

Agenda Item #: 4E

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: May 20, 2008

Consent Regular
 Public Hearing

Department

Submitted By: PUBLIC SAFETY

Submitted For: Emergency Management / EMS

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: The renewal of a "Special Secondary Service" Certificate of Public Convenience and Necessity (COPCN) Advanced Life Support, First Response, Non-Transport Service.

Summary: Security Services of America LLC, Elite Protection Services provides private security and Advanced Life Support (ALS) first response, non-transport service to the gated community of Delaire Country Club. The residents of Delaire Country Club wish to have Security Services of America LLC, Elite Protection Services provide ALS first response, non-transport services as part of their security services. The County Emergency Medical Services Office, Emergency Medical Services Advisory Council, and Delray Beach Fire-Rescue have reviewed the application and recommend approval for a renewal of a "Special Secondary Service Provider - Non-Transport, ALS, First Response COPCN to be issued to Security Services of America LLC, Elite Protection Services for operation restricted to the confines of the community of Delaire Country Club. They would operate under a "Memorandum of Understanding" with Delray Beach Fire Rescue, the primary ALS transport provider for the area. District 5 (DW)

Background and Justification: Security agencies for private communities provide rapid response to medical emergencies and have the capability to provide advanced life support until the primary ALS agency arrives. Florida statutes and the County EMS Ordinance (#2006-040) require each private security agency providing ALS service to obtain a County "Special Secondary Service Provider - Non-Transport, ALS First Response COPCN. Security Services of America LLC, Elite Protection Services provides security services to two other gated communities. Security Services of America LLC, Elite Protection Services applied for the renewal of the COPCN and the EMS Office has found Security Services of America LLC, Elite Protection Services' application and all related requirements to be in compliance with EMS Ordinance (2006-040). The COPCN term is to be valid from May 21, 2008 until the community terminates its contract with Security Services of America LLC, Elite Protection Services.

Attachments:

- A. Letter from Delaire Country Club Property's Owner's Association, Inc.
- B. Letter from EMS Advisory Council.
- C. Copy of agreement with Delray Beach Fire Rescue
- D. COPCN (2 copies)

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Recommended and Approved by:

Vincent J. Benvenuto 4/3/08
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	=====	=====	=====	=====	=====

NO. ADDITIONAL FTE POSITIONS (Cumulative) _____

Is Item Included In Current Budget? Yes ___ No ___
 Budget Account No.: Fund ___ Agency ___ Org. ___ Object ___
 Reporting Category _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:
There is no fiscal impact to the County associated with the agenda item.
adwhite 4-14-08 *Jan J. Jacoby 4/15/08*
[Signature] 4/11/08 OFMB *[Signature]* 4/16/08 Contract Administration *[Signature]* 4/15/08

B. Legal Sufficiency:
[Signature] 4/16/08
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

Mar 20 08 12:08p

P. 2

Delaire
Country Club
Property Owner's Association, Inc.
4645 White Cedar Lane
Delray Beach, FL 33445
499-9090

March 20, 2008

To: Palm Beach County Office of EMS
Palm Beach County Board of County Commissioners

It is the intent of Delaire Country Club to have Security Services of America, LLC, Elite Protection Services serve as our provider of Security and non-transport emergency medical services for the duration of our mutual contract, which extends from January 1, 2007 through January 1, 2009.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. J. ...', written over a horizontal line.

Representation from Board of Directors,
Delaire Country Club



**Department of Public Safety
Division of Emergency Management**

20 S. Military Trail
West Palm Beach, FL 33412
(561) 712-6400
Fax: (561) 712-6464
www.pbcgov.com



**Palm Beach County
Board of County
Commissioners**

Addie L. Greene, Chairperson
Jeff Koons, Vice Chair
Karen T. Marcus
Robert J. Kanjian
Mary McCarty
Burt Aaronson
Jess R. Santamaria

County Administrator
Robert Weisman

*"An Equal Opportunity
Affirmative Action Employer"*

March 19, 2008

Addie Green, Chairperson for the Board of County Commissioners
301 North Olive Avenue, 12th Floor
West Palm Beach, FL 33401

Dear Commissioners:

The EMS Advisory Council at its March 20, 2008 meeting was held and was to recommend that the Board of County Commissioners approve to renew a "Special Secondary Service" Certificate of Public Convenience and Necessity (COPCN) to Security Services of America LLC., Elite Protection Service to provide Advanced Life Support, first response, non-transport service to Delaire Country Club for the period May 21, 2008 through May 21, 2014. The Council was without a quorum or a Chairperson at the meeting. The EMS Office has reviewed the documentation and is requesting approval without a recommendation from the Council.

Respectfully,

Sally Waite
EMS Manager
Palm Beach County EMS Office

**AGREEMENT
BETWEEN THE CITY OF DELRAY BEACH FIRE-RESCUE DEPARTMENT
AND SECURITY SERVICES OF AMERICA LLC,
ELITE PROTECTION SERVICES**

THIS AGREEMENT is entered into this 3rd day of March, 2008,
between the **CITY OF DELRAY BEACH, FLORIDA**, on behalf of the **FIRE-RESCUE
DEPARTMENT** (hereinafter referred to as "Fire-Rescue") and **ELITE PROTECTION
SERVICES** (hereinafter referred to as "Elite").

WITNESSETH:

WHEREAS, the **City of Delray Beach** on behalf of **Fire-Rescue**, desires to enter into this Agreement with **Elite** for the purpose of establishing dispatch protocols, the roles and responsibilities of first responder personnel at an emergency scene, and the documentation required for patient care rendered pursuant to Chapter 64E-2 of the Florida Administrative Code.

NOW, THEREFORE, the parties agree as follows:

1. **Recitations**. The above recitations are incorporated as if fully set forth herein.
2. **Dispatch Protocols**.
 - a) **Dispatch**. The City of Delray Beach 911 Emergency Dispatch Center shall be the primary public safety answering point for all requests for emergency medical assistance within Delaire Country Club and will be responsible for the dispatch of **Fire-Rescue** units. **Elite** agrees to advertise the use of 911 for the reporting of fire and medical emergencies and to discourage its residents from notifying **Elite** before

using the 911 system. **Elite** will advertise no other number to the residents of Delaire Country Club for the purpose of reporting fire and medical emergencies. **Elite** will immediately retransmit all requests for fire and emergency medical assistance to the **City's** communications center.

b) **Communications While En Route.** Radio communications between **Fire-Rescue** and **Elite** while en route will be accomplished using the assigned MED/COM frequency. Such communications shall be utilized when the patient or the scene is unstable, when necessary to affect the safety of responding personnel and, when necessary to transmit vital information to the responding **Fire-Rescue** unit. In addition, **Elite** shall notify the responding **Fire-Rescue** unit upon completion of the primary survey of the patient, when situation permits.

3. **First Responder Roles and Responsibilities.**

a) **Intent.** The intent of this section is to identify **Elite's** responsibility to both the patient and to Delray Beach Fire-Rescue. It is also to clearly establish **Fire-Rescue** as the final authority over patient care and transport, as provided by current Certificate of Public Convenience and Necessity issued by Palm Beach County.

b) **Responsibility Upon Arriving.** Upon arriving at an emergency scene, **Elite** will assess for scene safety and determine whether it is feasible to enter. If the scene is not safe, **Elite** will retreat to safety. **Elite** will notify all other responding units of the situation and request law enforcement to respond. **Elite** will stay until the arrival of **Fire-Rescue**, at which time, **Fire-Rescue** will assume responsibility for the call.

c) **Patient Assessment.** Upon patient contact, **Elite** shall begin patient assessment and initiate care of any sick or injured person.

d) **Care Protocols.** All care provided by **Elite** shall be in accordance with the Palm Beach County Uniform Advanced Life Support Protocols, as adopted by the Palm Beach County EMS Medical Directors Association. **Elite** shall also provide to **Fire-Rescue** a copy of their infectious diseases policy and procedures.

e) **First Responder Duties.** **Elite** will function only as an ALS First Responder by using certified Paramedics carrying a full set of Advanced Life Support medications and equipment as required by Chapter 401, Florida Statutes and Chapter 64E-2, Florida Administrative Code for an Advanced Life Support, Non-Transport vehicle. Such care shall only be provided prior to the arrival of **Fire-Rescue** units and only within the private property of Delaire Country Club.

f) **Transport Decisions.** Decisions concerning the transport of emergency medical patients shall remain the sole authority and responsibility of **Fire-Rescue**. **Fire-Rescue** shall be the exclusive provider of Advanced Life Support transport.

4. **ALS First Responder Qualifications.** **Elite's** Paramedics shall be certified by the State of Florida and will meet all qualifications and educational requirements as set forth in Chapter 401, Florida Statutes, and Chapter 64E-2 Florida Administrative Code.

5. **Documentation of Patient Care Rendered by First Responder.**

a) **Documentation Requirements.** **Elite** shall provide documentation

required for patient care pursuant to Charter 64E-2 of the Florida Administrative Code. In addition, but not as a limitation, **Elite** will provide to **Fire-Rescue** written documentation of vitals (with time taken), chief complaint, age and sex of patient, assessment findings, interventions, by whom performed and time performed. Such information shall be provided to the responding **Fire-Rescue** unit verbally upon arrival of that unit and prior to **Fire-Rescue's** departure from the scene, in a preliminary, written report to include at a minimum, vital signs, chief complaints and all interventions.

b) **Quarterly Reports.** **Elite** will provide to **Fire-Rescue** on a quarterly basis copies of all medical run reports to which **Elite** responded to on Delaire Country Club's property. Such report shall include all patient assessments, treatments/interventions, responses to treatments/interventions, response, assessment and treatment times. The paramedic rendering treatment must sign the medical report. **Fire-Rescue** shall use these reports for Quality Assurance, purposes, and as such, they shall be deemed confidential. All such reports will be forwarded to **Fire-Rescue** Headquarters, in care of the Rescue Division.

6. **Notification of Exposure to Infectious Disease.** If a potential or actual exposure to infectious disease occurs during a call within Delaire Country Club, **Fire-Rescue** shall notify **Elite** as soon as **Fire-Rescue** has confirmed same with the receiving hospital. Should **Elite** become aware of a potential or actual exposure that involves response personnel, **Elite** shall notify **Fire-Rescue** as soon as possible. Each agency shall be responsible for providing appropriate care to its own personnel in the event of such an exposure.

7. **Period of Agreement.** This Agreement shall begin March 3, 2008, 2008, and shall end March 3, ²⁰¹¹~~2008~~, unless terminated earlier as herein provided. This Agreement may be renewed for a period of one additional year, upon the express written consent of the City.

8. **Termination.** This Agreement may be terminated without cause by either party, upon receipt of written notice to the other party. In addition, this Agreement may be terminated by the City for cause, which shall include, but not be limited to lack of compliance with applicable rules, laws and regulations; failure to perform in a timely manner; conduct injurious to proper patient care and safety or any other reasonable cause. Termination for cause shall be effective upon mailing or hand-delivery of a Notice of Cancellation.

9. **Indemnification.** **Elite** shall indemnify and hold harmless the City of Delray Beach and its officers, agents and employees for any cause of action or claim of whatever kind or nature including, but not limited to, negligence, gross negligence, intentional torts arising out of the performance of this Agreement, including every act or omission in the performance of this Agreement. This indemnification and hold harmless agreement shall not include any negligent acts of the City. The City does not waive its immunity under Fla. Stat. 768.28.

10. **Insurance.** **Elite** shall obtain Comprehensive Liability Insurance in the amount of \$1,000,000.00 per occurrence from a company rated A+ or better by the BEST Guide. **Elite** shall name the City as an additional insured. The insurance

certificate shall state that the City shall have thirty (30) day's prior notice of cancellation. This insurance shall remain in full force and effect during the term of this Agreement.

11. **Notice and Contact**. All notices shall be in writing and sent to the address listed below.

- a) Name, address, telephone number and fax number of the contact person for the City is as follows:

Chief David James
Delray Beach Fire Department
501 West Atlantic Avenue
Delray Beach, FL 33444
Phone: (561) 243-7410
Fax: (561) 243-7461

- b) Name, address, telephone number and fax number of the contact person for Elite Protection Services is as follows:

Scott R. Lord, Director of EMS
5840 Corporate Way, #102
West Palm Beach, FL 33418
Phone: (561) 478-9983
Fax: (561) 478-9910

12. **Venue**. This Agreement shall be construed under the laws of the State of Florida, and venue for any actions arising out of this Agreement shall lie in Palm Beach County. If any provision hereof is in conflict with any applicable statute or rule, or is otherwise unenforceable, then such provision shall be deemed null and void to the extent of such conflict, and shall be deemed severable, but shall not invalidate any other provision of this Agreement.

13. **Waiver**. No waiver by the City of any right or remedy granted hereunder or failure to insist on strict performance by **Elite** shall affect or extend or act as a waiver of any other right or remedy of the Department hereunder, or affect the subsequent

exercise of the same right or remedy by the City for any further or subsequent default by **Elite**. Any power of approval or disapproval granted to the Department under the terms of this Agreement shall survive the terms and life of this Agreement as a whole.

14. **Counterparts**. The Agreement may be executed in any number of counterparts, any one of which may be taken as an original.

15. **Legal Authority**. Each party represents that the person signing this Agreement has the legal authority to bind the parties to this Agreement.

16. **Modification; Entire Understanding**. This Agreement may be amended, in writing, by mutual agreement of the parties. All prior understanding and agreements between the parties with respect to such matters are merged into this Agreement which alone, fully and completely express their understanding.

17. **No Assignment**. This Agreement shall not be assigned.

18. **City Signature Required**. This Agreement shall not be valid, unless signed by the City Manager or the Mayor.

19. **Filing of Agreement Required**. This Agreement shall not be valid unless filed with the Bureau of Emergency Services, Department of Health, 4052 Bald Cypress Way, Tallahassee, FL 32399-1738, in accordance with the Florida Administrative Code, pursuant to Florida Statute Section 401.435.

IN WITNESS WHEREOF, the parties have caused this Agreement and one counterpart, both of which shall constitute originals, to be executed by its proper officers hereto duly authorized on the year and date first above written.

ATTEST:

Cherelle D. Nelson
City Clerk

CITY OF DELRAY BEACH, FLORIDA

By: David T. Harden
David T. Harden, City Manager

Approved as to Form:

By: Terrell Olyon
ASST. City Attorney 2/26/08

By: David James
Chief David James
Delray Beach Fire-Rescue

By: Randall Wolff
Randall Wolff, MD, Medical Director
Delray Beach Fire-Rescue

SECURITY SERVICES OF AMERICA,
L.L.C.
ELITE PROTECTION SERVICES

By: Ray Pradines
Ray Pradines
(Name Printed or Typed)
Chief- EMS
Title

STATE OF FLORIDA
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 26th day of February, 2008, by Raymond Paul Pradines (name of officer or agent, title of officer or agent) of Elite Protection Services (name of corporation acknowledging), a _____ (state or place of incorporation) corporation, on behalf of the corporation. He/She is personally known to me or has produced Drivers License (type of identification) as identification.

D. Key
Signature of Notary Public - State of Florida



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE
03/10/2008

PRODUCER Willis North America, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 372305191		877-945-7378		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Elite Security, Inc. dba: Elite Protection Services 5840 Corporate Way, Suite #102 West Palm Beach, FL 33407		INSURERS AFFORDING COVERAGE		NAIC#	
		INSURER A: ACE American Insurance Company		22667-101	
		INSURER B: American Home Assurance Company		19380-076	
		INSURER C: Indemnity Insurance Company of North Amer		25348-100	
		INSURER D: Lexington Insurance Company		19437-000	
		INSURER E: Hartford Fire Insurance Company		19682-104	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> S.I.R. \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	XSLG21702869	11/1/2007	11/1/2008	EACH OCCURRENCE	\$ 2,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$ 2,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COMP/OP AGG	\$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	ISAH08013263	11/1/2007	11/1/2008	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
A	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> Garagekeepers Legal	ISAH08013263	11/1/2007	11/1/2008	AUTO ONLY - EA ACCIDENT	\$ 1,000,000
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	9835295	11/1/2007	11/1/2008	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
						\$
						\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WLRC44466806	11/1/2007	11/1/2008	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
					E.L. EACH ACCIDENT	\$ 2,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
D	OTHER. Excess Auto	6502095	11/1/2007	11/1/2008	\$2,000,000 Limit Each Accident	
E	Employee Dishonesty / Fidelity	00FA024632807	11/1/2007	11/1/2008	\$1,500,000 Each Occurrence	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Branch 4060

General Liability includes: Elevator Liability, Explosion & Collapse Hazard, Underground Hazard, Contractual Insurance, Broad Form Property Damage, Independent Contractors and Owners, Contractors, Tenants & Landlords Liability, and Premises/Operations.

CERTIFICATE HOLDER

CANCELLATION

City of Delray Beach, Fire Rescue
 501 West Atlantic Avenue
 Delray Beach, FL 33444

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Janet J. Smith

Willis**CERTIFICATE OF LIABILITY INSURANCE** Page 2 of 3DATE
03/10/2008

PRODUCER

877-945-7378

Willis North America, Inc.
26 Century Blvd.
P. O. Box 305191
Nashville, TN 372305191

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC#

INSURED

Elite Security, Inc.
dba: Elite Protection Services
5840 Corporate Way, Suite #102
West Palm Beach, FL 33407

INSURERA: ACE American Insurance Company	22667-101
INSURERB: American Home Assurance Company	19380-076
INSURERC: Indemnity Insurance Company of North Amer	25348-100
INSURERD: Lexington Insurance Company	19437-000
INSURERE: Hartford Fire Insurance Company	19682-104

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Medical Professional Liability Policy No. LHM809049 3/13/2008 - 3/13/2009

Carrier: Landmark American Insurance Company/33138-000

\$5,000,000. Limit per occurrence

\$5,000,000. Aggregate

City of Delray Beach is included as an Additional Insured as respects to General Liability, as required by contract.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Security Services of America L.L.C., Elite Protection Services to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-40), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from May 21, 2008 to May 21, 2014.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:



Area(s): Delaire Country Club

Service Endorsed: Special Secondary Service Provider – ALS Non – Transport



Director, Division of Emergency Management

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

Chair, Board of County Commissioners

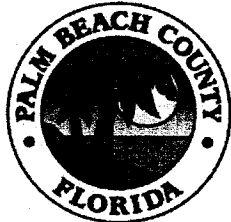
BY

County Attorney

Certificate of Public Convenience and Necessity Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Security Services of America L.L.C., Elite Protection Services to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2006-40), the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from May 21, 2008 to May 21, 2014.

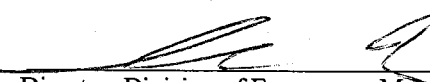
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as follows:




Area(s): Delaire Country Club

Service Endorsed: Special Secondary Service Provider – ALS Non – Transport




Director, Division of Emergency Management

**APPROVED AS TO FORM
AND LEGAL SUFFICIENCY**


Chair, Board of County Commissioners

BY


County Attorney