



# INDIAN RIVER COUNTY DEPARTMENT OF EMERGENCY SERVICES

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

**APPLICANT NAME:** Indian River Shores Public Safety **DATE:** \_\_\_\_\_

**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: Indian River Shores Public Safety

MAILING ADDRESS: 6001 N. A1A

CITY Indian River Shores COUNTY Indian River

ZIP CODE: 32963 BUSINESS PHONE: 772-231-2451

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

Municipality

3. MANAGER'S NAME: Richard Rosell, Director

ADDRESS: 6001 N. A1A Indian River Shores, FL 32963

PHONE #: 772-231-2451

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>
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NA

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

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>
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NA

6. FUNDING SOURCE: Tax Based Municipality

7. RATE SCHEDULE ATTACHED? YES  NO  N/A

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

Base Station only 6006 N. A1A, Indian River  
Shores, FL 32963

**III. COMMUNICATIONS INFORMATION:**

TYPES OF RADIOS/EQUIPMENT:

1. RADIO FREQUENCY (ies)

2. RADIO CALL NUMBER(s)

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

FROM AMBULANCE

FROM BASE STATION

Indian River Medical Center

Sebastian River Medical Center

Lawnwood Medical Center

Indian River Shores Public Safety  
 Personnel Roster  
 February 09, 2018

<b>ID#</b>	<b>Last Name</b>	<b>First Name</b>	<b>Rank</b>	<b>EMT #</b>	<b>EMT Expires</b>	<b>Medic #</b>	<b>Medic Expires</b>
962	Beaumont	Christopher	PSO	NA	NA	PMD 526461	12/1/2018
947	Sarcinello	Rick	PSO	EMT 68986	12/1/2018	N/A	N/A
983	Parker	Travis	PSO	EMT 543488	12/1/2018	NA	NA
959	Benham	Kip	SGT	N/A	N/A	PMD 15975	12/1/2018
948	Crosby	William	SGT	N/A	N/A	PMD 15096	12/1/2018
953	Dempsey	Timothy	SGT	N/A	N/A	PMD 4810	12/1/2018
944	Dudley	Anthony	LT	N/A	N/A	PMD 8080	12/1/2018
957	Hawkes	Geoffrey	PSO	EMT 503633	12/1/2018	PMD 509910	12/1/2018
946	Hoyt	Shawn	SGT	EMT 56429	12/1/2018	PMD 10467	12/1/2018
945	Mooney	Tedd	PSO	N/A	N/A	PMD 14311	12/1/2018
952	Shaw	Mark	CPT	N/A	N/A	PMD 11220	12/1/2018
981	Crouch	Dustin	PSO	EMT 536439	12/1/2018	NA	NA
989	Benoit	Michael	PSO	NA	NA	PMD 526481	12/1/2018
998	Black	James	PSO	NA	NA	PMD 513405	12/1/2018
985	Grass	Barbara	PSO	NA	NA	PMD 17986	12/1/2018
992	Iovino	Albert	PSO	EMT 84225	12/1/2018	PMD 527098	12/1/2018
993	Maikranz	Jacob	PSO	EMT 526558	12/1/2018	PMD 520924	12/1/2018
994	Smith	Kyle	PSO	NA	NA	PMD 516337	12/1/2018
703	Villars	Rick	FireMedic	NA	NA	PMD 3050	12/1/2018
917	Bell	Brian	PSO	EMT 551780	12/1/2018	NA	NA
920	Cranmer	Derek	PSO	EMT 551328	12/1/2018	NA	NA





FLORIDA MUNICIPAL INSURANCE TRUST

UNINSURED MOTORISTS / UNDERINSURED MOTORISTS SELECTION FORM

NON STACKED

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING INSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY

AGREEMENT NO. FMIT # 0274

DESIGNATED MEMBER Town of Indian River Shores

COVERAGE PERIOD October 1, 2017 – October 1, 2018

SELECTION FORM

CHECK, SIGN & DATE FOR ONLY ONE OPTION

- UNINSURED MOTORISTS / UNDERINSURED MOTORISTS COVERAGE - REJECTION: I/We **REJECT** Uninsured / Underinsured Motorists coverage and request that such coverage be eliminated from the Agreement, all renewals, and any other provisions which extends, changes, supersedes or replaces this agreement.
- UNINSURED MOTORISTS / UNDERINSURED MOTORISTS COVERAGE - INCREASED LIMITS: I/We accept the offer of **INCREASED** limits for Uninsured / Underinsured Motorists in the Combined Single Limit amount of bodily injury each accident.
- Limit(s) **LOWER** than the limit(s) of the agreement for bodily injury liability, but not less than the Financial Responsibility minimum limit(s) required by law. Limit .
- Limit(s) **EQUAL** to the limit(s) of the agreement limit(s) for bodily injury liability. Limit: .

*Daklene Wooten*  
Authorized Signature

12-19-17  
Date

AGREEMENT NO. FMIT # 0274

**FLORIDA MUNICIPAL INSURANCE TRUST**

DESIGNATED MEMBER Town of Indian River Shores

COVERAGE PERIOD October 1, 2017 – October 1, 2018

**OPTION FORM**

1. PERSONAL INJURY PROTECTION

- The member acknowledges and understands that the agreement identified above will provide the full no-fault Personal Injury Protection coverage required by the Florida Reparatons Reform Act, as amended.

2. Deductible Amount Applicable to Personal Injury Protection - Optional (select only one)

- \$250                       \$2,000  
 \$500  
 \$1,000

3.  Coverage reduced by "Medicare" Program (42 USC 1395) and by Military benefits - Optional

4.  Work loss does not apply - Optional

5. No Deductible Applicable to Personal Injury Protection - Optional

- No Deductible

**THE MEMBER HAS READ THE ABOVE APPLICATION & DECLARES THAT MEMBER HEREBY ELECTS THE OPTIONS MARKED ABOVE AND REQUESTS THEY BE MADE A PART OF THE AGREEMENT ABOVE.**

  
Authorized Signature

12-19-17 Date



## Property Schedule

Town of Indian River Shores, FMIT #0274

October 1, 2017 - October 1, 2018

Location #	Address	Occupancy	Construction Type	
Loc	Bld	Cause of Loss - Building	Limit	
		Cause of Loss - Personal Property	Limit	
001	001	6001 North A1A Indian River Shores, FL Special Form	Town Manager and Clerks Office Special Form \$324,720	Joisted Masonry \$35,000
001	004	6001 North A1A Indian River Shores, FL Special Form	Town Hall - Chambers Special Form \$166,500	Joisted Masonry \$40,000
001	005	6001 North A1A Indian River Shores, FL Special Form	Treasury and Building Department Office Special Form \$217,350	Joisted Masonry \$35,000
001	006	6001 North A1A Indian River Shores, FL Special Form	Canopy / Covered Walkway	Frame \$0
001	010	6001 North A1A Indian River Shores, FL Special Form	Entrance Sign	Joisted Masonry \$0
001	014	6001 North A1A Indian River Shores, FL Special Form	Community Center Building Special Form \$272,583	Joisted Masonry \$2,000
001	015	6001 North A1A Indian River Shores, FL Special Form	(1) Sign (pvc entrance / 2 wood posts)	Frame \$0
001	016	6001 North A1A Indian River Shores, FL Special Form	Flagpole	Non-Combustible \$0
001	017	6001 North A1A Indian River Shores, FL Special Form	(6) Decorative Lights	Non-Combustible \$0
001	018	6001 North A1A Indian River Shores, FL Special Form	(5) Parking Lot Lights	Non-Combustible \$0
001	019	6001 North A1A Indian River Shores, FL Special Form	Generator: 100kw	Non-Combustible \$0
001	020	6001 North A1A Indian River Shores, FL Special Form	Dedication Monument	Non-Combustible \$0
001	021	6001 North A1A Indian River Shores, FL Special Form	(2) Benches: PVC	Frame \$0
003	001	200 Fred Tuerk Drive Indian River Shores, FL Special Form	Public Safety Building Special Form \$2,626,560	Joisted Masonry \$211,500
003	006	200 Fred Tuerk Drive Indian River Shores, FL Special Form	(1) Sign: Entrance Monument	Joisted Masonry \$0
003	007	200 Fred Tuerk Drive Indian River Shores, FL Special Form	Masonry Wall (including decorative posts with 4 lights)	Masonry Non-Combustible \$0
003	008	200 Fred Tuerk Drive Indian River Shores, FL Special Form	Flagpole	Non-Combustible \$0
003	009	200 Fred Tuerk Drive Indian River Shores, FL Special Form	(1) Light: Decorative Area	Non-Combustible \$0
003	010	200 Fred Tuerk Drive Indian River Shores, FL Special Form	Generator: 100kw	Non-Combustible \$0
004	001	300 Fred Tuerk Drive (Rear) Indian River Shores, FL Special Form	Public Works and Storage Garage Special Form \$133,875	Joisted Masonry \$28,840
005	001	Island Point Way Indian River Shores, FL Special Form	Dock and Boat Lift	Frame \$0
005	003	Island Point Way Indian River Shores, FL Special Form	(3) Wood Access Ramps	Frame \$0

**Property Schedule**

Town of Indian River Shores, FMIT #0274

October 1, 2017 - October 1, 2018

Location #		Address	Occupancy		Construction Type
Loc	Bld	Cause of Loss - Building	Limit	Cause of Loss - Personal Property	Limit
005	004	Island Point Way Indian River Shores, FL		(4) Pathway Lighting	Non-Combustible
		Special Form	\$2,322		\$0
006	001	Beachcomber Road Indian River Shores, FL		Dune Crossover Structure	Frame
		Special Form	\$33,750		\$0
<b>Total:</b>			<b>\$3,996,837</b>		<b>\$352,340</b>

**Florida Municipal Insurance Trust**

Number 0274

Effective Date: 10/01/201

**Designated Member:**

Town of Indian River Shores

**Personal Injury Protection Benefits**

**Bodily Injury Liability**

**Property Damage Liability**

All Scheduled Vehicles

**R-105**

Not valid more than one year from effective date

**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, \_\_\_\_\_, the representative of  
Applicant Name

\_\_\_\_\_, 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, Richard Rosell, the representative of  
Applicant Name

Indian River Shores Public Safety Dept, 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.

[Signature] 7/20/18  
APPLICANT SIGNATURE DATE

Before me personally appeared the said Richard Rosell 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 12 day of February, 2018.

[Signature] My commission expires: 7/26/21  
NOTARY PUBLIC

