



INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

APPLICANT NAME: Senior Resource Association, Inc. DATE: 8/18/2021

APPLICATION FEE: \$100.00 APPLIES TO INITIAL APPLICATIONS ONLY.
If payment applicable, make check payable to INDIAN RIVER COUNTY FIRE RESCUE.

- This is a new application; fee is attached.
- This is a renewal of our present COPCN.
- This is a renewal of our present COPCN with ownership or classification changes.

I. CLASSIFICATION OF CERTIFICATE REQUESTED

Please check applicable boxes and options.

Class A BLS ALS

Governmental entities that use advanced life support vehicles to conduct a pre-hospital EMS ALS/BLS service.

Class B BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transport at the ALS/BLS level.

Class C BLS ALS

Agencies that provide non-emergency ambulance inter-facility medical transports which require special clinical capabilities and require a physician's order.

Class D BLS ALS

Agencies that provide non-emergency ambulance medical transports limited to out of county transfers.

Class E Wheelchair Wheelchair/Stretcher Ambulatory Transport
Agencies that provide wheelchair transportation service only where said services are *paid* for in part or in whole either directly or indirectly with government funds.

Class E1 Wheelchair Wheelchair/Stretcher Ambulatory Transport
Agencies that provide wheelchair vehicle service where said services are *not paid* for in part or in whole either directly or indirectly with government funds.

II. COMPANY DETAILS

1. NAME OF AGENCY: Senior Resource Association, Inc.

MAILING ADDRESS: 694 14th Street

CITY Vero Beach COUNTY Indian River

ZIP CODE: 32960 BUSINESS PHONE: 772-569-0903

2. TYPE OF OWNERSHIP (i.e. Private, Government, Volunteer, Partnership, etc.):

Private Non Profit

3. MANAGER'S NAME: Karen Deigl

ADDRESS: 694 14th Street, Vero Beach, FL 32960

PHONE #: 772-473-2935

4. PROVIDE NAME OF OWNER(S) OR LIST ALL OFFICERS, PARTNERS, DIRECTORS, AND SHAREHOLDERS, IF A CORPORATION (attach a separate sheet if necessary):

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
Jennifer Johnson	694 14th Street	C.F.O.
Lizabeth Bruner	694 14th Street	V.P. of Philanthropy

5. PROVIDE NAMES AND ADDRESSES OF AT LEAST THREE (3) LOCAL REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
Brian Freeman	1801 27th Street	772-226-1990
Ginger Atwood	1201 19th Pl. B-401	772-231-5999
Tad Stone	4225 43rd. Ave	772-226-3900

6. FUNDING SOURCE: Local, State and Federal Transportation Grants

7. RATE SCHEDULE ATTACHED? YES NO N/A

8. LIST THE ADDRESS(es) OF YOUR BASE AND ALL SUB-STATIONS:

4385 43rd Ave, Vero Beach, FL 32967

III. COMMUNICATIONS INFORMATION:

TYPES OF RADIOS/EQUIPMENT:

Macom P5100, Harris XG-25, Samlex Power SEC 1223

1. RADIO FREQUENCY (ies)

IRC-P25

CC-Med

CC-Fixed

2. RADIO CALL NUMBER(s)

3. LIST ALL HOSPITALS AND OTHER EMERGENCY AGENCIES WITH WHICH YOU HAVE DIRECT RADIO COMMUNICATIONS:

FROM AMBULANCE

Sheriff's Office

FROM BASE STATION

Sheriff's Office

IV. ADDITIONAL INFORMATION REQUIRED TO BE SUBMITTED WITH THIS APPLICATION:

RENEWAL APPLICANTS FOR CLASSES A-D NEED ONLY #'s 4 - 9

RENEWAL APPLICANTS FOR CLASSES E AND E-1 NEED ONLY #'s 6 – 9

- 1. Factual Statement indicating the public need and services, including studies supporting the demonstrated demand and feasibility for the proposed service(s) and deficiencies in existing services, and any other pertinent data you wish to be considered.
- 2. Factual statement of the proposed services to be provided, including type of service, hours and days of operation, market to be served, geographic areas to be serviced, and any other pertinent data you wish to be considered.
- 3. Factual Statement indicating the ability of the applicant to manage and provide the proposed services, including the management plan, maintenance facilities, insurance program, accounting system, system for handling complaints, system for handling accidents and injuries, system for providing the county monthly operating reports and any other pertinent data you wish to be considered.
4-5
- 4. Copy of Standard Operating Procedures.
- 5. Copy of Medical Protocols.
- 6. Copy of your insurance policy – must show coverage limits –
- 7. Vehicle Information. For each vehicle provide the following:
 - a. Make, Model, Year, Manufacturer
 - b. Mileage
 - c. VIN #
 - d. Tag Number
 - e. Passenger capacity (E/E1 classification)
 - f. Indicate ALS/BLS (A-D classification)
- 8. Personnel Roster. For each employee provide the following:
 - a. Name – Last, First and Middle Initial
 - b. Driver's License # (if commercial, specify class) & Expiration Date
ADDITIONAL INFO REQUIRED FOR A-D classifications
 - c. Emergency Medical Service Certification and # (EMT or Paramedic)
 - d. Expiration date of Certification
 - e. Whether or not has an Emergency Vehicle Operation Certificate.
- 9. Fee Schedule Incl: Service Type, Base Rate, Mileage, Waiting & Special Charges

V. NOTARIZED STATEMENTS Fill in Statements as applicable.

E or E1 APPLICANTS

I, Karen Deigl, the representative of
Applicant Name

Senior Resource Association, Inc., do hereby attest that the
Business Name of Service

above named service meets all the requirements of, and that I agree to comply with, all applicable provisions of Chapter 304, Life Support and Wheelchair Services.

A-D APPLICANTS

I, _____, the representative of
Applicant Name

_____, do hereby attest that
Business Name of Service

the above named service will provide continuous service on a 24-hour, 7-day week basis. I do hereby attest that the above named service meets all the requirements for operation of an ambulance service in the State of Florida as provided in Chapter 401, Part III, Florida Statutes, Chapter 64E-2, Florida Administrative Code, and that I agree to comply with all the provisions of Chapter 304, Life Support Services.

ALL APPLICANTS

I further acknowledge that discrepancies discovered during the effective period of the Certificate of Public Convenience and Necessity will subject this service and its authorized representatives to corrective action and penalty provided in the referenced authority and that to the best of my knowledge, all statements on this application are true and correct.

[Handwritten Signature]

8/18/2021

APPLICANT SIGNATURE

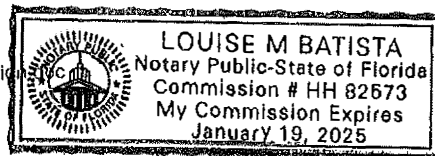
DATE

Before me personally appeared the said Karen B Rose-Deigl who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof. Sworn and subscribed in my presence this 2nd day of

September, 2021.

[Handwritten Signature]
NOTARY PUBLIC

My commission expires: 1/19/2025





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/8/2021

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 have ADDITIONAL INSURED provisions or 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).

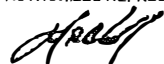
PRODUCER Sihle Insurance Group, Inc. 1021 Douglas Ave. Altamonte Springs FL 32714		CONTACT NAME: Certificate Department PHONE (A/C, No., Ext): 407-869-5490 FAX (A/C, No): 407-389-3580 E-MAIL: Certificates@sihle.com ADDRESS: Certificates@sihle.com															
INSURED Senior Resource Association, Inc. 694 14th Street Vero Beach FL 32960		<table border="1"> <tr> <td>INSURER(S) AFFORDING COVERAGE</td> <td>NAIC #</td> </tr> <tr> <td>INSURER A : Alliance of Nonprofits for Insurance</td> <td>10023</td> </tr> <tr> <td>INSURER B :</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 : Alliance of Nonprofits for Insurance	10023	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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COVERAGES CERTIFICATE NUMBER: 777601454 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 ISURR 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:		2019-36741	10/1/2020	10/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 500,000 \$ 20,000 \$ 1,000,000 \$ 3,000,000 \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		2019-36741	10/1/2020	10/1/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) PIP	\$ 1,000,000 \$ \$ \$ \$ 10,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS		2019-36741	10/1/2020	10/1/2021	EACH OCCURRENCE AGGREGATE	\$ 2,000,000 \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
A	Professional Liability		2019-36741	10/1/2020	10/1/2021	General Aggregate Deductible	1,000,000 5,000

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

CERTIFICATE HOLDER	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 
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Year	Make	Tag#	Model	VIN #	Mileage	Passenger Capacity
2005	FDR	231383	16' VAN TERRA	1FDWE35LX5HB24832	148,201	12 Ambulatory 2 WC
2006	FDR	231374	16' VAN TERRA	1FDWE35L56HA26499	161,438	12 Ambulatory 2 WC
2006	FDR	231379	16' VAN TERRA	1FDWE35L976HA43742	174,024	12 Ambulatory 2 WC
2007	CVY	X2535D	16' TURTLE TOP	1GBJG31U071137760	304,882	12 Ambulatory 2 WC
2007	CVY	X2534D	16' TURTLE TOP	1GBJG31U371136635	311,869	12 Ambulatory 2 WC
2009	CVY	X9347D	16' VAN TERRA	1GBJG31K491167426	255,288	12 Ambulatory 2 WC
2009	CVY	X9346D	16' VAN TERRA	1GBJG31K191166301	276,931	12 Ambulatory 2 WC
2009	CVY	X9917D	16' VAN TERRA	1GBJG31K491166499	308,157	12 Ambulatory 2 WC
2009	GMC	230543	GLAVAL 31' - BUS	1GBE5V1949F413183	483,212	22 Ambulatory, 2 WC
2012	VPG	X7474B	MV1	523MF1A65CM101230	70,289	2 Ambulatory, 1 WC
2012	VPG	X7475B	MV1	523MF1A60CM101572	74,853	2 Ambulatory, 1 WC
2012	VPG	X7479B	MV1	523MF1A62CM101556	387,701	2 Ambulatory, 1 WC
2013	FRD	IH81CT	Diamond	1FDEE3FL9DDA53039	110,056	16 Ambulatory, 2 WC
2013	FRD	X7481B	Champion	1FDFE4FS6DDA92981	164,055	12 Ambulatory 2 WC
2013	GIL	TD2114	35' Gillig	15GGB2712D1180870	280,196	48 ambulatory, 2 WC
2013	GIL	TD2115	35' Gillig	15GGB2714D1180871	346,968	48 ambulatory, 2 WC
2013	GIL	TD2113	29' Gillig	15GGE2719D1092339	431,371	44 ambulatory, 2 WC
2014	FRD	IH83CT	Diamond	1FDEE3FS1EDA17080	114,711	16 Ambulatory, 2 WC
2015	FRD	X1621D	16' TURTLE TOP	1FDWE3FL7FDA28065	165,009	12 Ambulatory 2 WC
2015	FRD	X1620D	16' TURTLE TOP	1FDWE3FL3FDA28063	214,026	12 Ambulatory 2 WC
2015	GIL	TD9040	29' Gillig	15GGE2712F1092929	489,961	44 ambulatory, 2 WC
2015	GIL	TD7753	29' Gillig	15GGE2712F1092928	521,755	44 ambulatory, 2 WC
2016	FRD	TF2377	29' Turtle Top Odyssey	1FDGF5GYGEC06851	169,391	22 Ambulatory, 2 WC
2016	FRD	EFSB41	29' Turtle Top Odyssey	1FDGF5GY7GEC06852	198,227	22 Ambulatory, 2 WC
2016	FRD	TF2320	24' Turtle Top	1FDFE4FS8FDA35295	253,742	16 Ambulatory, 2 WC
2016	FRD	TF2321	24' Turtle Top	1FDFE4FS6FDA35294	262,244	16 Ambulatory, 2 WC
2016	FRD	TF2322	24' Turtle Top	1FDFE4FSXFDA35296	322,490	16 Ambulatory, 2 WC
2016	GIL	TE7375	29' Gillig	15GGE2713G1092986	367,012	44 ambulatory, 2 WC
2017	FRD	X4230D	Champion	1FDFE4FS2HDC03161	134,992	12 Ambulatory 2 WC
2017	FRD	XO103D	16' TURTLE TOP	1FDWE3F6XHDC58874	167,911	12 Ambulatory 2 WC
2018	Freightliner	TG1798	Defender	4UZADRF0JCKC4903	24,123	22 Ambulatory, 2 WC
2018	Freightliner	TG1799	Defender	4UZADRF02JCKC4904	85,172	22 Ambulatory, 2 WC
2018	Freightliner	TG1796	Defender	4UZADRF01JCKC4134	86,149	22 Ambulatory, 2 WC
2018	CVY	X9244D	Defender	1HA3GRBG7HN008467	273,124	12 Ambulatory 2 WC
2018	CVY	X6745D	Defender	1HA3GRBG0HN008570	157,898	12 Ambulatory 2 WC
2018	FRD	X6740D	Champion	1FDFE4FS2HDC60797	165,658	12 Ambulatory 2 WC
2019	Freightliner	TG9494	Defender	4UZADRF04KCLT3970	100,056	22 Ambulatory, 2 WC
2021	Freightliner	TJ2360	Defender	4UZADRF01NCNH4594	1,330	22 Ambulatory, 2 WC
2021	Freightliner	TJ2359	Defender	4UZADRF09NCNH8537	1,940	22 Ambulatory, 2 WC
2021	Freightliner	T18455	Defender	4UZADPF00MCNA5656	3,701	22 Ambulatory, 2 WC
2021	Freightliner	T18456	Defender	4UZADPF02MCNA5657	6,327	22 Ambulatory, 2 WC
2021	Freightliner	T18457	Defender	4UZADPF04MCNA5658	33,580	22 Ambulatory, 2 WC
2021	FRD	X6084E	16' VAN TERRA	1FDWE3F60KDC47308	76,771	12 Ambulatory 2 WC

FIRST NAME	MIDDLE NAME	LAST NAME	LICENSE NUMBER	DATE OF BIRTH	COMMERCIAL LICENSE?
Tangie		Anderson	A536808619430	12/3/1961	YES
LEDA		BELIZAIRE	B426520698661	10/6/1969	NO
Lakeydra		Bell	B400533858290	9/9/1985	NO
Camy		Benois	B520100590020	1/2/1959	YES
Wycliffe		Biggs	B200896980250	1/25/1998	NO
JOHN	J	BLAZUK	B422470503750	10/15/1950	YES
THOMAS	R	BROWN	B650836551670	5/7/1955	YES
THALIA		BRYANT	B653800685580	2/18/1968	NO
KATILYA	N	BYNOE	B500514748320	9/12/1974	YES
ANTHONY	C	CANTRELL	C536803633380	9/18/1963	YES
IRIS	B	COLLINS	C452402657970	8/17/1965	YES
DURVAL		EDWARDS	E363160591220	4/2/1959	YES
ROBERT	F	FORSTE	F623766473630	10/3/1947	YES
PIERRE	R	FRANCOIS	F652676690950	3/15/1969	NO
LUIS	O	GARCIA	G620534663380	9/18/1966	YES
NANCY		GIACCO	G200620585420	2/2/1958	YES
HECTOR	F	GONZALEZ	G524326590180	1/18/1959	NO
ROBERTO		GONZALEZ	G524720634621	12/22/1963	YES
Gwendolyn		Green	G650281576000	3/20/1957	YES
NANCY	L	GREHAN	G650632726720	5/12/1972	YES
CLAUDE	C	HILL	H400103560540	2/14/1956	YES
RICHARD	N	HOUSTON	H235754473320	9/12/1947	YES
TERRI	L	JASPER	J216812607160	6/6/1960	YES
JEAN JUSTE	B	JEAN BAPTISTE	J522420632570	7/17/1963	YES
STEVEN	J	KEAT	K300790554440	12/4/1955	YES
NELSON	F	LAPUENTE-ZORILLA	L153626810820	3/2/1981	NO
ARTATIUS	E	LASTER	J250005695181	1/18/1969	YES
REBECCA	K	LAWRENCE	L652731647820	8/2/1964	YES
CHRISTINE	M	MAGE	M200113656240	4/4/1965	YES
RODERICK	R	MARTIN	M635736533450	9/25/1953	NO
ROSEMARY	F	MILLAR	M460726588640	10/4/1958	NO
CHARLES	L	MURPHY	M610152431010	3/21/1943	YES
Jean		Pharel	P640460671440	4/24/1967	YES
ANTHONY	B	POOLE	P400802664640	12/24/1966	YES
CLARISSA	F	POWERS	P620106695850	3/5/1969	YES
JESSICA	A	RADFORD	R316421748640	10/4/1974	NO
RICARDO	R	RAMIREZ	R562720782700	7/30/1978	YES
CONNIE	P	REED	R300115508780	10/18/1950	YES
ARNETHA	D	ROBINSON	R152004589180	11/18/1958	YES
PATRICIA	M	RYAN	RS00693588090	8/29/1958	YES
BARRINGTON		SCOTT	S300060571890	5/29/1957	YES
HOLLY	A	SEETON	S350321966650	5/5/1996	NO
ANNIE	G	SHELLY	S400047608100	8/30/1960	YES
SHARQUITA	J	SMITH	S530790905820	3/2/1990	NO
CHRIS	B	STEPHENSON	S315102881000	3/20/1988	NO
JOESCEFFIS		STOREY	S360420603750	10/15/1960	YES
Harry		Sutherland	S364373522550	7/15/1952	NO
ROBERT	A	SZOYKA	S200761650150	1/15/1965	YES
Hector		Tarratas	T632332561360	4/16/1956	YES

PETER		TERPAK	T612660462550	7/15/1946	YES
PEDRO	E	URENA	U650665641370	4/17/1964	YES
JAMES	M	WHEELER	W460453621360	4/16/1962	YES
Ian		Witt	W300418590910	3/11/1959	YES
KATHY	S	WRIGHT	W623517709300	11/30/1970	YES
SAFAWA		CLARKE	C462794909600	12/20/1990	YES
BRYANT		VANESSA	B653879636790	5/19/1963	YES