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: 08/20/2021

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 prehospital 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	ETAILS			
	NAME OF AC	LINC 1.	Arc of Indian River	County, Inc.	
	MAILING AD	DRESS: 13	75 16th Ave		_
			county_Inc	dian River	_
				(772) 562-6854	_
	TYPE OF OW etc.):	/NERSHIP(i.e	. Private, Governmer	nt, Volunteer, Partnership,	
	Non-P	rofit Corp	oration		
3.	MANAGE	R'S NAME:	leather Dales,	CEO	_
				Beach, FL 32960	
	PHONE #	(772) 56	62-6854		
4.	DIRECTO		AREHOLDERS, IF A	LL OFFICERS, PARTNERS, CORPORATION (attach a	
NAM	ИE		ADDRESS	POSITION	
(Please see attach	ned list of Boar	d of Directors)			
5.	PROVIDE REFEREN) ADDRESSES OF A	T LEAST THREE (3) LOCAL	-
NAM	<u>1E</u>		ADDRESS	PHONE #	
Treasure Coast A	utomotive	1795 8th Ct, \	/ero Beach, FL 32962	(772) 794-9061	
Level 4 Telecom		100 SW Albar	ny Ave, Ste 110, Stuart	, FL 34994 (772) 873-7753	

1701 Commerce Ave, Vero Beach, FL 32960

Como Oil of Florida

(772) 562-6666

	6.	FUNDING SOURCE: Florida	a Medicai	d, CDC	, Private Pa	ay
	7.	RATE SCHEDULE ATTACHE	ED? Y	ES	NO 🔘	N/A
	8.	LIST THE ADDRESS(es) OF	YOUR BAS	E AND AL	L SUB-STAT	TONS:
1375 1	6th Ave	e, Vero Beach, FL 32960)			
	III.	COMMUNICATIONS INFORM	ATION:			
TVI		RADIOS/EQUIPMENT:				
Cell phor		RADIOS/EQUIPMENT.				
	1. RA	DIO FREQUENCY (ies)		2. RAD	IO CALL NU	MBER(s)
N/A			N/A			
	47.10		(-)			

		ST ALL HOSPITALS AND OTH HICH YOU HAVE DIRECT RAD				TH
	•	FROM AMBULANCE	710 CONTINIC		OM BASE ST	ATION
N/A		PROM AMBULANCE	N/A	FRC	DIVI DASE ST	ATION
-						
E			-			
3						

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 F AND F-1 NEED ONLY #'s 6 - 9

ENEVV	AL 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.
<u> </u>	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
√ 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. Heather Dales, CEO , 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** _____, 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. 08/20/2021 APPLICANT SIGNATURE DATE Before me personally appeared the said Heather Dales 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 ^{20th} day of

Debbie D. VanSlooten
MY COMMISSION # GG928692
EXPIRES: November 04, 2023

My commission expires:

August

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The Arc of Indian River County, Inc. COPCN Renewal Application - Section II.4. List of Board of Directors

Name	Address	Position
A.J. Brackins	2800 Ocean Drive, Vero Beach, FL 32963	Chair
Mary Beth Vallar	2100 Indian Creek Boulevard East, A-205, Vero Beach, FL 32966	Vice Chair
Michael Burns	3545 Ocean Drive, Vero Beach, FL 32963	Treasurer
Anni Vuorenkoski Dalgleish	1255 42nd Sqare, #102, Vero Beach, FL 32960	Director
Herb Hinkle	97 Cache Cay Drive, Vero Beach, FL 32963	Director
Cathy LaCroix	836 Norfolk Pine Lane, Vero Beach, FL 32963	Director
Jeffrey Petersen	660 Beachland Blvd, Vero Beach, FL 32963	Director
Dillon Roberts	979 Beachland Blvd, Vero Beach, FL 32963	Director
Ed Smith	1342 Riverside Lane, Vero Beach, FL 32963	Director

Client#: 720027

COPEN- Section II

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/24/2021

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(les) must have ADDITIONAL INSURED provisions or be endorsed.

	f SUBROGATION IS WAIVED, subject his certificate does not confer any rig						uire an endorsement. A	stateme	ent on
PRO	DDUCER				CONTACT NAME:				
Ma	arsh & McLennan Agency				PHONE (A/C. No. Ext): 727	447-6481	FAX (A/C, No):		
Bo	ouchard Region				E-MAIL		T (AO, NO.		
10	1 N. Starcrest Drive				ADDRESS:		55000W0 00W50405		NAIO 4
Cle	earwater, FL 33765				INSURER A : Florid		FFORDING COVERAGE		999999
INIC	URED		_				ist		
1142	The Arc of Indian River C	ount	. In	c.	INSURER B : Cent	iry Surety			36951
	1375 16th Avenue		,,		INSURER C:				
	Vero Beach, FL 32960				INSURER D:				
	Vero Beach, 1 E 32300				INSURER E :				
					INSURER F:				
CO	VERAGES CEF	TIFIC	ATE	NUMBER:			REVISION NUMBER:		
II C	THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RESERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	QUIRE	EMEN IN, ICIES	IT, TERM OR CONDITION O THE INSURANCE AFFORDER LIMITS SHOWN MAY HAV	F ANY CONTRACT D BY THE POLICI /E BEEN REDUCE	OR OTHER DO ES DESCRIBED D BY PAID CLA	CUMENT WITH RESPECT HEREIN IS SUBJECT TO . IMS.	TO WHI	ICH THIS
INSF		INSR	WVD	POLICY NUMBER	(WWIDDIA)	POLICY EXP	LIMIT		
Α	X COMMERCIAL GENERAL LIABILITY	Y		FITGL338262021	06/01/20	21 06/01/2022	EACH OCCURRENCE	s1,00	0,000
	CLAIMS-MADE X OCCUR				1		PAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000	0,000
							MED EXP (Any one person)	\$10,00	00
			0		1		PERSONAL & ADV INJURY	\$1,000	0.000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000	0,000
	POLICY PRO- JECT LOC				1		PRODUCTS - COMP/OP AGG	s3,000	0,000
	OTHER:							\$	
A	AUTOMOBILE LIABILITY			FITAU338262021	06/01/20	21 06/01/2022	COMBINED SINGLE LIMIT (Ea accident)	s1,000	0,000
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS ONLY	1 1				1	BODILY INJURY (Per accident)	S	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY				1		PROPERTY DAMAGE (Per accident)	S	
	AUTOS ONEY		1				ir er accidento	s	
В	UMBRELLA LIAB X OCCUR			FITXS338262021	06/01/20	21 06/01/2022	EACH OCCURRENCE	\$2,000	000
	X EXCESS LIAB CLAIMS-MADE	1		11170000202021	00/01/20	00/01/2022	AGGREGATE	s2,000	
	A CENIMO-MINOSE	1					AGGREGATE	s2,000	,000
Α	DED RETENTION S WORKERS COMPENSATION	\vdash	_	FITWC338262021	06/01/20	21 06/01/2022	X PER OTH-	3	
^	AND EMPLOYERS' LIABILITY	1 1		F11 WC330202021	00/01/20	21 00/01/2022		-2.000	000
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$2,000	
	(Mandatory In NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE		*
	DÉSCRIPTION OF OPERATIONS below		_				E.L. DISEASE - POLICY LIMIT		0,000
A	Prof Llab / Abuse			FITGL338262021	06/01/20	21 06/01/2022	\$1,000,000 / \$3,000,0	000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC								
	equired by written contract, Certi								
	bllity, subject to the terms, condi					al insured wit	n		
res	pect to General Liability Includes	ong	oing	and completed opera	tions.				8
CEF	RTIFICATE HOLDER				CANCELLATIO	ı			
	For Informational Purpo	ses			THE EXPIRAT	ON DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B LICY PROVISIONS.		

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AUTHORIZED REPRESENTATIVE

The Arc of Indian River County, Inc. COPCN Renewal Application - Section IV.7. Vehicle Information

Make	Model	Year	Manufacturer	Mileage	VIN#	Tag #	Passenger Capacity
							8 Ambulatory &
Chevrolet	Express G3500	2012	GM	114,033	1GB3G2BG5C1113671	X2046C	2 Wheelchairs
							4 Ambulatory &
Chevrolet	Uplander	2008	GM	114,744	1GBDV13W38D152405	X4689D	1 Wheelchair
							8 Ambulatory &
Chevrolet	Express G3500	2016	GM	42,306	1GB3G2BG7F1287942	X8284C	2 Wheelchairs
							10 Ambulatory &
Chevrolet	Express G4500	2016	GM	72,155	1GB6GUBG4G1282739	X2248D	2 Wheelchairs
							12 Ambulatory &
Chevrolet	Express G4500	2016	GM	75,490	1GB6GUBG2G1127641	X7812C	2 Wheelchairs
							8 Ambulatory &
Chevrolet	Express G3500	2016	GM	48,066	1GB3G2BG8F1287948	X8283C	2 Wheelchairs
							8 Ambulatory &
Chevrolet	Express G3500	2016	GM	45,869	1GB3G2BG0F1286566	X8285C	2 Wheelchairs

The Arc of Indian River County, Inc. COPCN Renewal Application - Section IV.8. Personnel Roster

Last Name	First Name	MI	Florida DL#	DL Exp Date
Alford	Robert	J,	A416-770-77-219-0	6/19/2023
Anunziato	Anthony	F.	A552-006-42-189-0	5/29/2022
Coleman	Evelyn	D.	C455-204-82-672-0	5/12/2029
Knight	Cheryl	A.	K523-101-89-763-0	7/23/2028
Miller	Jacqueline	M.	M460-433-69-650-0	4/30/2027
Peart	Christine	V.	P630-118-71-948-0	12/8/2028
Rodgers	Melissa	M.	R326-553-74-752-0	7/12/2028
Streeter, Jr.	John	E.	S363-465-42-324 - 0	9/4/2026
Smith	Shonnica	L.	S530-792-75-542-0	2/2/2027
Stanton	Laura	В.	S353-522-60-767-0	7/27/2028
Tinico	Moises	D.	T521-544-73-412-0	11/12/2025

The Arc of Indian River County, Inc. COPCN Renewal Application - Section IV.9. 2021 Fee Schedule

N/A N/A
N/A