

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

Blue Sheet No. 20021445

1. REQUESTED MOTION:

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

Division of Public Safety (07)
COMMISSION DISTRICT #:

C7B

3. MEETING DATE:

01-07-2003

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> 12/16/02	N/A	N/A		<i>[Signature]</i> 12/18/02	<i>[Signature]</i> 12/18/02	<i>[Signature]</i> 12/18/02	<i>[Signature]</i> 12/18/02	<i>[Signature]</i> 12/18/02	<i>[Signature]</i>

10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty
Date: 12/17/02
Time: 4:18 PM
Forwarded To: Budget
12/18/02 9:45 AM

12-18-02
10:00
[Signature]
12/19 8:30

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 AND RESCUE DISTRICT

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

BONITA SPRINGS FIRE CONTROL AND 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 January 31, 2003, to January 31, 2005, unless sooner forfeited or rescinded.

Witness

Chairman

Witness

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

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

BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT

27490 OLD 41 ROAD
BONITA SPRINGS, FL 34135

ADMINISTRATION
TEL: (941) 992-3320
FAX: (941) 992-1921

FIRE PREVENTION
TEL: (941) 992-3511
FAX: (941) 992-6942

December 9, 2003

Mr. John Wilson
Director
Lee County Department of Public Safety
Post Office Box 398
Ft. Myers, FL 33902-0398

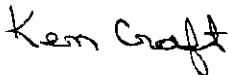
Dear Mr. Wilson,

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, 2003, 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,



Kenneth Craft
Deputy Fire Chief

KC/mh

Enclosures



www.bonitafire.org

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: 58
 Address: 27233 J.C. Lane Bonita Springs, FL 34135

Name: Evans Conforti Age: 55
 Address: 24680 Sweet Gum Court Bonita Springs, FL 34134

Name: Dean Pauly Age: 58
 Address: 24642 Dietz Drive Bonita Springs, FL 34135

Name: Pat Buttino Age: 69
 Address: 28533 Highgate Drive Bonita Springs, FL 34135

Name: Bob Paterson Age: 59
 Address: 4021 Whiskey Pointe Lane, #202 Bonita Springs, FL 34134

N:\OrgData\Administration\Clerical Share\Protocols-Procedures-Operations\1-Medical - B-3 STUFFALS-BLS Contracts-Agreements\APPLICATION FOR LEE COUNTY ALS.doc

**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. Four 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 Spring Fire Station #3
25001 South Tamiami Trail
Bonita Springs, FL 34135

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# 0753616

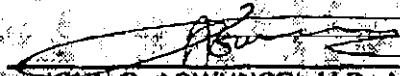
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/07/2001	ME 33756	52818

THE MEDICAL DOCTOR
 NAMED BELOW HAS MET ALL REQUIREMENTS OF
 THE LAWS AND RULES OF THE STATE OF FLORIDA.
 EXPIRATION DATE: **JANUARY 31, 2004**
 WILLIAM RUNYON BESS, JR
 1231 HANTON AVE
 FT MYERS, FL 33901-6716



JEB BUSH
GOVERNOR



JOHN O. AGWUNOBI M.D., M.B.A.
ACTING SECRETARY

DISPLAY IF REQUIRED BY LAW

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See attached forms

CUMIS Insurance Society, Inc.

P.O. Box 1084 ■ 5910 Mineral Point Road
Madison, WI 53701-1084
Phone: 608/238-5851

POLICY NO. SSC104415E

Renewal of Policy No. New

Named Insured and Mailing Address:

BONITA SPRINGS FIRE CONTROL &
RESCUE DISTRICT
27490 OLD 41 ROAD
BONITA SPRINGS, FL 34133-1958

Policy Period: From 10/01/2002 To 10/01/2003 at 12:01 A. M., Standard Time
at your mailing address shown above

Form of Business:

Individual Joint Venture Partnership Limited Liability Company Other Organization

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 PART(S) FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

Commercial Property Coverage Part	_____	\$ _____	Incl.
Commercial General Liability Coverage Part	_____	\$ _____	Incl.
Commercial Crime Coverage Part	_____	\$ _____	Incl.
Commercial Inland Marine Coverage Part	_____	\$ _____	
Commercial Auto Coverage Part	_____	\$ _____	Incl.
_____	_____	\$ _____	
_____	_____	\$ _____	
EMPA FEE	4.00		
STATE FIRE ASSESSMENT	16.99		
Windstorm	212.15		
TOTAL PREMIUM \$		28,054.00	

Audit Period: Non-Auditable Unless Indicated By Annual Semi-Annual Quarterly Monthly Other

Form(s) and Endorsement(s) applicable to all Coverage Part(s) and made a part of this policy at time of issue:
Refer to GU 207 (06/78)

Countersigned: 11/12/02 (HM)

By 
Authorized Representative
MCNEIL AND COMPANY, INC.

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



CUMIS Insurance Society, Inc.

COMMERCIAL PROPERTY

CP DS 00 10 00

COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS PAGE

POLICY NO.
SSC104415E

EFFECTIVE DATE 10 / 01 / 02

"X" If Supplemental
Declarations Is Attached

NAMED INSURED

BONITA SPRINGS FIRE CONTROL &
RESCUE DISTRICT

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 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	\$1,094,654	SPECIAL INCL. THEFT	90%	
1	1	PERS. PROP	\$40,833	SPECIAL INCL. THEFT	90%	

*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	10/01/03	BLDG	\$1,094,654	X		
1	1	10/01/03	PER. PROP.	\$40,833		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

DEDUCTIBLE

~~\$500~~ Exceptions: 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



POLICY NO. SSC104417E
Renewal of Number New
CUMIS Insurance Society, Inc.
 5910 Mineral Point Road
 Madison, WI 53705

**UMBRELLA LIABILITY PART 2
 SCHEDULE OF UNDERLYING INSURANCE:**

COMMERCIAL GENERAL LIABILITY

Policy Type and No.	Policy Period	Insurer	Limits of Insurance
SSC104415E	10/01/02 - 10/01/03	Cumis Insurance Society, Inc.	\$ <u>10,000,000</u> General Aggregate \$ <u>10,000,000</u> Products-Completed Operations Aggregate \$ <u>1,000,000</u> Personal and Advertising Injury \$ <u>1,000,000</u> Each Occurrence

AUTOMOBILE LIABILITY

Policy Type and No.	Policy Period	Insurer	Limits of Insurance
SSC104415E	10/01/02 - 10/01/03	Cumis Insurance Society, Inc.	\$ <u>1,000,000</u> Combined Bodily Injury and Property Damage Liability

EMPLOYERS LIABILITY

Policy Type and No.	Policy Period	Insurer	Limits of Insurance
85099	02/15/02 - 02/15/03	P.G.I.T.	Bodily Injury by Accident \$ <u>1,000,000</u> Each Accident Bodily Injury by Disease \$ <u>1,000,000</u> Policy Limit \$ <u>1,000,000</u> Each Employee

OTHER LIABILITY

Policy Type and No.	Policy Period	Insurer	Limits of Insurance
-	-	-	-
-	-	-	-

THIS PART OF THE DECLARATIONS MUST BE ATTACHED WITH THE DECLARATIONS PAGE



POLICY DECLARATIONS

Policy No. SSC104416E a renewal of Policy No. IDZ5636630

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code):

BONITA SPRINGS FIRE CONTROL &
RESCUE DISTRICT
27490 OLD 41 ROAD
BONITA SPRINGS, FL 34133-1958 *34135*

Policy Period: From 10/01/02 to 10/01/03 at 12:01 A.M. Standard Time
at your Mailing Address shown above.

Limits of Insurance:

Emergency Apparatus: as shown on the Schedule of Apparatus
Portable Equipment: \$ 520,000.00
Other Property: as shown on the Schedule of Other Property

Deductible:

Emergency Apparatus: \$ 500
Portable Equipment: \$ 100
Other Property: \$ 500

Total Premium: \$ 19,633.00

EMPA FEE 4.00
STATE FIRE ASSESSMENT

Forms and Endorsements made a part of this policy at time of issue: **SEE ATTACHED GU207**
These Declarations, together with the forms and endorsements listed above, issued to form a part thereof, complete the above numbered policy.

Countersigned by: *William D. Amtheg* Date: 11/12/02
McNEIL AND COMPANY, INC. Authorized Representative

Policy Number: SSC104416E

Schedule of Other Property		
No.	Description	Limit of Insurance
1.	EXPRESS TRAILER #5GLBE24221C000009	\$8,992
2.	19' APEX BOAT #1TC41923H001 W/ MOTOR #6F5L407	\$20,550
3.	2000 20' BOAT MASTER TLR #ZBM1820ST/42XBB1819YF0037	\$2,361
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Named Insured: BONITA SPRINGS FIRE CONTROL & RESCUE DISTRICT
Policy No. SSC104416E
Effective Date of this Schedule: 10/01/02

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	\$ 1000000/CSL	\$ 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	\$ 50000/CSL	\$
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			\$
*ESTIMATED TOTAL PREMIUM			\$ Incl.

*This policy may be subject to final audit.

SCHEDULE OF COVERED AUTOS YOU OWN EXTENSION OF DECLARATIONS

POLICY NUMBER: SSC104415E

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)		
1	1956	INT'L 4X4	FIRE TRUCK	S84791			BONITA SPRINGS	FL
2	1988	PIERCE DASH	FIRE TRUCK	1P9CTU1H0JA040380			BONITA SPRINGS	FL
3	1989	PIERCE	PUMPER	1P9CT0G0KA040676			BONITA SPRINGS	FL
4	1993	FORD	CROWN VICT	1FALP71W8PX133059			BONITA SPRINGS	FL
5	1992	INT'L	4800 4X4	1HTSEN2N8NH438373			BONITA SPRINGS	FL
6	1993	INT'L	4800 4X4	1HTSEN2NXPH499372			BONITA SPRINGS	FL
7	1993	PIERCE DASH	CUSTOM PUM	4PICT02E5PA000486			BONITA SPRINGS	FL
8	1994	FORD	AEROSTAR	1FTCA14U6RZB44206			BONITA SPRINGS	FL
9	1995	PIERCE DASH	CUSTOM PUM	4PICT02E7SA000479			BONITA SPRINGS	FL
10	1995	FORD	AEROSTAR	1FTDA14U1S2B79746			BONITA SPRINGS	FL
11	1995	FORD	BRONCO	1FMEU15N3SLB84478			BONITA SPRINGS	FL
12	1995	FORD	AEROSTAR	1FTDA14U6SZC05290			BONITA SPRINGS	FL
13	1997	FORD	AEROSTAR	1FTDA14U4VZB76043			BONITA SPRINGS	FL
14	1997	FORD	AEROSTAR	1FTDA14U6VZB76930			BONITA SPRINGS	FL
15	1999	FORD	F250 PICKU	1FTNX21L8XB44902			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			
1					.14			9620	
2					.90			7909	
3					.90			7909	
4					.80			7908	
5					.90			7909	
6					.90			7909	
7					.90			7909	
8					.90			7909	
10					.90			7909	
11					.90			7909	
12					.90			7909	
13					.90			7909	
14					.90			7909	
15					.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
1	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
2	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
3	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
4	1000	Incl.		Incl.	NO COVG			NO COV		500	Incl.		500	Incl.		
5	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
6	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
7	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
8	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
9	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
10	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
11	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
12	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
13	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
14	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
15	1000	Incl.		Incl.	NO COVG			NO COV		NO COV			NO COV			
Total Premium																

*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:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FLORIDA PERSONAL INJURY PROTECTION

For a covered "auto" licensed or principally garaged in, or "garage operations" conducted in, Florida, this endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 10/01/02	Countersigned By:
Named Insured: Bonita Springs Fire Control & Rescue District	(Authorized Representative)

We agree with the "named insured", subject to all the provisions of this endorsement and to all of the provisions of the policy except as modified herein, as follows that:

SCHEDULE

Any Personal Injury Protection deductible shown in the Declarations of \$	
is applicable to <input type="checkbox"/> the following "named insured" only:	
<input type="checkbox"/> each "named insured" and each dependent – "family member".	
<input type="checkbox"/> Work loss for "named insured" does not apply.	
<input type="checkbox"/> Work loss for "named insured" and dependent – "family member" does not apply.	
Benefits	Limit Per Person
Total Aggregate Limit	Up to \$10,000
Death Benefits	\$5,000 (included in aggregate)
Medical Expenses	80% of medical expenses subject to total aggregate limit
Work Loss	60% of work loss subject to total aggregate limit
Replacement Services Expense	subject to total aggregate limit

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

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.