



SANTA ROSA COUNTY BOARD OF COMMISSIONERS

Administrative Offices | 6495 Caroline Street, Suite M | Milton, Florida 32570-4592

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ROY V. ANDREWS, County Attorney
JAYNE BELL, OMB Director

MEMORANDUM

TO: Tony Gomillion, County Administrator

FROM: Emily Spencer

DATE: October 14, 2016

RE: Permit to provide advanced life support (ALS) non-transport emergency response services to Pace Volunteer Fire Department.

Attached for your review and recommendation is a copy of the application and proof of insurance for the issuance of a Permit for Pace Fire Rescue District.

STATE OF FLORIDA
COUNTY OF SANTA ROSA

APPLICATION FOR PERMIT PERTAINING
TO PROVISION OF NONTRANSPORT ADVANCED LIFE
SUPPORT SERVICES IN SANTA ROSA COUNTY

1. Name of Applicant: Pace Fire Rescue District
2. Business address: 4773 Pace Patriot Blvd.
3. Telephone number: 850-994-6884
4. Principal officers:

<u>Robbie Whitfield</u>	Title: <u>Fire Chief / Administrator</u>
<u>Wallace Wadkins</u>	Title: <u>Deputy Fire Chief</u>
<u>Dean Anderson</u>	Title: <u>President of the Board</u>
<u>Robert Enfinger</u>	Title: <u>Board Trustee</u>
<u>Keith Chapman</u>	Title: <u>Board Trustee</u>
5. Directors of Applicant: Robbie Whitfield, Fire Chief / Administrator
6. Territory which Applicant desires to serve: Pace Fire Rescue District
7. Number of vehicles:
8. Brief description of vehicles, including kind and type, passenger capacity, arrangement, size, and gross weight: Fire Apparatus, Four (4) and Six (6) passenger capacity, and
Fore Superduty F-250 Truck.

9. Describe the location and description of the place or places from which the vehicle is intended to operate: Station 1- 4773 Pace Patriot Blvd., Station 3- 5405 Hwy 90, and Station 4- 7341 Chumuckla Hwy.

10. Describe briefly the training and experience of the applicant in the care of patients: State of Florida certified Emergency Medical Tech. and Paramedic's

11. Description of vehicle:

a. Make: Pierce, Freightliners, and Ford (See Attached)

b. Model: Puc, F-250

c. Year of manufacture: 2009, 1999 , 2004

d. Motor number: _____

e. Chassis: Custom and Commercial Chassis

f. State or Federal Aviation Agency registration number: N/A

g. Color scheme: Red and White Apparatus

h. Insignia, name, monogram, or other distinguishing characteristics to be used to designate the Applicant's vehicle: Pace Fire Rescue District, Pace Fire Dept.

12. Names and addresses of three (3) residents of the County as references:

Rachel Connell 4231 Golden Road, Milton , Florida 32583

Richard Carrion 4765 Belvedere Circle, Pace, Florida 32571

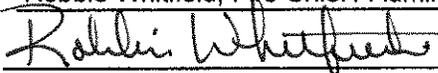
William Wright 4384 West Avenida De Golf, Pace, Florida 32571

13. By execution of this Application by its duly authorized officer, Applicant agrees to file, in the event that the Application is granted and prior to its effectiveness, copies of policies of public liability, property damage and malpractice insurance as provided in Ordinance 87-54 of the Board of County Commissioners of Santa Rosa County, Florida, or a surety bond conditioned for the payment and satisfaction of any final judgment as required by such ordinance.
14. By execution of this Application by its duly authorized officer, Applicant agrees to file, in the event that the Application is granted and prior to its effectiveness, a copy of standard operating procedures which shall include all general and/or special instructions to personnel as to the exact nature of the duties, when applicable, under what conditions, to whom and how emergency care shall be rendered; and acknowledges that said standard operating procedures are to be reviewed and approved by the Board prior to initiation of service.
15. Attached to this application is Applicant's fee of \$50.00.

APPLICANT'S NAME:

Pace Fire Rescue District

By: Robbie Whitfield, Fire Chief / Administrator

Its: 



Pace Fire/Rescue District

4773 Pace Patriot Blvd

Pace, FL 32571

850-994-6884

Fax (850) 994-3683

www.pacefirerescuedistrict.com

Addendum

Pace Fire Rescue District Advanced Life Support Vehicles

1. 2009 Pierce Custom Engine, VIN# P1CJ01A09A009541 (ALS # 017805)
2. 1999 Emergency One Freightliner Engine, VIN# 1FV6JLCB2XHA01739 (ALS# 017803)
3. 1999 Emergency One Freightliner Engine, VIN# 1FV6JLCB9XHA46483 (ALS# 017804)
4. 2004 Ford Super Duty F-250 , VIN# 1FTNX20L74EC4872 (ALS# 018283)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coggins Insurance Agency, Inc. P.O. Box 3230 Pensacola FL 32516	CONTACT NAME: SIERRA COGGINS	
	PHONE (A/C, No, Ext): (850) 457-3299	FAX (A/C, No): (850) 457-2181
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: V F I S		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL1610701685 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		TR205362609	5/29/2016	5/29/2017	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 500,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COM/POP AGG	\$ 1,000,000
						Employee Benefits	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER FOR INFORMATION PURPOSE ONLY	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Sonja L. Coggins</i> SONJA COGGINS/SONJA

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Non-transport Advanced Life Support System

Certificate of Public Convenience and Necessity

WHEREAS, Pace Fire District has requested a certificate of need for non-transport advanced life support service; and,

WHEREAS, there has been a need demonstrated for said services; and,

WHEREAS, the Board of County Commissioners of Santa Rosa County hereby issues a Certificate of Public Convenience and Necessity for the year 2017.

In issuing this certificate it is understood that the above named fire district will meet the requirements of State Law, County ordinance and orders or protocols issued by the Santa Rosa County Medical Director and shall provide non-transport emergency services on a twenty-four hour basis for the following area: Pace Fire District



Clerk

Chairman, Board of County Commissioners

2017-02

ORDER GRANTING CERTIFICATE OF
PUBLIC CONVENIENCE AND NECESSITY
FOR NON-TRANSPORT ADVANCED LIFE SUPPORT SYSTEM

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF
SANTA ROSA COUNTY, FLORIDA

IN RE: APPLICATION FOR CERTIFICATE OF
CONVENIENCE AND NECESSITY FOR
OPERATION OF NON-TRANSPORT
ADVANCED LIFE SUPPORT SYSTEM

ORDER NO. 2017-02

Whereas, Santa Rosa County has been requested to issue a certificate of need to Pace Fire Protection District for the operation of a non-transport advanced life support system, and

Whereas, the Santa Rosa Board of County Commissioners find as follows:

1. There is a public need for the type of service proposed within the territory affected by the application.
2. That the applicant has qualified as set forth under the terms of Ordinance 87-54.
3. That the Certificate of Need shall be for that area of Santa Rosa County within the boundaries of the Pace Fire Protection District.
4. The Certificate shall be for a period of one year from the date of the signing of this Order and the issuance of the Certificate of Public Convenience and Necessity.

NOW, THEREFORE, IT IS ORDERED AND ADJUDGED that a Certificate of Convenience and Necessity for operation of a non-transport emergency advanced life support system is hereby granted to the Pace Fire Protection District for that area within the boundaries of the District. **This Certificate and all activities authorized pursuant to this certificate are subject to and shall be conducted in compliance with all requirements of Florida law, county ordinance and orders or protocols issued by the Santa Rosa Medical Director as currently exist and as are provided in the future.**

PASSED AND ADOPTED by the Board of County Commissioners of Santa Rosa County, Florida, on a vote of ____ yeas, ____ nays, and ____ absent, this 27th day of October, 2016.

ATTEST:

BOARD OF COUNTY COMMISSIONERS
OF SANTA ROSA COUNTY, FLORIDA

Clerk of the Courts

Lane Lynchard, Chairman