



SANTA ROSA COUNTY BOARD OF COMMISSIONERS

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

VACANT, District 1
ROBERT A. "BOB" COLE, District 2
W. D. "DON" SALTER, District 3
ROB WILLIAMSON, District 4
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TONY GOMILLION, County Administrator
ROY V. ANDREWS, County Attorney
JAYNE BELL, OMB Director

MEMORANDUM

TO: Tony Gomillion, County Administrator

FROM: Emily Spencer

DATE: October 18, 2016

RE: Certificate of Public Convenience and Necessity for Operation of Non-transportation Advanced Life Support System by Midway Fire Department

Attached for your review and recommendation is a copy of the application and proof of insurance for the issuance of a Certificate of Public Convenience and Necessity for operation of Non-transportation Advanced Life Support System for Midway Fire Department.

9. Describe the location and description of the place or places from which the vehicle is

intended to operate: Midway Fire District
Fire Station 35 @ 1322 College Pkwy., Gulf Breeze, FL. 32563
Fire Station 37 @ 1801 Abercrombie Rd., Gulf Breeze, FL. 32563

10. Describe briefly the training and experience of the applicant in the care of patients: _____

State Certified EMT-B and Paramedics

11. Description of vehicle:

- a. Make: See attached.
- b. Model: _____
- c. Year of manufacture: _____
- d. Motor number: _____
- e. Chassis: _____
- f. State or Federal Aviation Agency registration number: _____
- g. Color scheme: Two Fire Engines; Chartreuse Yellow and White
- h. Insignia, name, monogram, or other distinguishing characteristics to be used to designate the Applicant's vehicle: Side Designations of Midway Fire District

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

Exempt

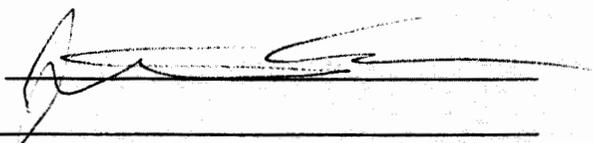
13. By execution of this Application by its duly authorized officer, Applicant agrees to file, in the event that the Application is granted and prior to its effectiveness, copies of policies of public liability, property damage and malpractice insurance as provided in Ordinance 87-54 of the Board of 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:

Jonathan Kanziog

By: 

Its: _____



CERTIFICATE OF LIABILITY INSURANCE

MIDWA-7

OP ID: CJK

DATE (MM/DD/YYYY)
10/12/2016

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 Underwood Anderson & Assoc Inc P.O. Drawer 9578 Pensacola, FL 32513-9578 Clyde Wayne Hood AAI	CONTACT NAME: Clyde Wayne Hood AAI PHONE (A/C, No, Ext): 850-434-5526 FAX (A/C, No): 850-438-0330 E-MAIL ADDRESS: wayne@underwoodanderson.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Amer. Alternative Ins.c/o VFIS</td> <td></td> </tr> <tr> <td>INSURER B : Prefered Gov.Ins.Trust c/o PUB</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Amer. Alternative Ins.c/o VFIS		INSURER B : Prefered Gov.Ins.Trust c/o PUB		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER F :														
INSURED Midway Fire District 1322 College Parkway Gulf Breeze, FL 32561														

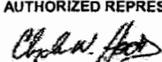
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSD	SUBR 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 <input checked="" type="checkbox"/> SEE POL FORM ADDL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TR2058825-09	10/01/2016	10/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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			CM-1055536-09	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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	WC2FL10574401 16-14	10/01/2016	10/01/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Santa Rosa County Board of Commissioners Santa Rosa Admin Offices 6495 Caroline St, Ste I Milton, FL 32570	XXXXXXXX	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 

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Non-transport Advanced Life Support System

Certificate of Public Convenience and Necessity

WHEREAS, Midway 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: Midway Fire District



Clerk

Chairman, Board of County Commissioners

2017-01

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. 2017-01

Whereas, Santa Rosa County has been requested to issue a certificate of need to Midway 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 Midway 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 Midway 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, Vice-Chairman