# INITIAL / RENEWAL APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY POLK COUNTY, FLORIDA

This renewal application is for a currently approved, issued and active Certificate of Public Convenience and Necessity ("COPCN") to provide emergency medical care and/or transportation or nonemergency transportation within Polk County, Florida. Polk County, Florida reserves the right to request additional information from the applicant once this application is submitted.

A	Applicantion Type:	Initial 🚫 Ren	ewal 🔘
	Name of business Met	ro EMS Ambulance Services, LLC	
	Address 1004 Plaza Dr	. Office 101 & 104	
	City Kissimmee	State Florida	Zip Code <u>34743</u>
	P.O. Box 470 Citi Centr	e St. 1129	
	City Winter Haven	State Florida	Zip Code <u>33880</u>
	Phone number(s)	863-307-8541	
	(Include area codes)	Business O	Office
		Pager Number	Cell Phone Number
	List names, addresses and/or board of direct Jose Gautier. 321-318-4	NAME OF THE PROPERTY OF THE PR	(all) owner, partners, operator
	Paramedic with 25 yrs o	of everyone listed in Paragraph 4. f experience on the field incluiding sup or for their disciplines, Critical Care an	pevision and managment. Also
	(Section 4) as amende	licant wishes to provide: (Please sed for complete definition of level Life Support Non-Transport (BLS Life Support Transport (BLS Trans	Non-Transport)

7.	herein (complete co	unty or portion	you wish to provide to thereof): in Haines City/Davenpo		. ,
8.	geographical area be Most places around ar transfer patients and fe	eing applied for e asking for prov or patients neede	d or the need for the r:  ride our services due a sieds return back to the coving up with more family	tuations with long unty. This incluing	er times for SNF and
9.	(attach separate she Vehicle Roster attache	eet if needed). ed. ir units are in foll	equipment the applica Also, complete the ve ows of the EMS State De onitors as well.	hicle roster atta	ached.
10.	Number of personne attached.	el to staff each	unit? <u>6 per unit</u> Compl	ete the personn	el roster
11.		rtificates) inclu	th all applicable feder ding ALS and / or BLS a Bureau of EMS)		(25)
12.			of each of the location n, staffing, and phone		1. 15
	Location Address 1004 Plaza Dr. Kiss	Description Main Office	Hours of operation 24 hrs	Staffing EMT/Medic	Phone number 863-307-8541
	Hwy 17 US 192	Station 2	24 hrs	EMT/Medic	same
13.	YES ✓ NO If Y We have two units on	es, explain pro services and we	vailability in case a uni ocedure: are getting a third unit b s on services and for Aug	ack up. etc Our p	lan is for the
14.	Provide written docu emergency services	umentation to during a disast	assist Polk County Fire er situation.	Rescue and an	y other
15.	Will your service tran	nsport patients	out of county? Yes		
16.	Will your service pick	up from othe	counties? Yes the	en return to Pol	k County? Yes

	Land	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.					
	Adding Polk Co to or	ur exiisting COPCN with Osceola	Co.			

- 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:
  - 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;
  - 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 statement applicant agrees to the terms contained h		rue and correct and the
	Signature of Applicant	
	Diccorre	MARCH , 26 2024
	Title	Date
305e A. Gautier as Director		Notary Public State of Florida Ariana M Recalde My Commission HH 167161 Exp. 8/19/2025  NOTARY SEAL/STAMP
Mail completed application and supporting Polk County Fire Rescue Attn: Raf Vittone, Deputy Chief of Medica P.O. Box 1458 Bartow, FL 33831		
For all questions or additional information Raf Vittone, Deputy Chief of Medical Serv rafvittone@polk-county.net 863-519-7413		



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

### ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: METRO EMS AMBULANCE SERVICES LLC Provider Number # 10074

Name of Provider

#### 1004 PLAZA DRIVE KISSIMMEE, FL 34743 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:

OSCEOLA County (s)

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

THIS CERTIFICATE EXPIRES ON: 01/17/2026

This certificate shall be posted in the above mentioned establishment



# Metro EMS Ambulance Services LLC

FEE FOR SERVICES.

BLS Transports \*\*\*\*\*\*

BLS Emergency \$380.00 (for any patient required BLS emergent transport with medical intervention and light/sirens) A0429

BLS non-Emergency \$300.00 (for any patient required BLS transport with minor intervention) A0428

Mileage \$9.00 per mile. This applied for Non-medical, BLS or ALS services and is base from the pickup location to the final destination as the google maps establish per route. Now if the miles are 25.5 is going to be 25 miles, is the case are 25.6 is going to be 26 miles. Sometimes occurs changes out of our hands and can increases or decreases miles by heavy traffic, accidents or other situations. A0425

Non-Medical Stretcher \$75.00 (for discharges services when is approved by the hospital, always is not needed any medical interventions.

This does not apply for Baker Act or Marchman Act due the risk or other factors during the transports.

Bariatric patients: \$550.00 (over 400)

COVID or ISO Transports: \$60 (Extra fees for transports where applied)

Waiting time: \$75.00 every 20 minutes (apply for Non-medical, BLS or ALS for any wait and return services, however if any patient has a delay or not ready at the time of the pickup for issues with paperwork or any other situations, charge can apply and properly notified in the bill. (This just apply in services paid by the hospital if was necessary)

Out of town or over 90 miles transports: Charge of miles (half) for returning back. If the transport is more of 2 hrs. per way, need to be quote.

Stand-by on the facility: \$180 per hour. Need to be coordinate at least 6 hrs. before.

ALS Transports \*\*\*\*\*\*

ALS Emergency: \$480 (for any patient required ALS emergent transport with medical intervention and light/sirens) A0427

ALS non-emergency: \$400 (for any patient required ALS transport with minor medical interventions) A0426

ALS Emergency 2: \$700 (for any patient required major intervention including three rounds of meds, pacemaker, fluids), etc A0433 Vent or Critical Care Patients: \$1,300 (if was necessary and requested per facility) for any patient required full treatment and

mayor interventions or arise medical procedures during transportation from/to Ej: intubation, chest tube, pacemaker, medication

per three times, fluids, or other. A0434-Special Care Transport (SCT)

These fees are from February 01, 2024, with a one-year review from the date signed in acceptance.

Note: All the medical discharges services are billed to the health insurances of the patients with the exception when the hospital called advising hospital paid for it for any special circumstances. List of our contracted insurance we will provide for avoid misunderstood with these services on medical discharges.

Jose Gautier Director

# Metro EMS Ambulance Services, LLC

1004 Plaza Dr. Office 101& 104 Kissimmee, Florida 34743 863-307-8541

# Vehicle Roster.

Brand Fuel	Model	Year	Type	Vin
Ford Gas	E-450	2016	ALS/BLS	1FDXE4FS0GDC47730
Chevrolet Gas	Express 3500	2012	ALS/BLS	1GBZGUCG2C1141173

Any information can contact.

Thanks.

Jose Gautier

Metro EMS Ambulance Services,LLC

#### ADVANCED LIFE SUPPORT VEHICLE INSPECTION

MEDICATIONS	
	MEDICAL EQUIPMENT
. Atropine Sulfate 1mg Qty: Exp	Intraosseous needles 15 or 16 gauge and three way stop-cocks.
. Dextrose 50% Qty:Exp	Syringes: 1ml 3ml 5ml 10ml 20ml
. Epinephrine 1mg/ml Qty: Exp	Cardiac Monitor Batteries Paddles: adult pediatric
Epinephrine 1:10,000 Qty: Exp	EKG PaperA/C cableOthers Adult and pediatric monitoring electrodes
. Adenosine 6mg Qty: Exp	Pacing electrodes: Adult Ped
Amiordarone 150mg Qty: Exp	Blood glucose monitoring
.Sodium Bicarb 8.4% 1mEq)ML Qty: Exp	Pediatric length based measurement tape Intubation Equuipment.
Amidate 2mg/ml, 20 ml Qty:Exp	
.Zofran 2mg/ml Qty:Exp	French Suction catheters sizes:
0. Benadryl 50mg/ml, 1ml vial Qty: Exp	681012141618
	Laryngoscope handle with batteries
1. Naloxone 4mg Qty: Exp	Laryngoscope blades, adult, child and
2. Nitroglycerin 0.4 mg (sub) Qty:Exp	Pediatric IV arm board or splint
3. Atrovent 0.5mg/2.5ml Qty:Exp	
4. Albuterol 2.5mg/3ml Qty:Exp	Disposable endotracheal tubes sizes:
5.Versed 5mg/ml Qty:Exp	2.02.53.03.54.04.55.0
6. Fentanyl 0.05mg/ML, 2ML Qty:Exp	5.56.06.57.07.58.08.5
6. Morphine 4mgl/ml, 1ml Qty:Exp	9.09.510.0KingLMA
8. L/R 500 ml or 1000 ml Qty: Exp 9. N/S 500 ml or 1000 ml Qty: Exp	StyletsPediatric and adult Magill forceps
0. Mag. Sulf. 500 mg/ML 10 ML Qty: Exp	Device for intratracheal meconium
1. Solu-Medrol 125mg/ML Qty:Exp	Suctioning in newborns
2. Lidocaine 100mg/5ml Qty: Exp	
2. Calc. Chlr. 100mg/ML 10 ml Qty: Exp	
4:Others:	
5. Tourniquets	
5: IV's Gauges:	
1. IV's dauges. 4 16 18 20 22 24	
7: Micro drip sets	
8: Macro drip sets	
9: IV pressure infuser	
30: Needles:	
8192021222325	
mments:	

ed by:	Date:
	Date:
Mark Y/N on ea	ch one and quantity of items
Wark 1714 off da	on one and quartity of teems
EHICLE REQUIREMENTS	
xhaust System Y/N	d. Roller gauze Y/N
exterior Lights: Y/N	e. ABD (minimum 5x9 inch) pads Y/N
lead lights (high and low beam) Y/N urn signals Y/N	2. One pair of Bandage Shears Y/N
Brake Lights Y/N	3. One set each, patient restraints – wrist and ankle Y/N
ail Lights Y/N	4. One each blood pressure cuffs: infant, pediatric, and adult. Y/N  5. One stethoscope: pediatric and adult Y/N
Back-up lights and audible warning device Y/N	6. Blankets Y/N
tornY/N	7. Sheets. (not required on non-transport vehicles) Y/N
Vindshield wipers Y/N	<ol> <li>Pillows with waterproof covers and pillowcases or disposable single use pillows. (Not required on nor transport vehicles.) Y/N</li> </ol>
/ehicle free of rust and dents Y/N	One disposable blanket or patient rain cover.Y/N
wo-way radio communication – radio test Y/N	10. One long spine board and three straps or equivalent. Y/N
Hospital (cab and patient compartment) Y/N	One short spine board and two straps or equivalent. Y/N     One each adult and pediatric cervical immobilization device (CID) Y/N
pispatch CenterY/N	13. Set of padding for lateral lower spine immobilization of pediatric patients. Y/N
hther EMS units Y/N mergency Lights Y/N	14. Two portable oxygen tanks, "D" or "E" cylinders, with one regulator and gauge. Each tank must have
mergency Lights Y/N iren Y/N	a minimum pressure of 1000 psi.Y/N
	15. Each transparent oxygen masks; adult, child and infant sizes, with tubing Y/N  16. Set of pediatric and adult nasal cannulae with tubing. Y/N
Two ABC fire extinguishers fully charged and inspected in brackets. Minimum	17. One each hand operated bag-valve mask resuscitators, adult and pediatric accumulator, including
s each.Y/N Doors open properly, close securely. Y/N	adult, child and infant transparent masks capable of use with supplemental oxygen. Y/N
Rear and side view mirrors. Y/N	18. One portable suction, electric or gas powered, with wide bore tubing and tips, which meet the minimum standards as published by the GSA in KKK-A-1822 specifications. Y/N
Windows and windshield Y/N	19. Assorted sizes of extremity immobilization devices. Y/N
RANSPORT VEHICLE REQUIREMENTS	<ol> <li>One lower extremity traction splint. (Pediatric and Adult) Y/N</li> <li>One sterile obstetrical kit to include, at minimum, bulb syringe, sterile scissors or scalpel and cord</li> </ol>
rimary stretcher and three straps.Y/N	clamps or cord-ties. Y/N
uxiliary stretcher and two straps. Y/N	22. Burn sheets.Y/N
wo ceiling mounted IV holders. Y/N	23. One flashlight with batteries.Y/N
wo no-smoking signs. Y/N	24. Occlusive dressings. Y/N  25. Assorted sizes of oropharyngeal airways. Pediatric and AdultY/N
Overhead grab rail. Y/N	26. One installed oxygen with regulator gauge and wrench, minimum "M" size cylinder. (Other installed
quad bench and three sets of seat belts. Y/N nterior lights.Y/N	oxygen delivery systems, such as liquid oxygen, as allowed by medical director.Y/N
xterior floodlights. Y/N	<ol> <li>Sufficient quantity of gloves – suitable to provide barrier protection from biohazards for all crew members. Y/N</li> </ol>
oading lights. Y/N Heat and air conditioning with fan. Y/N	28. Sufficient quantity of each for all crewmembers – Face Masks – both surgical and respiratory
	protective.Y/N
Word-"Ambulance" – sides, back and mirror image front. Y/N MEDICAL EQUIPMENT	29. Assorted pediatric and adult sizes rigid cervical collars as approvedY/N
nstalled suction. Y/N	7.27
	30. Nasopharyngeal airways, French or mm equivalents (infant , pediatric , and adult Y/N  31. One approved biohazardous waste plastic bagY/N
MEDICAL SUPPLIES AND EQUIPMENT	31a. Pediatric length based measurement device for equipment selection and drug dosage Y/N
andaging, dressing and taping supplies: Y/N	<del>- /</del>
olls adhesive, silk or plastic tape.Y/N terile gauze pads, any size Y/N	32. One per crewmember, safety goggles or equivalent meeting A.N.S.I.Z87.1 standard. Y/N
riangular bandages Y/N	33. One bulb syringe separate from obstetrical kit. Y/N
langular bandages f/N	34. One thermal absorbent reflective blanket, Y/N
	35. Two multi-trauma dressings.Y/N
List of Mi	iscellaneous by item and quantity
N. A. C.	
	der State St

, .

# Metro EMS Ambulance Services, LLC

# Employees List and Certification April 2024

Name:	EMT/PMD	License #	Expired	CPR Exp	ACLS Exp	PALS Exp	Critical Care Cert	Evoc
Jose Gautier	PMD	532493	12/1/2024	Jun-24	Aug-24	Jul-24	Υ	Υ
Gabriel Baez	PMD	535877	12/1/2024	Jun-24	24-Jul	Jul-24	N	Υ
Rafael Ventura	PMD	534495	12/1/2024	May-24	Jun-25	Sep-25	Υ	Υ
Nelson Mcnulty	PMD	528893	12/1/2024	Feb-25	28-Feb	1-Jun	Υ	Υ
Anthony Ottaviano	PMD	529594	12/1/2024	Mar-25	Mar-25	Mar-25	Υ	Υ
Samantha Rodriguez	EMT	583606	12/1/2024	Jan-25	N/A	N/A	N/A	Υ
Gabriela Burgos	EMT	584530	12/1/2024	Mar-25	N/A	N/A	N/A	Υ
Joshua Resto	EMT	586738	12/1/2024	Jul-25	N/A	N/A	N/A	Ν
Shande Harriot	EMT	568727	12/1/2024	Apr-25	N/A	N/A	N/A	Υ
Tyler Souza	EMT	585471	12/1/2024	May-25	N/A	N/A	N/A	Υ

RBALLARD



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/27/2024

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.

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). CONTACT Raegan Ballard Ewing, Blackwelder & Duce Ins. 4930 Southfork Drive PHONE (A/C, No. Ext): (863) 647-5187 FAX (A/C, No): (863) 646-6286 E-MAIL ADDRESS: rballard@ebdins.com Lakeland, FL 33813 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Continental Divide Ins Co 35939 INSURER B: Michigan Commercial Insurance Mutual 10998 INSURED Metro EMS Ambulance Services LLC INSURER C: 470 Citi Centre St #1129 INSURER D: Winter Haven, FL 33880 INSURER E INSURER F CERTIFICATE NUMBER: REVISION NUMBER: COVERAGES 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. ADDL SUBR INSR POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE POLICY LOC PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 8/3/2024 8/3/2025 04APM037686-02 ANY AUTO X BODILY INJURY (Per person) OWNED AUTOS ONLY X SCHEDULED BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY PIP 10.000 UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WC100-0143625-2024A 6/14/2024 6/14/2025 1,000,000 E.L. EACH ACCIDENT N N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Polk County, a political subdivision of the State of Florida is included as an Additional Insured as it relates to the Auto Liability. A Waiver of Subrogation applies to the Workers Comp in favor of Polk County, a political subdivision of the State of Florida. 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. Polk County, a political subdivision of the State of Florida 330 W Church St. Rm 150 Bartow, FL 33830 **AUTHORIZED REPRESENTATIVE** 



# CERTIFICATE OF LIABILITY INSURANCE

6/17/2024

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 liqu of such endorsement(s).

	is certificate does not confer rights to	the	cert	ificate holder in lieu of su	contact Raegan	). Ballard			
	ng, Blackwelder & Duce Ins.				PHONE (A/C, No, Ext): (863)		FAX	(863)	646-6286
1930	Southfork Drive				E-MAIL ADDRESS: rballard			(000)	040 0200
_ake	eland, FL 33813								1110 #
							RDING COVERAGE		NAIC#
					INSURER A : Contin		THE STATE OF THE S		35939
INSU	RED				INSURER B : MICHIG	an Comme	rcial Insurance Mutua	1	10998
	Metro EMS Ambulance Serv	ices	LLC		INSURER C :				
	470 Citi Centre St #1129 Winter Haven, FL 33880				INSURER D :				
	Willter Havell, FL 33000				INSURER E :				
					INSURER F:				
				NUMBER:			REVISION NUMBER:		
IN	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY CCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REM TAIN	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF ANY CONTRA DED BY THE POLIC	CT OR OTHER	R DOCUMENT WITH RESP BED HEREIN IS SUBJECT	ECT TO	WHICH THIS
NSR	TYPE OF INSURANCE		SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
LTR	COMMERCIAL GENERAL LIABILITY	IIVOD	VVVD		(HAMIDDITI'II)	(Anni Sori I I I I	EACH OCCURRENCE	s	
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$	
	OTHER:						COMBINED SINGLE LIMIT	\$	4 000 000
Α	AUTOMOBILE LIABILITY						(Ea accident)	\$	1,000,000
	ANY AUTO	Х		04APM037686-01	8/3/2023	8/3/2024	BODILY INJURY (Per person)	\$	
	OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	//5/55 5//5/						PIP	\$	10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	s	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	
	DED RETENTION\$							s	
В	WORKERS COMPENSATION						X PER OTH-		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  N			WC100-0143625-2024A	6/14/2024	6/14/2025	E.L. EACH ACCIDENT	s	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	s	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		1,000,000
	DESCRIPTION OF OPERATIONS BEIOW					1	E.E. DIOLAGE - I OLIGIT LIMIT	-	
						•			
Onlk	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC County, a political subdivision of the S aiver of Subrogation applies to the Wor	tate	of Flo	orida is included as an Ado	ditional Insured as it	relates to th	e Auto Liability.		
CEI	RTIFICATE HOLDER				CANCELLATION				
	Polk County, a political subo	divisi	ion o	f the State of Florida		N DATE TI	DESCRIBED POLICIES BE OF HEREOF, NOTICE WILL CY PROVISIONS.		
	Bartow, FL 33830				AUTHORIZED REPRESI				

# REQUEST FOR LEGAL SERVICES

То:	County Attorney's Office Attention: Brezzi	
From:	Sheila Cox OMD	, Drawer No. FR01
Dept:	Polk County Fire Rescue	Ext
Date:	6/17/2024	
Request	(in detail):Initian application for	COPCN
16/24/	expire e/2024. I an updated Co	re auto hability instrained please be sure to get of the surance or other 21.24
	ndicate any time limits involved a entation.	and attach all necessary
Assign	Inty Attorney office use only: to:	Date:JUN 18 2024
	out: 4-25-24	J 34

# AFFIDAVIT OF PUBLICATION

# Polk Sun

**Published Weekly** 

Winter Haven, Polk County, Florida

Case No. Metro EMS Ambulance 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 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:

July 03, 2024

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

Anita Swain

Sworn to and subscribed before me this 3rd day of July 2024 by Anita Swain, who is personally known to me.

Karen Fisher, Clerk, Notary Number: #HH349179

Notary expires: January 11, 2027

00023520 00160680 863-519-

Polk County Fire Rescue 1295 Brice Blvd Bartow, FL 33830



# NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 72-029, that Metro EMS Ambulance services, LLC Type G & Type H, a licensed for-profit pre-hospital ambulance provider by the State of Florida. Department of Health has submitted on initial application of their Type H and Type G 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 977 prehospital responses. In accordance with Polk County Ordinance 72-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 7295 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; 7295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director.

July 3, 2024 160680

#### NOTICE

YOU ARE HEREBY NOTICED pursuant to Polk County Ordinance 72-029, thot Metro EMS Ambulance services, LLC Type G & Type H, a licensed for-profit pre-hospital ambulance provider by the State of Florida, Department of Health has submitted on initial application of their Type H and Type G 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 977 prehospital responses. In accordance with Polk County Ordinance 72-029 further information on the application is available at the Polk County Fire Rescue Administrative Offices; 7295 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; 7295 Brice Blvd., Bartow, Florida 33830; Attn: Office of Medical Director. July 3, 2024 160680

NAME MOLIO EMS Ambilance ACCT. NO. 444305 5383	DATE MAICH -25-2024
PAYTOTHE POIK COUNTY FIRE RES	63-1482/670
Three Hundred Dollars -	_ 50/160 DOLLARS Security feature
Bank  America's Most Convenient Bank®  FOR COPEN Application Polkes.	for AH