	McNeil & Co. Inc. P.O. Box 5670 20 Church Street Cortland, NY 13045
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NAMED INSURED: BONITA SPRINGS FIRE CONTROL &

MAILING ADDRESS: 27490 OLD 41 ROAD
BONITA SPRINGS, FL 34135-1958

POLICY PERIOD: FROM 10/01/04 TO 10/01/05 AT 12:01 A.M. 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 THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$	<u>1,000,000</u>
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	<u>100,000</u> Any one premises
MEDICAL EXPENSE LIMIT	\$	<u>5,000</u> Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$	<u>1,000,000</u> Any one person or organization
GENERAL AGGREGATE LIMIT	\$	<u>10,000,000</u>
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	<u>10,000,000</u>

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE: NONE
 (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

INDIVIDUAL
 PARTNERSHIP
 JOINT VENTURE
 TRUST

LIMITED LIABILITY COMPANY
 ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

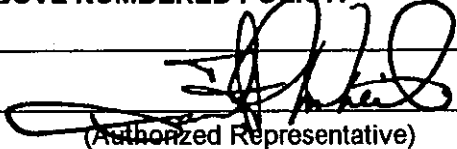
BUSINESS DESCRIPTION: FIRE AND RESCUE

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
See SSI-003 - Classification Schedule	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
See SSI-003	- Classification Schedule		\$	\$	\$	\$	\$
STATE TAX OR OTHER (if applicable)				\$	Incl.		
TOTAL PREMIUM (SUBJECT TO AUDIT)				\$			
PREMIUM SHOWN IS PAYABLE:				AT INCEPTION	\$	Incl.	
				AT EACH ANNIVERSARY	\$		
				(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)			
AUDIT PERIOD (IF APPLICABLE)		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY		

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY: REFER TO GU207 (06/78)

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: 10/26/04	By: 
(Date)	(Authorized Representative) MCNEIL AND COMPANY, INC.

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

**COMMERCIAL GENERAL LIABILITY
EXTENSION OF DECLARATIONS**

Policy Number MEPK057835

LOCATION OF PREMISES							
Location of All Premises You Own, Rent or Occupy: SEE BELOW							
PREMIUM							
Classification	Code No.	Premium Basis	PR/Co	Rate		Advance Premium	
				All Other		Pr/Co	All Other
FIRE DEPARTMENTS - VOLUNTEER - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS	43551					\$	\$
27490 OLD 41 ROAD BONITA SPRINGS, FL 34135						Incl.	Incl.
28055 MANGO DRIVE BONITA SPRINGS, FL 34134							
25001 S. TAMIAMI TRAIL BONITA SPRINGS, FL 34135							
BUILDINGS OR PREMISES - BANK OR OFFICE - MERCANTILE OR MANUFACTURING - MAINTAINED BY THE INSURED (LESSOR'S RISK ONLY) - NOT-FOR-PROFIT ONLY - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS	61218						
27491 FRONT STREET BONITA SPRINGS, FL 34135						Incl.	Incl.
DWELLINGS - ONE-FAMILY (LESSOR'S RISK ONLY) - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS	63010						
27460 OLD 41 ROAD BONITA SPRINGS, FL 34135						Incl.	Incl.
27471 RAGSDALE ST BONITA SPRINGS,, FL 34135							
VACANT LAND - NOT-FOR-PROFIT ONLY - INCLUDING PRODUCTS AND/OR COMPLETED OPERATIONS	49452						
27701 BONITA GRANDE DRIVE BONITA SPRINGS, FL 34135						Incl.	Incl.
Fellow Member							
						Incl.	Incl.
Extension of Declarations—Total Advance Premium						\$	

BUSINESS AUTO DECLARATIONS

POLICY NO.: MEPK057835

<p>Arch Insurance Company 3100 Broadway Kansas City, MO 64111 Phone: 800-821-5546</p>	<p>McNeil and Company, Inc. P.O. Box 5670 Cortland, NY 13045</p>
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ITEM ONE

NAMED INSURED: BONITA SPRINGS FIRE CONTROL & 27490 OLD 41 ROAD
MAILING ADDRESS: BONITA SPRINGS, FL 34135-1958

POLICY PERIOD: From 10/01/04 to 10/01/05 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: MEPK047151

FORM OF BUSINESS:

- CORPORATION
 LIMITED LIABILITY COMPANY
 INDIVIDUAL
 PARTNERSHIP
 OTHER _____

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

PREMIUM FOR ENDORSEMENTS	\$ Incl.
*ESTIMATED TOTAL PREMIUM	\$ Incl.

*This policy may be subject to final audit.

Premium shown is payable:	\$	at inception.
AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
 IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)
 SEE ATTACHED GU 207 (06/78)

COUNTERSIGNED 10/01/04 BY 
 (Date) (Authorized Representative)

McNeil and Company, Inc.

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

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.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY FELLOW MEMBER INCL.	1	\$ 1,000,000	\$ Incl.
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	5	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ N/A DED.	\$ Incl.
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	2	\$ 50,000	\$ Incl.
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ITEM 3 DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ Incl.
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ITEM 3 DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$ Incl.
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
			\$
PREMIUM FOR ENDORSEMENTS			\$ Incl.
*ESTIMATED TOTAL PREMIUM			\$ Incl.

*This policy may be subject to final audit.

**ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN**

Covered Auto No.	DESCRIPTION			PURCHASED		TERRITORY		
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)			Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged		
1	SEE ATTACHED CA190 (01/87)			\$	\$			
2				\$	\$			
3				\$	\$			
4				\$	\$			
5				\$	\$			
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	
1	SEE ATTACHED CA190 (01/87)							
2								
3								
4								
5								
Covered Auto No.	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.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	
1	\$	SEE ATTACHED CA190 (01/87)	N/A	\$	\$	\$	\$	
2	\$			\$	\$	\$	\$	
3	\$			\$	\$	\$	\$	
4	\$			\$	\$	\$	\$	
5	\$			\$	\$	\$	\$	
Total Premium		\$		\$	\$		\$	

POLICY NUMBER: MEPK057835

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	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.)					
	AUTO MEDICAL PAYMENTS		COMPREHENSIVE		SPECIFIED CAUSES OF LOSS	
	Limit	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium
1	\$ SEE ATTACHED CA190	\$ 190 (01/87)	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$
3	\$	\$	\$	\$	\$	\$
4	\$	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$

Covered Auto No.	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.)			
	COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$ SEE ATTACHED CA190	\$ 190 (01/87)	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
FL	\$ IF ANY	\$		\$ Incl.
TOTAL PREMIUM				\$ Incl.

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

ESTIMATED YEARLY <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 Of Gross Receipts <input type="checkbox"/> Per Mile		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS		
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL PREMIUMS			\$	\$
MINIMUM PREMIUMS			\$	\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

SCHEDULE OF COVERED AUTOS YOU OWN EXTENSION OF DECLARATIONS

POLICY NUMBER: MEPK057835

ITEM THREE—SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)*

Covered Auto No.	DESCRIPTION			PURCHASED		TERRITORY: Town & State Where the Covered Auto will be principally garaged	
	Year Model; Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)		Original Cost New	Actual NEW (N) Cost & USED (U)		
31	2004 FORD EXPEDITION	1FMPU16L94LA80926				BONITA SPRINGS	FL
32	2004 FORD EXPEDITION	1FMPU16L04LA80927				BONITA SPRINGS	FL
33	2004 JEEP	1J4GX48S04C326709				BONITA SPRINGS	FL
34	2004 PIERCE QUANTUMPUM	4P1CT02H34A004154				BONITA SPRINGS	FL

Covered Auto No.	CLASSIFICATION								Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
	Radius of Operation (In Miles)	Business use s = service r = retail c = comm'l	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Damage			
31					.90			7909	
32					.90			7909	
33					.80			7908	
34					.90			7909	

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)

Covered Auto No.	LIABILITY		P.I.P.		ADDED P.I.P.	P.P.I. (Mich. only)		AUTO. MED. PAY.		COMPREHENSIVE		SPEC. CAUSES OF LOSS	COLLISION		TOWING & LABOR	
	Limit (In Thousands)	Premium	Limit* minus deductible shown below	Premium	Limit* Premium	Limit* minus deductible shown below	Premium	Limit (In Thousands)	Premium	Limit** minus deductible shown below	Premium	Limit** Premium	Limit* minus deductible shown below	Premium	Limit per disablement	Premium
31	1000	Incl.	N/A	Incl.	NO COVG			NO COV		NO COV			NO COV			
32	1000	Incl.	N/A	Incl.	NO COVG			NO COV		NO COV			NO COV			
33	1000	Incl.	N/A	Incl.	NO COVG			NO COV		500	Incl.		500	Incl.		
34	1000	Incl.	N/A	Incl.	NO COVG			NO COV		NO COV			NO COV			

*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:

**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.