

**Lee County Board Of County Commissioners  
Agenda Item Summary**

**Blue Sheet No.  
20070330**

**1. ACTION REQUESTED/PURPOSE:** Board approve a two year Certificate of Public Convenience and Necessity (CON) for Fort Myers Beach Fire Control District. CON is required by Florida Statute 401.25(d) for renewal of EMS provider license application.

**2. FUNDING SOURCE:** None required

**3. WHAT ACTION ACCOMPLISHES:** Allows Fort Myers Beach Fire Control District to be recertified by the Bureau of EMS as an ALS Transport Provider for two years.

**4. MANAGEMENT RECOMMENDATION:** Approve

<b>5. Departmental Category:</b> <span style="font-size: 1.5em; margin-left: 100px;">C7A</span>		<b>6. Meeting Date:</b> March 13, 2007
<b>7. Agenda:</b> <input checked="" type="checkbox"/> Consent <input type="checkbox"/> Administrative <input type="checkbox"/> Appeals <input type="checkbox"/> Public <input type="checkbox"/> Walk-On	<b>8. Requirement/Purpose: (specify)</b> Statute _____ Ordinance _____ Admin. Code _____ <input checked="" type="checkbox"/> Other _____	<b>9. Request Initiated:</b> Commissioner _____ Department _____ Division <u>Public Safety</u> By: <u>John D. Wilson, Director</u> <i>[Signature]</i>

**10. 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 Statute 401.25(d), "The applicant has obtained a certificate of public convenience and necessity from each county in which the applicant will operate." The re-licensing application requires a copy of the certificate of public 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 April 27, 2007. 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)

**11. Review for Scheduling:**

Department Director	Purchasing or Contracts	Human Resources	Other	County Attorney	Budget Services				County Manager/P. W. Director
					Analyst	Risk	Grants	Mgr.	
<i>J.W.</i>	<i>N/A</i>			<i>Trush</i>	<i>3/2/07</i>	<i>3/2/07</i>	<i>RK/RG 3/2</i>	<i>3/2/07</i>	<i>3-2-07</i>

**12. Commission Action:**

- Approved
- Deferred
- Denied
- Other

REC'D  
by CO. ATTY.  
3/11/07  
3:32 pm  
CO. ATTY.  
FORWARDED TO:  
3/11/07  
3:56 am

RECEIVED BY  
COUNTY ADMIN: *CA*  
3-1-07  
4pm  
COUNTY ADMIN  
FORWARDED TO:  
3/11/07  
11am

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:

FORT MYERS BEACH FIRE CONTROL DISTRICT

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

FORT MYERS BEACH, 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 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.

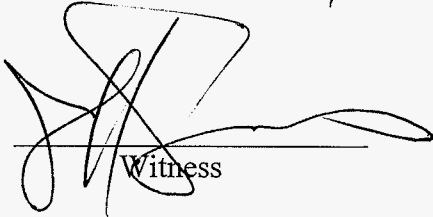
5. Upon the failure of said Fire District to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to said District shall thereupon be forfeited.

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 April 27, 2007 to April 27, 2009 , unless sooner forfeited or rescinded.

  
Witness

By:   
Chairman

  
Witness

ATTEST:  
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS  
OF LEE COUNTY, FLORIDA

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

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

APPROVED AS TO FORM:

By: \_\_\_\_\_  
County Attorney's Office

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

**12/12/96**

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

See Attachment A Number 1

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

See Attachment A Number 2

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

See Attachment A Number 3

1. The Fort Myers Beach Fire Department currently coordinates with all Lee County public safety agencies through interlocal agency agreements and mandated mutual aid agreements. We have coordinated our emergency service resources to assist in mitigating catastrophic public safety needs. Our personnel coordinate through cross training and resolution of our community needs in time of disaster.

Through our involvement with a countywide dispatch system we can respond via notification from Lee Control to fire and EMS emergencies quickly. Our relationship with the fire and EMS community exists for the purpose of broad range public safety.

2. The Fort Myers Beach Fire Department offers pre-hospital care to the sick and injured residents and visitors of the greater Fort Myers Beach area. Our involvement and commitment to advanced life support is well documented. The EMTs and paramedics have proven numerous times to be a vital link in the public health, safety and welfare of the community participating in lowering morbidity and mortality rates. Our involvement enhances the existing advanced life support, transport capabilities of the southern island region of Lee County.
3. The advanced life support ambulances supplied by the Fort Myers Beach Fire Department have a long and distinguished history of providing essential medical care to the residents of our community. The public convenience is inherently serviced by our well-trained and experienced personnel in an area not easily accessible year round. Providing quality emergency resources intended to save lives are the beach community's strongly held commitment which justifies the necessity of the intended service.

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

2004 Horton-Ford E-450 A-31  
2004 Horton-Ford E-450 A-32  
2000 Horton-Ford E-450 A-33  
1998 Pierce Quantum Fire Truck E-31  
1998 Pierce Quantum Fire Truck E-32  
2005 Sutphen Ladder Truck TK-33

We have a total of six advanced life support vehicles

**ADDRESS OF HEADQUARTERS**

**100 Voorhis St.  
P.O.box 2880  
Ft. Myers Beach, Fl.  
33932**

**ADDRESS OF POSTING-STATIONS**

**3043 Estero Blvd.  
Ft. Myers Beach, Fl. 33931**

**17891 San Carlos Blvd.  
Ft. Myers Beach, Fl. 33931**

**121 Lenell St.  
Ft. Myers Beach, Fl. 33931**



<b>SCHEDULE OF RATES FOR SERVICE</b>
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**The Board of Fire Commissioners for the Fort Myers Beach Fire Control District on February 13, 2007 voted to change the ambulance fee schedules to the following;**

- |  |                 |
|--|-----------------|
| <b>1. Basic Life Support (BLS- Emergency)</b>                          | <b>\$400.00</b> |
| <b>2. Advanced Life Support (ALS1-Emergency)</b>                       | <b>\$500.00</b> |
| <b>3. Advanced Life Support (ALS2)</b>                                 | <b>\$600.00</b> |
| <b>4. Ambulance Transport Mileage Charge @ \$7.00 per loaded mile.</b> |                 |

**DULY PASSED AND ADOPTED this 13<sup>th</sup> day of February 2007**

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

**NAME:** Dr. Robert Sharkey

**AUDIT CONTROL #** 201738

**FILE #** \_\_\_\_\_

**BOARD CERTIFICATION #** ME 56364

**CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE**

**SEE ATTACHED PAGES (6)**

**FLORIDA AUTO INSURANCE IDENTIFICATION CARD**

COMPANY: ARCH INSURANCE COMPANY

POLICY #: MEPK06923201

EFFECTIVE DATE: 10/01/2006

YEAR:

MAKE/  
MODEL: ALL OWNED VEHICLES

VEHICLE ID #: ALL OWNED VEHICLES



PERSONAL INJURY PROTECTION  
BENEFITS/PROPERTY DAMAGE LIABILITY



BODILY INJURY  
LIABILITY

NAMED INSURED: FORT MYERS BEACH FIRE CONTROL DISTRICT  
PO BOX 2880

ADDRESS: FORT MYERS BEACH, FL 33932  
(OPTIONAL)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT:** Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

Rental car coverage is provided, see outline of coverage.

MISREPRESENTATION OF INSURANCE IS A FIRST DEGREE MISDEMEANOR

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**

<b>Arch Insurance Company</b> 3100 Broadway Kansas City, MO 64111 Phone: 800-821-5546	<b>McNeil &amp; Company, Inc.</b> P.O. Box 5670 20 Church Street Cortland, NY 13045-5670
NAMED INSURED: <u>Fort Myers Beach Fire Control District</u> <u>P.O. Box 2880,</u> MAILING ADDRESS: <u>Fort Myers Beach, FL 33932</u> POLICY PERIOD: FROM <u>10/01/2006</u> TO <u>10/01/2007</u> 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: <u>NONE</u>
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS
FORM OF BUSINESS:
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> TRUST
<input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>Fire District</u>

POLICY NUMBER: MEPK06923201

## COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

LOCATION OF PREMISES
Location of All Premises You Own, Rent or Occupy: 3043 Estero Boulevard, Fort Myers Beach, FL 33932 17891 San Carlos Boulevard, Fort Myers Beach, FL 33932 100-102 Voorhis Street, Fort Myers Beach, FL 33932 Estero Boulevard, Fort Myers Beach, FL 33932

CLASSIFICATION AND PREMIUM						
CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
Fire Dept. - volunteer [Includes Products and Completed Ops]	43551				Incl	Incl
Fellow Member Liability					Incl	Incl

Total Advance Premium Incl

# BUSINESS AUTO DECLARATIONS

Arch Insurance Company 3100 Broadway Kansas City, MO 64111	McNeil & Company, Inc. P.O. Box 5670 Cortland, NY 13045-5670
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## ITEM ONE

<b>Named Insured:</b> Fort Myers Beach Fire Control District	
<b>Mailing Address:</b> P.O. Box 2880 Fort Myers Beach, FL 33932	
<b>Policy Period</b>	
<b>From:</b> 10/01/2006	
<b>To:</b> 10/01/2007	At 12:01 A.M. Standard Time at your mailing address.
<b>Previous Policy Number:</b> MEPK06923200	

### Form Of Business:

- Corporation                       Limited Liability Company                       Individual  
 Partnership                               Other: Fire District

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.

<b>Premium shown is payable at inception:</b> \$ Incl.
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

<b>Endorsements Attached To This Policy:</b>
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 CA DS 03 - SUPP

## COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

Arch Insurance Company 3100 Broadway Kansas City, MO 64111	McNeil & Company, Inc. P.O. Box 5670 Cortland, NY 13045-5670
NAMED INSURED: <u>Fort Myers Beach Fire Control District</u>	
MAILING ADDRESS: <u>P.O. Box 2880</u> <u>Fort Myers Beach, FL 33932</u>	
POLICY PERIOD: FROM <u>10/01/2006</u> TO <u>10/01/2007</u> 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 THE INSURANCE AS STATED IN THIS POLICY.**

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>2,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>2,000,000</u>	Any one person or organization
AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to "covered autos")	\$ <u>2,000,000</u>	
OTHER: _____	\$ _____	
_____	\$ _____	

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>Fire District</u>	



**RETAINED LIMIT**

**1. SELF-INSURED RETENTION**

\$ N/A

**2. SCHEDULE OF UNDERLYING INSURANCE**

**Employers' Liability**

Company: Florida League of Cities

Policy Number: FMIT0192

Policy Period: 10/01/2006 TO 10/01/2007

**Minimum Applicable Limits**

Bodily injury by accident	\$	<u>1,000,000</u>	Each Accident
Bodily injury by disease	\$	<u>1,000,000</u>	Each Employee
Bodily injury by disease	\$	<u>1,000,000</u>	Policy Limit
	or		Each Accident/Occurrence
	\$		

**Commercial General Liability**

Occurrence

Claims-Made

Company: Arch Insurance Company

Policy Number: MEPK06923201

Policy Period: 10/01/2006 TO 10/01/2007

**Minimum Applicable Limits**

General Aggregate	\$	<u>10,000,000</u>
Products-Completed Operations Aggregate	\$	<u>10,000,000</u>
Personal And Advertising Injury	\$	<u>1,000,000</u>
Each Occurrence	\$	<u>1,000,000</u>

**Commercial Auto Liability**

Company: Arch Insurance Company

Policy Number: MEPK06923201

Policy Period: 10/01/2006 TO 10/01/2007

**Minimum Applicable Limits**

Garage Aggregate Limit For Other Than Autos (if applicable)	\$	
Each Accident	\$	<u>1,000,000</u>

**Other Coverages**

Occurrence

Claims-Made

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

**Minimum Applicable Limits**

_____	\$	_____
_____	\$	_____

**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: Ft Myers Beach Fire Control District**

**ADDRESS: P.O. box 2880 Ft Myers Beach, Florida. 33932**

**STREET/PO BOX      CITY      STATE      ZIP**

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