



# INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY (COPCN)

**APPLICANT NAME:** The Arc of Indian River County Inc **DATE:** 8/28/17

**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: The Arc of Indian River County Inc.

MAILING ADDRESS: 1375 16<sup>TH</sup> Ave

CITY Vero Beach COUNTY Indian River

ZIP CODE: 32960 BUSINESS PHONE: 772-562-6854

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

NON-PROFIT CORPORATION

3. MANAGER'S NAME: Charles A. Bradley, EXEC. DIRECTOR

ADDRESS: 1375 16<sup>TH</sup> Ave, Vero Beach FL 32960

PHONE #: 772-766-1438 (cell)

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

NAME	ADDRESS	POSITION
<u>CHARLES A BRADLEY</u>	<u>659 JORDAN AVE, SEBASTIAN FL 32958</u>	<u>EXEC DIRECTOR</u>
<u>HEATHER B DAVES</u>	<u>1946 7TH CT SW, VERO BEACH FL 32962</u>	<u>ASST. EXEC DIRECTOR</u>
<u>JUDITH L LEWIS</u>	<u>580 42ND CT VERO BEACH FL 32968</u>	<u>COMPTROLLER</u>
<u>SEE ATTACHED DIRECTORS LISTING</u>		

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

NAME	ADDRESS	PHONE #
<u>BARKER ELECTRIC AC+HEAT</u>	<u>1936 COMMERCE AVE, 32960</u>	<u>772-562-2103</u>
<u>CITY OF VERO BEACH UTILITIES</u>	<u>PO BOX 1180, 32961</u>	<u>772-978-5100</u>
<u>INDIAN RIVER WALK IN CLINIC</u>	<u>4714 OKEECHOBEE RD, WPB FL 33417</u>	<u>772-299-1092</u>

**The Arc of Indian River County Board of Directors 2017~ 2018  
Voluntary Board**

A.J. Brackins, CPA ~ Chair  
KNEG, CPA  
2800 Ocean Drive  
Vero Beach, FL 32963  
(w) 772.231.6902  
E-mail: [mike.brackins@knegcpa.com](mailto:mike.brackins@knegcpa.com)

Mary Beth Vallar ~ Vice-Chair  
2100 Indian Creek Boulevard East, A-205  
Vero Beach, FL 32966  
(c) (772)- 532-4294  
E-mail: [mbvallar@gmail.com](mailto:mbvallar@gmail.com)

Michael Burns ~ Treasurer  
Wells Fargo Advisors  
3545 Ocean Drive  
Vero Beach, FL 32963  
(h) 772.562.6634 (w) 772.562.6561  
E-mail: [mike.burns@wellsfargoadvisors.com](mailto:mike.burns@wellsfargoadvisors.com)

Virginia Blossom ~ Secretary  
1113 Sea Hunt Drive  
Vero Beach, FL 32963  
772.532.3350  
E-mail: [gblossom1026@gmail.com](mailto:gblossom1026@gmail.com)

Jim Davis  
775 Broadway Street  
Vero Beach, FL 32960  
(h) 772.569.0571 (c) 772.532.7345  
E-mail: [jwldad775@gmail.com](mailto:jwldad775@gmail.com)

Jay Dolan  
5680 A1A Apt. 213  
Vero Beach, FL 32963  
(h) 772.492.0285  
E-mail: [Jay.P.Dolan.1@nd.edu](mailto:Jay.P.Dolan.1@nd.edu)

Herb Hinkle  
97 Cache Cay Drive  
Vero Beach, FL 32963  
(c) 609.577.1140  
E-mail: [hinkle@hinkle1.com](mailto:hinkle@hinkle1.com)

Cathy LaCroix  
836 Norfolk Pine Lane  
Vero Beach, FL 32963  
(h) 772.234.5723 (c) is (772) 480-0420  
E-mail: [lacroixca@bellsouth.net](mailto:lacroixca@bellsouth.net)

Mary Ellen Replogle  
2150 Indian Creek Blvd East Apt B-121  
Vero Beach, FL 32966  
(h) 231.6193

Jeffrey Petersen  
660 Beachland Blvd  
Vero Beach, FL 32963  
(o) 772.231.9080  
E-mail: [jeffrey.petersen@ml.com](mailto:jeffrey.petersen@ml.com)

Dillon Roberts  
Gould Cooksey Fennell, PA  
979 Beachland Blvd  
Vero Beach, FL 32963  
(w) 772.231.1100 or (c) 561-351-1096  
[droberts@gouldcooksey.com](mailto:droberts@gouldcooksey.com)

Ed Smith  
1342 Riverside Lane  
Vero Beach, FL 32963  
(h) (772)-234-6626 (c) 772-643-7424  
E-mail: [edsmith34@comcast.net](mailto:edsmith34@comcast.net)

Terry Young  
650 Indian River Harbor  
Indian River Shores, FL 32963  
(h) 772.231.6596  
E-mail: [TYoung430@aol.com](mailto:TYoung430@aol.com)

6. FUNDING SOURCE: MEDWAVOR MEDICARE, APD, CDC & PRIVATE PAY

7. RATE SCHEDULE ATTACHED? YES  NO  N/A

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

1375 16TH AVE, VERO BEACH FL 32960

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**III. COMMUNICATIONS INFORMATION:**

TYPES OF RADIOS/EQUIPMENT:

CELL PHONE COMMUNICATION ONLY

1. RADIO FREQUENCY (ies)

2. RADIO CALL NUMBER(s)

N/A

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N/A

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

FROM AMBULANCE

FROM BASE STATION

N/A

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N/A

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/28/2017

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).

<b>PRODUCER</b> Lassiter-Ware Insurance of Tampa Bay 1300 N. Westshore Blvd Suite 110 Tampa FL 33607		<b>CONTACT NAME:</b> Debra Linkous <b>PHONE (A/C, No, Ext):</b> (800) 845-8437 <b>FAX (A/C, No):</b> (888) 883-8680 <b>E-MAIL ADDRESS:</b> DebraL@lassiter-ware.com															
<b>INSURED</b> The ARC of Indian River County Inc. 1375 16th Avenue Vero Beach FL 32960-3768		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER B: National Union Fire Insurance</td> <td>19445</td> </tr> <tr> <td>INSURER C: Wesco Insurance Company</td> <td>25011</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: New Hampshire Insurance Company	23841	INSURER B: National Union Fire Insurance	19445	INSURER C: Wesco Insurance Company	25011	INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**                      **CERTIFICATE NUMBER:** 17/18 Master                      **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  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		01LX0921770600	3/30/2017	3/30/2018	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						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
						Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		01CA0699697050	3/30/2017	3/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		29UD0628415040	3/30/2017	3/30/2018	P.I.P. \$ 10,000
						EACH OCCURRENCE \$ 2,000,000
						AGGREGATE \$ 2,000,000
C	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 <input type="checkbox"/> N/A	FITWC338262016	6/1/2016	6/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 2,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 2,000,000
						E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	Professional Liability Abuse & Molestation		01LX0921770600	3/30/2017	3/30/2018	\$1,000,000/\$300,000 \$1,000,000/\$300,000

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

### CERTIFICATE HOLDER

### CANCELLATION

Indian River County Fire Rescue 4225 43rd Avenue Vero Beach, FL 32967	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 Mike Shea/DEBRAL
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**INDIAN RIVER COUNTY  
DEPARTMENT OF EMERGENCY SERVICES  
PERSONNEL ROSTER**

**NAME OF PROVIDER:** The Arc of Indian River County  
**DATE:** August 25, 2017  
**SUBMITTED BY:** Judith Lewis

**PLEASE LIST ALL PERSONNEL (Drivers of Wheelchair Transport Vehicles)**

<b><u>LAST NAME</u></b>	<b><u>FIRST</u></b>	<b><u>FLDL#</u></b>	<b><u>EXP.DATE</u></b>	<b><u>POSITION</u></b>
Anunziato	Anthony	A552-006-42-189-0	5-22	Driver
Campagna	Larry	C512-536-52-295-0	6-20	Driver
Greeley	Jennifer	G640-43-70-866-0	10-21	Instructor
Hamilton	Tiffany	H543-818-75-523-1	1-19	Instructor
Hicks	Bernice	H200-074-49-919-0	11-24	Driver
Howard	Cordi	H630-116-55-821-0	9-17	Driver
Liebl	Tiffany	L140-813-86-757-0	7-25	Instructor
Martinez	Silvio	M635-781-81-448-0	12-21	Instructor
Miller	Jacque	M460-433-69-650-0	4-19	Instructor
Ritchie	Patricia	R320-699-49-841-0	9-17	Instructor
Rodgers	Melissa	R326-553-74-752-0	7-20	Instructor
Spikes	Vergie	S122-860-80-771-0	7-19	Driver
Stafford	Harold	S316-346-71-451-9	12-17	Driver
Streeter	John	S363-465-42-324-0	9-18	Driver





V. NOTARIZED STATEMENTS Fill in Statements as applicable.

**E or E1 APPLICANTS**

I, CHARLES BRADLEY, the representative of  
Applicant Name

THE ARC OF INDIAN RIVER COUNTY 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.

Charles Bradley 8/28/17  
APPLICANT SIGNATURE DATE

Before me personally appeared the said CHARLES BRADLEY 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 28<sup>th</sup> day of August, 2017.

Judith L Lewis  
NOTARY PUBLIC

My commission expires: 8/27/19



Judith L. Lewis  
COMMISSION #FF913827  
EXPIRES: August 27, 2019  
WWW.AARONOTARY.COM