

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 88-58.

2. DEPARTMENTAL CATEGORY:

Division of Public Safety (07)
COMMISSION DISTRICT #:

C7A

3. MEETING DATE:

05-21-2002

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 Independent
- C. DIVISION Public Safety/EMS
- BY: John D. Wilson, Director *JDW*

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 it 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 it's 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 of CON.

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>J. Wilson</i> <i>5/17/02</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>	<i>Andrea</i> <i>Staser</i> <i>5/8/02</i>	<i>5/8/02</i>	<i>5/8/02</i>	<i>5/8/02</i>	<i>5/8/02</i>

10. COMMISSION ACTION:

- _____ APPROVED
- _____ DENIED
- _____ DEFERRED
- _____ OTHER

Rec. by County
Date: *5/8/02*
Time: *8:30 AM*
Forwarded To:
ADU
5/8/02 12:00 PM

RECEIVED BY
ADMIN. *BMC*
5/8/02 11:05
BL
5/8 5:00

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be public convenience and necessity that:

1. There is hereby granted:

Estero Fire Rescue (District)

and to do all things needful to the operation, maintenance, and control thereof after the acceptance of the terms for 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 Commission.

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.

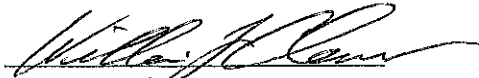
3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change 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 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 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 June 20, 2002, to June 20, 2004, unless sooner forfeited or rescinded.


Witness


Chairman

Witness

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____

By:

APPROVED AS TO LEGAL FORM

By:
Lee County Attorney's Office

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

12/12/96

Governmental (X) Private () Voluntary ()

TYPE:

Transport	()	ALS	()	BLS	()
Non-Transport	(x)	ALS	(x)	BLS	()
Air Medical	()	ALS	()	BLS	()

GOVERNMENTS / CORPORATION / OWNER

Name: Estero Fire / Rescue (EFR)

Address: 21510 Oaks Parkway Estero Florida 33928
Street/PO Box City State Zip

DIRECTORS / OWNERS

Name: Gayle Sassano

Address: 19850 Breckenridge Dr. Suite A Estero FL 33928
Street / PO Box City State Zip

Name: Connie Kelley

Address: 19850 Breckenridge Dr. Suite A Estero FL 33928
Street / PO Box City State Zip

Name: Andy Devlin

Address: 19850 Breckenridge Dr. Suite A Estero FL 33928
Street/PO Box City State Zip

Name: Richard Schweers

Address: 19850 Breckenridge Dr. Suite A Estero FL 33928
Street/PO Box City State Zip

Name: Lawrence Weston

Address: 19850 Breckenridge Dr. Suite A Estero FL 33928
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**

Prior to the arrival of an advanced life support 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.

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

Estero Fire Rescue currently has three 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 Drive, Suite A
Estero, FL 33928

ADDRESS OF POSTING STATIONS

Estero Fire Rescue
Fire / Rescue Station # 1
20241 S. Tamiami Trail
Estero, FL 33928

Estero Fire Rescue
Fire / Rescue Station # 3
21510 Three Oaks Parkway
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 revenue sources such as ad valorem taxes and those sources a forementioned 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).



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-0004571-5/000
RENEWAL OF VFIS-CL-0004571-4

NAMED INSURED AND MAILING ADDRESS

ESTERO FIRE PROTECTION & RESCUE
SERVICE DISTRICT
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 10/01/2001 to 10/01/2002 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	\$ 7,004
5	PERSONAL INJURY PROTECTION - PIP (or equivalent No-Fault coverage)	Separately stated in each PIP endorsement.	\$ 221
7	AUTO MEDICAL PAYMENTS	\$ 5,000 EACH PERSON	\$ 45
2	UNINSURED MOTORIST - UM BODILY INJURY-BI, COMBINED SINGLE LIMIT-CSL	(UNINSURED MOTORISTS STACKED COVERAGE LIMITS DO NOT APPLY) \$ 30,000 EACH ACCIDENT	\$ 318
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.	\$ 1,810
	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



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
RENEWAL OF VFIS-CL-0004571-4

NAMED INSURED AND MAILING ADDRESS

ESTERO FIRE PROTECTION & RESCUE
SERVICE DISTRICT
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 10/01/2001 to 10/01/2002 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

COVERED AUTOS SYMBOLS	COVERAGES	LIMITS THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
7 8	PHYSICAL DAMAGE: COLLISION COVERAGE	Agreed Value, Actual Cash Value or Cost of Repairs, whichever is less, minus Deductible for each covered auto (see item three).	\$ 1,958
	PHYSICAL DAMAGE: TOWING AND LABOR	\$ for each disablement of a private pass. auto	\$
		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED POLICY PREMIUM	\$ 11,356

FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

CA0001 (07-97) IL0017 (11-98) CA2002 (12-93) AU1002 (03-00) AU1007 (10-97) CA2018 (12-93)
 CA9903 (07-97) AU1001 (03-00) AU1009 (03-00) AU1003 (03-00) AU1006 (01-96) VLCW01 (05-96)
 CA9948 (12-93) AU1005 (10-97) CA0128 (05-94) CA0267 (10-94) CA2210 (07-00) IL0021 (04-98)
 CA2172 (07-94)

SEE ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN



American Alternative Insurance Corporation

STATUTORY HOME OFFICE
1013 Centre Road
Wilmington, DE 19805

ADMINISTRATIVE OFFICE
555 College Road East
Princeton, New Jersey, 08543-5270
(800) 305-4954

Management Liability RENEWAL DECLARATION

POLICY NO. VFIS-CL-0004571
RENEWAL OF VFIS-CL-0004571-4

NAMED INSURED AND MAILING ADDRESS

ESTERO FIRE PROTECTION & RESCUE
SERVICE DISTRICT
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 10/01/2001 to 10/01/2002 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

FORM OF BUSINESS		
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	
<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> OTHER	EMERGENCY SERVICE ORGANIZATION

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.

LIMITS OF INSURANCE		
AGGREGATE LIMIT	\$ 2,000,000	COVERAGE A AND B COMBINED
COVERAGE A	\$ 1,000,000	EACH "WRONGFUL ACT"
COVERAGE B	\$ 5,000	EACH ACTION FOR "INJUNCTIVE RELIEF"
DEDUCTIBLE (COVERAGE A ONLY)	\$	EACH "WRONGFUL ACT"

ADDITIONAL INSURED (BLANKET)	
ANY PERSON OR ORGANIZATION LIABLE FOR YOUR ACTUAL OR ALLEGED "WRONGFUL ACTS", BUT ONLY TO THE EXTENT OF THAT LIABILITY	PER FORM: ML1004 (01-96)

TOTAL MANAGEMENT LIABILITY PREMIUM \$1,119

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: Estero Fire / Rescue

ADDRESS: 19850 Breckenridge Dr. Suite A Estero FL 33928
STREET/PO BOX CITY STATE ZIP

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