



7. List the geographical area in which you wish to provide the service being applied for herein (complete county or portion thereof):

Polk County

8. State the facts showing the demand or the need for the level of service in the geographical area being applied for:

Polk County is the fastest growing county in Florida according to The United Community Needs Assessment. Our interfacility transport service will help reduce extended ER times and delays in transportation and patient care between hospitals and other medical facilities. This will allow Polk County Fire and Rescue to focus on 911 responses and alleviate the burden of transports.

9. Give a detailed description of the equipment the applicant will utilize in the service (attach separate sheet if needed). Also, complete the vehicle roster attached.

Four ambulances equipped to meet or exceed all 64J requirements

10. Number of personnel to staff each unit? 2-3 Complete the personnel roster attached.

11. Proof applicant is in compliance with all applicable federal, state and local requirements. (Attach copies of certificates) including ALS and / or BLS Ambulance provider license by the Florida Department of Health, Bureau of EMS)

12. State the address and description of each of the locations from which the applicant will operate and the hours of operation, staffing, and phone number for that location

| Location Address                     | Description            | Hours of operation    | Staffing         | Phone number |
|--------------------------------------|------------------------|-----------------------|------------------|--------------|
| 402 South 6th Ave Wauchula, FL 33873 | Administrative Offices | 7am-5pm Monday-Friday | Office Personnel | 833-772-5642 |
| 1115 Hwy 17 Wauchula, FL 33873       | Station                | 24/7                  | EMT/Paramedic    | 833-772-5642 |
|                                      |                        |                       |                  |              |

13. Does the service have "back-up" availability in case a unit breaks down or multiple calls? YES  NO  If Yes, explain procedure:

In the event of breakdown a back-up unit will be dispatched to retrieve the patient and continue transport. Multiple Calls will have multiple units dispatched, one unit to each call.

14. Provide written documentation to assist Polk County Fire Rescue and any other emergency services during a disaster situation.

15. Will your service transport patients out of county? If requested to do so by ordering facility.

16. Will your service pick up from other counties? Yes then return to Polk County? Yes

17. Type of service which will be provided (check appropriate blank):

Land  X  Water \_\_\_\_\_ Air \_\_\_\_\_

18. If this application for a COPCN is to replace an existing COPCN, evidence must be provided showing the reason(s) for the replacement of the existing COPCN Pursuant to Polk County Ordinance Number 12-029 and/or Florida Statutes.

N/A

---

19. A fee of \$300 must accompany the application.

20. Rate schedule – Provide a listing of all rates/charges for your service to provide the level applied for.

21. If a COPCN is issued to applicant, applicant agrees to the following:

- a. To indemnify Polk County for any claims or losses arising out of applicant's operations;
- b. Applicant will comply with all state and county laws and regulations;
- c. Provide continuous and uninterrupted service to the extent and for the area authorized by the COPCN;
- d. Provide service to adjacent areas or routes within Polk County, when requested to do by public safety agencies, in an emergency situation or in accordance with established agreements;
- e. Keep posted at all the principal business locations in Polk County a copy of the COPCN and any rate or fee schedule;
- f. Provide proof of insurance in amounts required by the Board of County Commissioner through the Risk Management Department;
- g. File a verified statement of ownership with Polk County Fire Rescue Division prior to commencing its operations under the COPCN and will immediately notify Polk County Fire Rescue Division of any change of ownership;
- h. Keep such records as may be required by Polk County Fire Rescue Division or Polk County Board of County Commissioners, pursuant to the rules and regulations to be adopted pursuant to Polk County Ordinance 12-029 and
- i. Operate in conformance with state law, Polk County Ordinance-12-029 and all rules and regulation hereunder.

To the best of my knowledge, all statements on this application are true and correct and the applicant agrees to the terms contained herein.

Craig Daw  
Signature of Applicant  
Director of Operations 9/26/23  
Title Date

STATE OF FLORIDA  
COUNTY OF Hardee

This foregoing instrument was acknowledged before me  
this 26<sup>th</sup> day of September, 2023, by  
Craig Daw  
as Director of Operations (title)  
for Aloha Medical Services Inc  
(Company Name)

Melissa Crider  
Notary Signature

NOTARY SEAL/STAMP

Personally Known  OR Produced Identification   
Type of Identification produced:  
FL ID



Mail completed application and supporting documents to:  
Polk County Fire Rescue  
Attn: Raf Vittone, Deputy Chief of Medical Services  
P.O. Box 1458  
Bartow, FL 33831

For all questions or additional information please contact:  
Raf Vittone, Deputy Chief of Medical Services  
rafvittone@polk-county.net  
863-519-7413



**PERSONNEL ROSTER**

Name of Service Aloha Medical Services, Inc

Type of Service: BLS  ALS  Other: \_\_\_\_\_

PLEASE LIST ALL PERSONNEL, INCLUDING PART-TIME AND VOLUNTEERS

| Last Name   | First & M. I. |           | Certification Type | Certification No. | Expiration Date |
|-------------|---------------|-----------|--------------------|-------------------|-----------------|
| 1. Fry      | Robert K      | Full Time | EMT                | EMT-557902        | 12/01/2024      |
| 2. Fry      | Laura D       | Full Time | Paramedic          | PMD 540777        | 12/01/2024      |
| 3. Lizotte  | Matthew J     | Full Time | Paramedic          | PMD 537097        | 12/01/2024      |
| 4. Canero   | Marc A        | Full Time | Paramedic          | PMD 540880        | 12/01/2024      |
| 5. Sinclair | Stephen       | Full Time | EMT                | EMT 574014        | 12/01/2024      |
| 6. Duenas   | Jose          | Full Time | EMT                | EMT 566358        | 12/01/2024      |
| 7. Dowdal   | Erin M        | Full Time | Paramedic          | PMD 540677        | 12/01/2024      |
| 8.          |               |           |                    |                   |                 |
| 9.          |               |           |                    |                   |                 |
| 10.         |               |           |                    |                   |                 |
| 11.         |               |           |                    |                   |                 |
| 12.         |               |           |                    |                   |                 |
| 13.         |               |           |                    |                   |                 |
| 14.         |               |           |                    |                   |                 |
| 15.         |               |           |                    |                   |                 |
| 16.         |               |           |                    |                   |                 |
| 17.         |               |           |                    |                   |                 |
| 18.         |               |           |                    |                   |                 |
| 19.         |               |           |                    |                   |                 |
| 20.         |               |           |                    |                   |                 |
| 21.         |               |           |                    |                   |                 |
| 22.         |               |           |                    |                   |                 |
| 23.         |               |           |                    |                   |                 |



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

**ADVANCED LIFE SUPPORT SERVICE LICENSE**

This is to certify that: ALOHA MEDICAL SERVICES, INC. **Provider Number # 10066**  
Name of Provider

402 SOUTH 6<sup>TH</sup> AVENUE WAUCHULA, FL 33873  
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

HARDEE  
County (s)

A handwritten signature in cursive script, appearing to read "Michael Hall".

Michael Hall, Section Administrator  
Emergency Medical Services  
Florida Department of Health

**THIS CERTIFICATE EXPIRES ON: 07/31/2025**

This certificate shall be posted in the above mentioned establishment



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/20/2023

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).

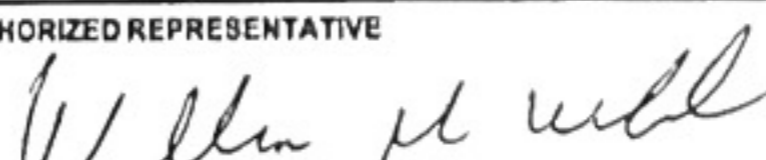
|  |   |                |
|--|---|----------------|
| <b>PRODUCER</b> Excel Risk Services<br>8065 Highway 41 A<br>Clarksville TN 37032 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): <b>931-272-5224</b> | FAX (A/C, No): |
|  | <b>E-MAIL ADDRESS:</b> BWahl-WIS@outlook.com                      |                |
| <b>INSURED</b> Aloha Medical Services, Inc<br>PO Box 2207<br>Wauchula FL 33873   | <b>INSURER(S) AFFORDING COVERAGE</b>                              |                |
|  | <b>INSURER A:</b> Markel Insurance Company                        |                |
|  | <b>INSURER B:</b>   |                |
|  | <b>INSURER C:</b>   |                |
|  | <b>INSURER D:</b>   |                |
|  | <b>INSURER E:</b>   |                |

**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 SUBR INSR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--------------------|----------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENTL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: |                    | MTK80001082-01 | 06/24/2023              | 06/24/2024              | EACH OCCURRENCE \$ 1000000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10000<br>MED EXP (Any one person) \$ 10000<br>PERSONAL & ADV INJURY \$ 1000000<br>GENERAL AGGREGATE \$ 2000000<br>PRODUCTS - COMP/OP AGG \$ 2000000 |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> PIP           |                    | MTA80001082-01 | 06/24/2023              | 06/24/2024              | COMBINED SINGLE LIMIT (Ea accident) \$ 1000000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |                    |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N                | N/A            |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| A        | uninsured motorist - symbol 7  |                    | MTA80001082-01 | 06/24/2023              | 06/24/2024              | 1000000  |
|          | comp / collision - symbol 7  |                    | MTA80001082-01 | 06/24/2023              | 06/24/2024              | 1000 Deductible  |
| A        | professional liability   |                    | MTK80001082-01 | 06/24/2023              | 06/24/2024              | see below for limits   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
professional liability- 1000000- each medical incident; 2000000-aggregate;  
Abuse or Molestation - 300000 per person, per occurrence, 300000 Aggregate per policy period

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>Polk County, a Political subdivision of the State of Florida<br>330 W. Church St RM150<br>Bartow, FL 33830 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|   | <b>AUTHORIZED REPRESENTATIVE</b><br>   |

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

COMPANY: Markel Insurance Company  
POLICY #: MTA80001082-01      EFFECTIVE DATE: 06/24/2023

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY       BODILY INJURY LIABILITY

NAMED INSURED: Aloha Medical Services, Inc

YEAR: 2012      MAKE: Ford

VIN #: 1FDXE4FSQCD A55878

FLEET COVERAGE:

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

COMPANY: Markel Insurance Company  
POLICY #: MTA80001082-01      EFFECTIVE DATE: 06/24/2023

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY       BODILY INJURY LIABILITY

NAMED INSURED: Aloha Medical Services, Inc

YEAR: 2016      MAKE: Ford

VIN #: 1FDWE3ES9GDC37929

FLEET COVERAGE:

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

COMPANY: Markel Insurance Company  
POLICY #: MTA80001082-01      EFFECTIVE DATE: 06/24/2023

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY       BODILY INJURY LIABILITY

NAMED INSURED: Aloha Medical Services, Inc

YEAR: 2016      MAKE: Ford

VIN #: 1FDYR2CM7GKA62377

FLEET COVERAGE:

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE

**FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD**

COMPANY: Markel Insurance Company  
POLICY #: MTA80001082-01      EFFECTIVE DATE: 06/24/2023

PERSONAL INJURY PROTECTION BENEFITS / PROPERTY DAMAGE LIABILITY       BODILY INJURY LIABILITY

NAMED INSURED: Aloha Medical Services, Inc

YEAR: 2013      MAKE: Ford

VIN #: 1FDXE4FSXDDA52679

FLEET COVERAGE:

(If more than 25 vehicles insured)

NOT VALID FOR MORE THAN ONE YEAR FROM EFFECTIVE DATE



Aloha Medical Services  
402 South 6<sup>th</sup> Ave  
Wauchula, FL 33873

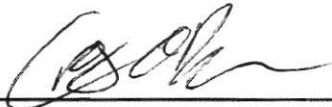
---

---

## Schedule of fees

BLS \$796.32 ALS 1 \$935.63 ALS 2 \$1892.16 SCT \$4159.80

Oxygen \$112.00 Mileage \$30.00

X 

---

Craig Daw  
Director of Operations



Aloha Medical Services  
402 South 6<sup>th</sup> Ave  
Wauchula, FL 33873

Aloha Medical Services Inc agrees to comply with all state and county laws, ordinances, and regulations.  
Including emergency services during a disaster situation.

X 

Craig Daw  
Director of Operations

AFFIDAVIT OF PUBLICATION

Polk News Sun

Published Weekly

Winter Haven, Polk County, Florida


Case No. Aloha Medical Services

STATE OF FLORIDA  
COUNTY OF POLK

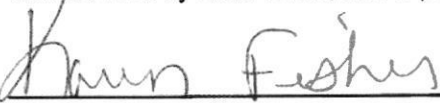
Before the undersigned authority, Anita Swain, personally appeared who on oath says that she is the Classified Advertising Legal Clerk of Polk News Sun, a newspaper published at Winter Haven in Polk County, Florida; that the attached copy or reprint of the advertisement, to the right, being a Public Notice, was published in said newspaper by print in the issues of or by publication on the newspaper's website, if authorized, on:

October 18, 2023

Affiant further says that the Polk News Sun newspaper complies with all legal requirements for publication in chapter 50, Florida Statutes.

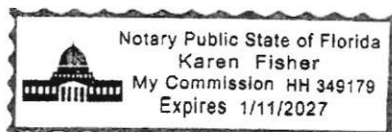
  
Anita Swain

Sworn to and subscribed before me this 18th day of October 2023 by Anita Swain, who is personally known to

  
Karen Fisher, Clerk, Notary Number: #HH349179  
Notary expires: January 11, 2027

00023520 00138532 863-519-

Polk County Fire Rescue  
1295 Brice Blvd  
Bartow, FL 33830



**NOTICE**

**YOU ARE HEREBY NOTICED** pursuant to Polk County Ordinance 12-029, that **Aloha Medical Services**, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an Initial application of their Type G, and Type H Certificate of Public Convenience and Necessity (COPCN) to operate a Basic Life Support Inter-facility Transport Service within the geographical bounds of Polk County, including all incorporated areas. This level of service encompasses ambulance transport of medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses, In accordance with Polk County Ordinance 12-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 1295 Brice Blvd. Bartow, Florida 33830. Any interested person who may be substantially affected by the proposed operation may, within thirty (30) days, file a written objection to the application, specifying the reason therefore, to: Polk County Fire Rescue; 1295 Brice Blvd., Bartow, Florida 33830; Attn: Deputy Chief of Medical Services.

October 18, 2023 138532

***YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 12-029, that Aloha Medical Services, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted an Initial application of their Type G, and Type H Certificate of Public Convenience and Necessity (COPCN) to operate a Basic Life Support Inter-facility Transport Service within the geographical bounds of Polk County, including all incorporated areas. This level of service encompasses ambulance transport of medically necessary patients to and from medical facilities. This does not include any 911 prehospital responses. In accordance with Polk County Ordinance 12-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 1295 Brice Blvd. Bartow, Florida 33830. Any interested person who may be substantially affected by the proposed operation may, within thirty (30) days, file a written objection to the application, specifying the reason therefore, to: Polk County Fire Rescue; 1295 Brice Blvd., Bartow, Florida 33830; Attn: Deputy Chief of Medical Services.***

ALOHA MEDICAL SERVICES, INC  
P.O. BOX 2207  
WAUCHULA FL 33873

9/26/23

1081  
63-670/631

DATE

PAY TO THE  
ORDER OF

Polk County Fire Rescue

\$ 300<sup>00</sup>

three hundred dollars +  $\frac{0}{100}$

DOLLARS  Security features included. Details on back.



FOR LOPCN

⑆063106705⑆

⑆095249⑆

1081

MP