

**INITIAL / RENEWAL APPLICATION FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
NASSAU COUNTY, FLORIDA**

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

Application Type: Initial Renewal

1. Name of business Liberty Ambulance Service Inc.

2. Address 1626 Atlantic University Circle

City Jacksonville State Florida Zip Code 32207

P.O. Box N/A

City N/A State N/A Zip Code N/A

3. Phone number(s) (904)721-0008
(Include area codes) Business Office

_____ _____
Pager Number Cell Phone Number

4. List names, addresses and day time phone numbers of (all) owner, partners, operator and/or board of directors of corporation.

Michael Assaf - President CEO (904)721-0008 Ext.228
Jim Timmer - Director of Operations (904)721-0008 Ext.227
David Assaf - Operations Chief (904)721-0008 Ext.225
Wayne Caine - Director of Compliance (904)721-0008 Ext.226

5. State the experience of everyone listed in Paragraph 4.

Michael Assaf - Paramedic 27 Years
Jim Timmer - Operational manager 20 years
David Assaf - Paramedic 11 Years
Wayne Cain - Billing/Compliance 20 Years

6. Indicate the level applicant wishes to provide: (No 9-1-1 calls for service in Nassau County except as requested by Nassau County Fire Rescue)

- Type B – Basic Life Support Non-Transport (BLS Non-Transport)
- Type C – Basic Life Support Transport (BLS Transport)
- Type D – Advanced Life Support Non-Transport (ALS Non-Transport)
- Type E – Advanced Life Support Transport (ALS Transport)
- Type F – Prehospital Air Ambulance Service
- Type G – ALS Interfacility Transport Service
- Type H – BLS Interfacility Transport Service

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

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

Multiple nursing facilities, hospitals, and hospice centers located in the county requiring non 911 transport to specific facilities. Partnered with Community Hospice for Paramedicine program.

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.

Zoll X-series Cardiac Monitor/Defibrilators + Care Fusion Med System 3 IV pump
 Zoll Z-Vent Mechanical Ventilators + Zoll AutoPulse CPR Device

10. Number of personnel to staff each unit? 2

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
1626 Atlantic University Circle	Admin./Station 1	24/7	Varies	904-721-0008
3600 Peoria Rd Orange Park	Station 3	24/7	Varies	904-721-0008
1169 6th St Macclenny Fl	Station 7	24/7	1 ALS Unit	904-721-0008

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

If any unit requires to be placed into a back up unit the crew will bring unit to main station if possible and all ALS equipment will be swapped in a timely manner to put unit back into service.

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

15. Will your service transport patients out of county? Yes

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

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

Land Water Air

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

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

- a. To indemnify Nassau 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 Nassau County, when requested to do so by public safety agencies, in an emergency situation or in accordance with established agreements;
- e. Keep posted at all the principal business locations in Nassau 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. Keep such records as may be required by Nassau County Fire Rescue Department or Nassau County Board of County Commissioners, and
- h. Operate in conformance with state law 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.

Spencer Jones
Signature of Applicant

CCEMT-P/ PR-Community Liason
Title

10/27/2020
Date

STATE OF FLORIDA
COUNTY OF DUVAL

This foregoing instrument was acknowledged before me
this 27th day of OCTOBER, 2020, by
WYNNE HALE
as NOTARY PUBLIC (title)
for LIBERTY AMBULANCE
(Company Name)

Wynne Hale
Notary Signature

NOTARY SEAL/STAMP

Personally Known OR Produced Identification

Type of Identification produced:



Mail completed application and supporting documents to:
Nassau County Fire Rescue
Attn: Greg Roland, Assistant Chief
96160 Nassau Place
Yulee, FL 32097

For all questions or additional information please contact:
Greg Roland, Assistant Chief
groland@nassaucountyfl.com
904-530-6602



October 27, 2020

Re: COPCN application item 14

To whom it may concern,

This letter is to inform the intent of Liberty Ambulance Service Inc, that in the event of a disaster situation we will assist to the best of our abilities. We cherish our relationship with Nassau County and Nassau County Fire Rescue. In the event we are needed to assist we will allocate as many resources as possible to assist during any operational periods that are included within the parameters of a disaster situation.

Kindest regards,

Spencer Jones CCEMT-P

Public Relations, Community Liaison
Liberty Ambulance Service
904-721-0008 ex. 265

1626 ATLANTIC UNIVERSITY CIRCLE
JACKSONVILLE, FLORIDA 32207
TELEPHONE: (904) 721-0008

Liberty Ambulance Service ALS/BLS Units									
Unit #	VIN #	Mileage	License Plate #	Year	Make	Model	Fuel Type	BLS Permit #	ALS Permit #
Liberty 1	1FDSS3EL3BDB09390	278948	MIM 831	2011	Ford	E350	Gasoline	4700	20900
Liberty 2	1FDWE3FL9FDA05208	233737	MIK 92E	2015	Ford	E350	Gasoline	5227	19295
Liberty 3	1FDSS3EL9EDB06997	192219	MIN 61E	2014	Ford	E350	Gasoline	4802	20901
Liberty 5	1FDSS3EL7EDB14628	168016	MIN 64E	2014	Ford	E350	Gasoline	5999	22716
Liberty 7	1FDYR2CM8GKA96585	144106	MIP 88F	2016	Ford	Transit	Gasoline	5006	20903
Liberty 8	1FDWE35F03HB73044	368147	MIR56M	2003	Ford	E350	Diesel	5228	17090
Liberty 12	1FDXE4FP9AD434732	175000	MIP 93F	2010	Ford	E450	Diesel	5247	20913
Liberty 13	1FDSS3EL1EDB14575	106918	MIN 63E	2014	Ford	E350	Gasoline	5229	19147
Liberty 14	1FDXE4F51HDC09523	250005	MIP 90F	2017	Ford	E450	Gasoline	5230	20370
Liberty 15	1FDWE3F50CDA90653	235562	MIK 95E	2012	Ford	E350	Gasoline	5231	17737
Liberty 16	1FDYR2CM1GKA21338	169474	MFZ 80F	2016	Ford	Transit	Gasoline	5124	20904
Liberty 17	1FDWE3F55ADA74462	78597	MIM56E	2010	Ford	E350	Gasoline	5232	19322
Liberty 18	1FDYR2CM3HK835701	61610	MIN 62E	2017	Ford	Transit	Gasoline	5248	20914
Liberty 19	1FDYR2CM9HK835699	80807	MIN 59E	2017	Ford	Transit	Gasoline	5249	20915
Liberty 21	1GBJG316871215302	406306	U80 72I	2007	Chevrolet	3500	Diesel	5234	20898
Liberty 22	1FDYR2CM6GKA96584	130200	MIT92Q	2016	Ford	Transit	Gasoline	5005	20905
Liberty 23	1HA6GUCG8IN000091	23964	MIT94Q	2018	Chevrolet	4500	Gasoline	5496	21323
Liberty 24	1FDYR2CM5JKA07160	34070	MIN 60E	2018	Ford	Transit	Gasoline	5495	21322
Liberty 25	1GBJG316X91156725	354115	U79 68I	2009	Chevrolet	3500	Diesel	5235	16278
Liberty 27	3D6WC6L49G514216	424025	AEI F27	2009	Chrysler	Ram 4500	Diesel	5237	16615
Liberty 28	1FDWE3F58BDA01975	401668	AEI F26	2011	Ford	E350	Gasoline	5238	16593
Liberty 29	1FDWE3F5XCDA08881	316123	MIK 13E	2012	Ford	E350	Gasoline	5239	21321
Liberty 30	1FDWE3F51CDA08882	233537	BAD Y64	2011	Ford	E350	Gasoline	5240	16039
Liberty 31	1FDWE3F51CDA90659	243500	MIP 89F	2012	Ford	E350	Gasoline	5241	17753
Liberty 32	1FDWE3F52FDA05221	292300	MIM 35R	2015	Ford	E350	Gasoline	5242	18803
Liberty 33	1FDYR2CM0JKA48327	3900	U8095I	2018	Ford	Transit	Gasoline	5835	22270

RETIRED:

Liberty 4									
Liberty 6									
Liberty 9									
Liberty 11									
Liberty 20	1FDWE35P98DB52328	320707	Transferred L33	2008	Ford	E350	Diesel	5233	20897
Liberty 26	1GBJG316091133969	342525	U79 67I	2009	Chevrolet	3500	Diesel	5236	20899
Liberty 10	1FDXE4F5F32HA61444	258553	MIK 96E	2002	Ford	E450	Diesel		16276



STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: LIBERTY AMBULANCE SERVICE, INC. Provider Number # 1606
Name of Provider

1626 ATLANTIC UNIVERSITY CIRCLE, JACKSONVILLE, FLORIDA 32207
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:

BAKER, CLAY, DUVAL, NASSAU, ST. JOHNS & UNION
County (s)

A handwritten signature in black ink, appearing to read "Steve A. McCoy".

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 05/23/2022

This certificate shall be posted in the above mentioned establishment



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/03/2020

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).

PRODUCER Brown & Brown of Florida, Inc. 10151 Deerwood Park Blvd Bldg 100, Ste 100 Jacksonville FL 32256		CONTACT NAME: Lori Duvall CIC PHONE (A/C, No, Ext): (904) 565-1952 E-MAIL ADDRESS: lduvall@bbjax.com	FAX (A/C, No): (904) 565-2440
INSURED Liberty Ambulance Service 1626 Atlantic University Circle Jacksonville FL 32207		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Capitol Specialty Insurance Corporation	NAIC # 10328
		INSURER B: Continental Divide Insurance Company	35939
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 20/21 COI **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 INSD	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MM20182374-03	09/03/2020	09/03/2021	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 \$ 1,000,000 Sexual Misconduct \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			05APM021598-02	09/03/2020	09/03/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 20,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE LIMIT (Ea accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

EVIDENCE OF COVERAGE
Insurance Purposes Only

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.

AUTHORIZED REPRESENTATIVE

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2020 Part B FL Ambulance Fee Schedule – Locality 99
 Effective January 1, 2020

Event	CODE	Bill	Allowable	Payable
Mileage	A0425	\$10.00	7.62	6.10
ALS non	A0426	\$500.00	273.21	218.57
ALS emerg	A0427	\$550.00	432.58	346.06
BLS non	A0428	\$400.00	227.68	182.14
BLS emerg	A0429	\$450.00	364.28	291.42
ALS level 2	A0433	\$650.00	626.11	500.89
SCT	A0434	\$780.00	739.94	591.95

* Allowable effective for claims with dates of service on or after January 1, 2020.



October 27, 2020

To whom it may concern,

Liberty Ambulance Service would like to request the renewal of our Certificate of Public Convenience and Necessity that expires on December 31, 2020.

We have enjoyed a great relationship for many years with Nassau County Emergency Services and look forward too many more. Our company continues to grow and strives to achieve excellence in compassionate quality patient care.

We would also like to thank the Nassau County Board of Commissioners for the past approvals as we seek to continue our partnership to help protect and care for the citizens of your county.

Kindest regards,

Spencer Jones CCEMT-P

Public Relations, Community Liaison
Liberty Ambulance Service
904-721-0008