

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

=====  
**Meeting Date: May 21, 2013**                     **Consent**                     **Regular**  
     **Ordinance**                     **Public Hearing**

**Department:**                **Department of Public Safety**  
**Submitted By:**           **Department of Public Safety**  
**Submitted For:**           **Division of Emergency Management**

**I. EXECUTIVE BRIEF**

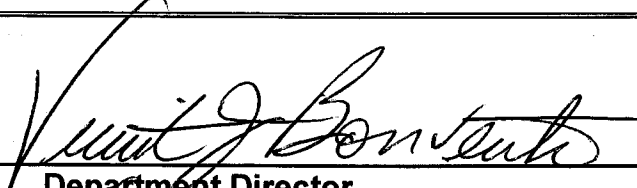

**Motion and Title:** **Staff recommends motion to: Approve** the issuance of a "Special Secondary Service Provider" Certificate of Public Convenience and Necessity (COPCN) to ABM Security Services, Inc. DBA Elite Protection Services, a private security provider agency, to allow the agency to provide Advanced Life Support Service (ALS) first response, non-transport services to the private gated community of Mirasol Country Club.

**Summary:** ABM Security Services, Inc. DBA Elite Protection Services provides Security Service to the private gated community of Mirasol Country Club. The residents of Mirasol Country Club wish to have ABM Security Services, Inc. DBA Elite Protection Services provide Advanced Life Support first response, non-transport EMS services as part of their security services. The County Emergency Management Office, and Palm Beach Garden's Fire Rescue have reviewed the application and recommend the approval of a Special Secondary Service Provider – Non-Transport COPCN be issued to ABM Security Services, Inc. DBA Elite Protection Services for operation restricted to the confines of the community of Mirasol Country Club **(PGE)**

**Background and Justification:** ABM Security Services, Inc. DBA Elite Protection Services provides security to private communities for rapid response to medical emergencies and has the capability to provide advanced life support until the primary ALS agency arrives. Florida statutes and the County EMS Ordinance (#2010-056) requires each private security agency providing ALS service to obtain a "Special Secondary Service Provider - Non-Transport" COPCN. ABM Security Services, Inc. DBA Elite Protection Services provides security services to the community of Mirasol Country Club and has applied for a COPCN to provide Advanced Life Support (ALS) first response, non-transport services to the residents of Mirasol Country Club. Staff recommends the approval of a COPCN for the period of May 21, 2013 until their contractual agreement with Mirasol Country Club is terminated as per the terms in the County EMS Ordinance (#2010-056).

- Attachments:**
- 1.     COPCN Application
  - 2.     COPCN's (2)
  - 3.     Palm Beach Post Proof of Publication

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<b>Recommended by:</b>		<b>5/1/13</b>
	Department Director	Date
<b>Approved By:</b>		<b>5/1/13</b>
	Assistant County Administrator	Date

**I. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact**

<b>Fiscal Years</b>	<b><u>2013</u></b>	<b><u>2014</u></b>	<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	0	_____	_____	_____	_____
External Revenues	0	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>Net Fiscal Impact</b>	<b>0</b>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Account Exp No: Fund Department Unit Object  
 Rev No: Fund Department Unit Source

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

There is no fiscal impact associated with this item.

Departmental Fiscal Review: Stephanie Depina 4/30/13

**II. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Dev. and Control Comments:**

[Signature] 5/3/2013  
 OFMB  
 5/3/13

[Signature] 5/8/13  
 Contract Administration  
 5-8-13

**B. Legal Sufficiency:**

[Signature] 5/8/13  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director  
 This summary is not to be used as a basis for payment.



**PALM BEACH COUNTY  
DEPARTMENT OF PUBLIC SAFETY  
OFFICE OF EMERGENCY MEDICAL SERVICES  
Form 0988**



**APPLICATION FOR  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

Applying for renewal \_\_\_\_\_ EMS Certificate

Applying for new   X   EMS Certificate

Certificate term from \_\_\_\_\_ to \_\_\_\_\_

**ENDORSEMENTS REQUESTED:**

**"ALS SERVICE"** (Primary ALS Provider, does not routinely transport) \_\_\_\_\_

**"ALS TRANSPORT SERVICE"** (Primary ALS Provider, routinely transports) \_\_\_\_\_

**"SECONDARY PROVIDER ALS TRANSPORT"** (Private ambulance provider) \_\_\_\_\_

Your agency routinely transports ALS & BLS \_\_\_\_\_ ALS only \_\_\_\_\_

**"SPECIAL SECONDARY SERVICE PROVIDER"** (Private community, non-transport)

1. Name of agency ABM Security Services, Inc. DBA Elite Protection Services

Mailing address 5840 Corporate Way, Suite 102, West Palm Beach, FL 33407

Phone # (561) 478-9983

Agency is public sector \_\_\_\_\_ private sector   X  

2. Chief's / Manager's / Owner's name Roy Aradines, Chief of EMS

3. Medical Director's name John Irving Halpern, D.O.

Business address 7515 Banyan Way, Tamarac, FL 33321

Medical Director's medical license # OS 6052 Exp. date March 31, 2014

4. If a private sector agency, provide a list of owner(s), officers, directors, primary shareholders. Include respective positions / interest, and business addresses of said individuals.

5. Describe the Area(s) or Zone(s) to be covered by your agency. Copies of any contractual agreements or municipal resolutions to provide service to any municipality or agency must be submitted.
6. In submitting this application, you are attesting your agency is in compliance with the State of Florida EMS Communications Plan.
7. Include the following:

Attachment #1 Copy of current State EMS license

Attachment #2 Copy of current State license application profile sheet

Attachment #3 Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.008 (1) F.A.C., 64J-1.009 (1) F.A.C. A roster with all required information is an acceptable equivalent to form 631D.

Attachment #4 Current fee schedule. Changes in fees must comply with EMS Ordinance # 2006-040, Sect. 10. B.7 requirements.

Attachment #5 Insurance verification; by copy policy of Certificate of Insurance, showing limits of coverage and expiration date. Coverage must meet 64J -1.002(2)(a), F.A.C. requirements. There must be a 30-day cancellation notice and Palm Beach County shall be shown as a certificate holder.

Attachment #6 Verification of Medical Director employment, by copy of contract or agreement. Include copies of DEA and Florida Physician's License. Must meet requirements of 64J-1.004(4), F.A.C.

Attachment #7 A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols, as approved by the Palm Beach County EMS Council.

Attachment #8 An updated emergency plan for your agency.

Attachment #9 Copy of current outside financial statement or funds budgeted for EMS services.

Attachment #10 A non-refundable application fee/check for five-hundred dollars (\$500.00) made out to "Board of County Commissioners."

I, the undersigned representative of the applicant Agency, do hereby attest that said Agency meets all the requirements for the operation of an emergency service as provided for in F.S., Chapter 401, Part III, and Chapter 64J, F.A.C. I further agree to comply with all requirements of Palm Beach County EMS Ordinance #2006-040 and its accompanying Rules and Regulations.

I acknowledge any discrepancies discovered by inspection may subject said Agency and its representatives to corrective action and possible penalty as provided for in the Act and applicable Rule. Further, I understand that an annual vehicle permit-fee of twenty-five dollars (\$25.00) per-vehicle shall be paid for any EMS vehicle or ambulance utilized in Palm Beach County.

To the best of my knowledge, all statements on this application and its attachments are true and correct.

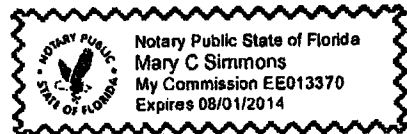
RAY PRADINES, CHIEF-EMS  
Printed / Typed Name

[Signature]  
Signature

32 February 2013  
Date

[Signature]  
Witness

Notary Seal



[Signature]  
Signature

**4) Officers and Directors**

**Chris Hansen –ABM Security President  
7324 Southwest Freeway, 14<sup>th</sup> Floor  
Houston, Texas 77074  
(713) 596-5415**

**Matthew Schwartz –Southeast Regional Vice President  
1320 N. Semoran Boulevard, Suite 101  
Orlando, Florida 32807  
(407) 523-9442**

**5) Areas and zones covered by COPCNS in Palm Beach County:**

- 1. Delaire Country Club, 16720 South Military Trail, Delray Beach, FL**
- 2. Admiral's Cove Country Club, 200 Admirals Cove Blvd., Jupiter, FL**
- 3. Frenchman's Creek Country Club, 13782 Tournament Dr., Palm Beach Gardens, FL**

**Note: This application is for a new certificate for the following area and zone:**

**Mirasol Country Club, 11300 Mirasol Blvd. Palm Beach Gardens, FL**

- 6) Elite Protection Services is in compliance with the state of Florida EMS Communication Plan. We use Motorola XTS2500 800 MHz radios, with EMS and hospitals programmed into them by Palm Beach County EMS**



PALM BEACH GARDENS  
"A unique place to live, learn, work & play"

CITY OF PALM BEACH GARDENS  
10500 North Military Trail  
Palm Beach Gardens, FL 33410

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE CITY OF PALM BEACH GARDENS  
AND  
ABM SECURITY SERVICES, INC. dba ELITE PROTECTION SERVICES**

This Memorandum of Understanding (hereinafter the "MOU") is hereby entered into this 17<sup>th</sup> day of APRIL, 2013, between the City of Palm Beach Gardens on behalf of the City of Palm Beach Gardens Fire Rescue Department (hereinafter "Fire Rescue"), whose address is 10500 North Military Trail, Palm Beach Gardens, Florida 33410, and ABM Security Services, Inc. dba Elite Protection Services (hereinafter "Elite"), whose address is 5840 Corporate Way, Suite 102, West Palm Beach, Florida 33407, in order to establish dispatch protocols and identify roles and responsibilities of Elite First Responder personnel at an emergency scene, and to set forth the documentation required for patient care rendered pursuant to F.A.C 64J1, as part of Elite's service contract, exclusively within the boundaries of the development known as Mirasol Country Club, Palm Beach Gardens, Florida (hereinafter "Mirasol"). This MOU shall also satisfy the requirements of Section 401.435, *Florida Statutes*, and Palm Beach County Ordinance 2010-056, Section 6 (d).

**Dispatch Protocols:**

Fire Rescue and Elite will be dispatched and respond to all EMS emergencies within Mirasol utilizing the 9-1-1 emergency telephone access system. In the event that the request for emergency assistance is received by Elite, they will immediately retransmit to Fire Rescue via a dedicated, two-way ring-down line to Fire Rescue's alarm center. All requests for emergency medical assistance received through Elite's security office will provide confirmation of address, telephone number, and nature of the call to the Communication Center. Elite agrees that it will not advertise its own services or the services of any other private emergency assistance provider, and instead, shall only advertise the use of 9-1-1 for reporting emergencies. Mirasol shall discourage its residents from notifying Elite before using the 9-1-1 system.

Radio communications between Elite and Fire Rescue while en route will be accomplished using the assigned MED/COM Channel. Communication will occur via radio if and only when the patient or the scene is unstable or when such communication is vital to the safety of the patient or the responding units.

**Elite First Responder Roles and Responsibilities:**

If Elite personnel are first to arrive at an emergency scene, Elite will conduct a scene safety evaluation in order to determine if it is safe to enter. If the scene is deemed unsafe, Elite will retreat to a safe location. Elite will then request law enforcement and notify all other responding units of the unsafe situation. All units will then stage at a safe location until the scene has been deemed safe to enter by law enforcement.

If the scene is determined to be safe to enter, Elite will then begin assessment of the patient. Elite will initiate care of any sick or injured persons in accordance with standard pre-hospital treatment protocols. All care on the scene will be rendered in accordance with the Palm Beach County Uniform Advanced Life Support Protocols, unless none have been issued, in which case Elite shall render care in accordance standard ALS treatment guidelines. However, Fire Rescue reserves the right to require Elite to conform to Fire Rescue's ALS Protocols.

Once Elite has assessed the patient, if the patient is unstable or is in critical condition, Elite will immediately notify responding Fire Rescue units. If the patient and scene are stable, Elite will continue to administer treatment and provide a situation report to responding units upon their arrival. Elite personnel shall provide a written patient care report to Fire Rescue upon their arrival.

Elite will function as an ALS provider by hiring Florida certified EMTs and Paramedics equipped with a full complement of ALS medications and medical equipment in accordance with Chapter 401, *Florida Statutes*, and F.A.C. 64J1. Elite will only function as an ALS provider within Mirasol and will not have patient transport responsibilities. However, Elite shall maintain and equip all vehicles utilized to provide ALS services within Mirasol as if such vehicles were transport vehicles. Patient transport shall remain the sole responsibility and authority of Fire Rescue and will be conducted exclusively by Fire Rescue.

**ALS First Responder Qualifications:**

All EMTs and Paramedics employed by Elite for the provision of service pursuant to this MOU shall be certified by the State of Florida, Division of Emergency Preparedness and Community Support, and must satisfy all the professional qualifications and educational requirements set forth in Chapter 401, *Florida Statutes*, and F.A.C. 64J1. Elite shall ensure common medical direction with Palm Beach Gardens Fire Rescue through the participation of Elite's Medical Director in the Palm Beach County Medical Director's Association.



**Documentation of Patient Care Rendered by First Responder:**

Elite shall document all patient contact on a patient care report in order to provide timely and accurate patient care information to responding Fire Rescue units. At a minimum, each patient contact shall be documented as per FAC 64J-1.014 (4) which shall provide information pertinent to the patient's identification, assessment, and care provided. Additionally, the names and identification number of all Elite personnel on the scene who provided patient care shall be included on the patient care report.

**Infectious Disease:**

Elite shall adopt an infectious disease protocol that complies with all applicable federal, state, and local laws. Each agency shall be responsible for providing post exposure care to its own personnel.

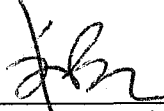
**Authorization:**

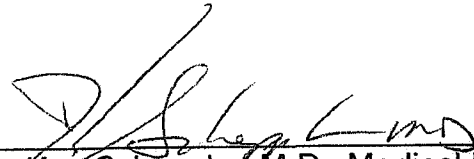
This MOU may be amended from time to time by mutual written agreement of the parties. Upon execution, this MOU will be filed with Palm Beach County, Division of Emergency Management located at 20 South Military Trail, West Palm Beach, Florida 33415.

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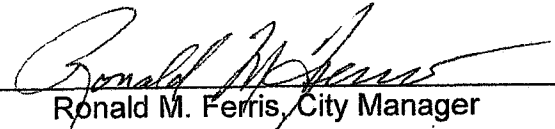
IN WITNESS WHEREOF, the parties have executed this Agreement on the date hereinabove first written.

**APPROVED AS TO TERMS  
AND CONDITIONS**

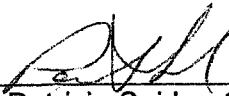
By:   
Keith Bryer, Division Chief  
Emergency Medical Services

By:   
Ken Schepcke, M.D., Medical Director  
Palm Beach Gardens Fire Rescue

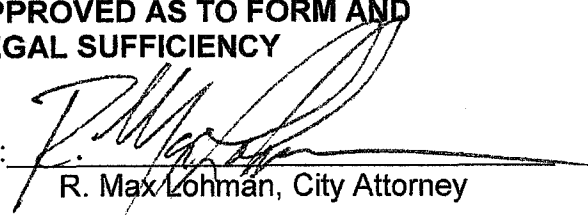
**CITY OF PALM BEACH GARDENS, FLORIDA**

By:   
Ronald M. Ferris, City Manager


**ATTEST:**

By:   
Patricia Snider, CMC, City Clerk

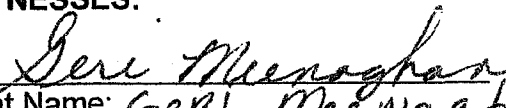
**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

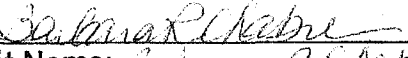
By:   
R. Max Lohman, City Attorney

**ABM SECURITY SERVICES, INC.  
dba ELITE PROTECTION SERVICES**

By:   
Ray Pradines, Chief – EMS

**WITNESSES:**

By:   
Print Name: GERI MENAGHAN

By:   
Print Name: Barbara R. Cebra

P. 02/02

DEC-02-2011 13:52

TOTAL P. 02

STATE OF  FLORIDA

3494

**DEPARTMENT OF HEALTH  
BUREAU OF EMERGENCY MEDICAL SERVICES  
ADVANCED LIFE SUPPORT LICENSE**

This is to certify that ABM SECURITY SERVICES, INC., DBA ELITE PROTECTION SERVICES  
Name of Provider

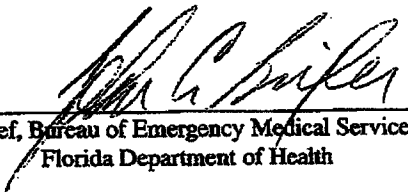
5840 CORPORATE WAY, SUITE 102, WEST PALM BCH, FL 33407  
Address

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 applicable Certificate(s) of Public Convenience and Necessity for the County(ies) listed below:

TRANSPORT

NON-TRANSPORT

PALM BEACH  
County(ies)

  
Chief, Bureau of Emergency Medical Services  
Florida Department of Health

Date 11/29/2011 Expires 11/28/2013

DH Form 1161, March 09

This certificate shall be posted in the above mentioned establishment.

**Emergency Medical Services  
License Application Profile Report**

<b>[REDACTED]</b>			
<u>Name:</u>	ABM SECURITY SERVICES, INC., DBA ELITE PROTECTION SERVICES	<u>ESNUMBER:</u> 5029	<u>Phone:</u> (561) 243-9328
<u>Manager Name:</u>	Mr. Ray Pradines		<u>Fax:</u> (561) 478-9910
<u>Mailing Address:</u>	5840 Corporate Way, Ste 102	<u>COUNTY:</u> PALM BEACH	
	WEST PALM BCH, FL 33407	<u>Service Type</u>	<u>Email:</u> ray.pradines@abm.com
<u>Physical Address:</u>	5840 Corporate Way, Suite 102	Private Corporation For Profit	
	WEST PALM BCH, FL 33407		

<b>[REDACTED]</b>		
<u>Certification Number:</u> 3494	<u>Date Issued:</u> 11/29/2011	<u>Expires:</u> 11/28/2013
<u>Status:</u> Clear	<u>Service Sub-Type:</u> Non - Transport	
<u>Service Type:</u> ALS	<u>Amount Required:</u> \$1,375.00	<u>Amount paid:</u> \$1,375.00

<b>[REDACTED]</b>		
<u>Name:</u> HALPERN, JOHN IRVING HOWARD	<u>License Number:</u> OS 6052	<u>License Expires:</u> 03/31/2012
<u>Phone:</u> (954) 722-8623	<u>DEA Reg. #:</u> BH 5641091	<u>DEA Reg. Expires:</u> 10/31/2012
<u>Address:</u> 7515 Banyan Way TAMARAC FL 33321	<u>Contract End Date:</u> 12/31/2013	

<b>[REDACTED]</b>		
<u>Name:</u>	<u>License Number:</u>	<u>License Expires:</u>
<u>Phone:</u>	<u>DEA Reg. #:</u>	<u>DEA Reg. Expires:</u>
<u>Address:</u>	<u>Contract End Date:</u>	

<b>Insurance Company</b>	<b>Type of Insurance</b>	<b>Insurance Expiration Date</b>
Ace American Insurance Company	Vehicle Liability	11/01/2012

<b>County of Service</b>	<b>Date Certificate of Public Convenience and Necessity Expires</b>
Palm Beach	01/01/1901

<u>Permit #</u>	<u>Type</u>	<u>Sub-Type</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Status</u>	<u>Issue Date</u>	<u>Vehicle Identifier</u>	<u>Permit Fee</u>
16998	ALS	N	FORD	ESCAPE	2011	Clear	11/29/2011	1FMCUOC75CKA37169 F	25.00
16999	ALS	N	FORD	ESCAPE	2011	Clear	11/29/2011	1FMCU4K30BKB75142 P	25.00
17000	ALS	N	FORD	ESCAPE	2010	Clear	11/29/2011	1FMCU4K37AKC05834 A	25.00

Count of vehicles with status of "Issued"				
<u>Total</u>	<u>BLS</u>	<u>ALS (Transport)</u>	<u>ALS (Non-Transport)</u>	<u>AIR</u>
3	0	0	3	0

### Attachment #3 –Personnel Roster

Ballard, Eric	508286	12/01/2014
Bishop, Jose	13073	12/01/2014
Cervi, Robert	205773	12/01/2014
Choate, Daniel	62903	12/01/2014
Craig, Donnie	7373	12/01/2014
Croke, John	75274	12/01/2014
Crouse, Daniel	5163901	12/01/2014
Garcia, Luis	8958	12/01/2014
Gornall, Ryan	59247	12/01/2014
Hart, Jon	921	12/01/2014
James, Cole	511057	12/01/2014
Jones, Robert	60426	12/01/2014
Keating, Mark	15932	12/01/2014
Lewis, Kurt	501000	12/01/2014
Linhares, Peter	504416	12/01/2014
Lord, Scott	16023	12/01/2014
Martin, Lulian	506441	12/01/2014
Mattson, Tylor	55989	12/01/2014
Olsen, Robert	201585	12/01/2014
Padellan, Moe	75896	12/01/2014
Pierce, Clint	14795	12/01/2014
Pradines, Ray	14949	12/01/2014
Prince, Alden	14067	12/01/2014
Salcedo, Dave	571698	12/01/2014
Simpson, David	516673	12/01/2014
Smith, Michelle	19748	12/01/2014
Tilles, Daniel	13148	12/01/2014
Turrell, David	506210	12/01/2014
Watt, James	515927	12/01/2014
Weihs, Matt	520362	12/01/2014
Whitmore, Chris	518139	12/01/2014
Whitten, Matt	515544	12/01/2014
Young, Paul	513616	12/01/2014

## **Attachment #4 –Fee Schedule**

**As we are a non-transport, secondary service provider contracted to communities, Elite does not charge fees.**



A8679877

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
10/25/2012

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 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> Commercial Lines - (415) 541-7900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105-2259	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: ACE Property &amp; Casualty Ins. Co.</td> <td>20699</td> </tr> <tr> <td>INSURER C: Indemnity Insurance Company of North America</td> <td>43575</td> </tr> <tr> <td>INSURER D: Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: ACE Property & Casualty Ins. Co.	20699	INSURER C: Indemnity Insurance Company of North America	43575	INSURER D: Hartford Fire Insurance Company	19682	INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE American Insurance Company	22667														
INSURER B: ACE Property & Casualty Ins. Co.	20699														
INSURER C: Indemnity Insurance Company of North America	43575														
INSURER D: Hartford Fire Insurance Company	19682														
INSURER E:															
INSURER F:															
<b>INSURED</b> ABM Security Services, Inc. an ABM Industries Incorporated Company 1775 The Exchange SE, Suite 600 Atlanta, GA 30339															

**COVERAGES**                      **CERTIFICATE NUMBER: 5095365**                      **REVISION NUMBER: See below**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000,000 SIR <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			XSLG27013235	11/01/2012	11/01/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ISAH08711756	11/01/2012	11/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			XOOG27049047	11/01/2012	11/01/2013	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N / A			WLRC47124232	11/01/2012	11/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Employee Dishonesty/Fidelity			00FA024632812	11/01/2012	11/01/2013	\$2,000,000 Each Occurrence

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Branch 4060  
 Palm Beach County EMS is included as additional insured as respects to general liability as required by contract.

<b>CERTIFICATE HOLDER</b> Palm Beach County EMS 20 South Military Trail West Palm Beach, FL 33415	<b>CANCELLATION</b> 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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ACORD 25 (2010/05)



### Certificate of Insurance (Con't)

#### OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
A	Garage Keepers Legal Liability			ISAH08711756	11/01/2012	11/01/2013	\$3,000,000 Limit

**CONTRACT**

**MEDICAL DIRECTOR**

This contract for the SERVICES of MEDICAL DIRECTOR dated this 1<sup>ST</sup> day of January 2011 by and between **Doctor John Halpern, D.O.FACEP** (hereinafter referred to as "DR. HALPERN") and **ELITE PROTECTION SERVICES** (hereinafter referred to as "ELITE").

**WITNESSED:**

WHEREAS, ELITE is located in Palm Beach County, Florida; and desires to hire **DR. HALPERN** to provide services as a " MEDICAL DIRECTOR", and

WHEREAS, ELITE is engaged in the business of providing emergency medical services upon a contract basis, and desires to contract with **DR. HALPERN** to over see and manage the Emergency Medical Program.

NOW, THEREFORE, in consideration of **DR. HALPERN** fulfilling the contractual obligations attached hereto as Exhibit "A", and for other good and valuable consideration, the sufficiency and receipt whereof hereby acknowledged, ELITE agrees to engage the professional services of **DR. HALPERN** for the purpose of providing MEDICAL DIRECTOR SERVICES upon the terms and conditions hereinafter set forth.

1.) For the term commencing January 1, 2011, through December 31 2013, hereinafter provided, **DR. HALPERN** shall provide MEDIAL DIRECTOR SERVICES to ELITE, for all areas ELITE provides Emergency Medical Services on a twenty four (24) hour basis. Such services shall include without limitation the duties outlined in exhibit "A" and

such other activities as are generally provided by other MEDICAL DIRECTORS under the provisions of Florida State Statute.

2.) In monetary consideration for the term of the contract **DR. HALPERN** will be paid for his services the sum of twenty seven thousand dollars (\$27,000.00) per year. As an employee of ELITE he will be covered under our General Liability and Medical Professional Liability Insurance policies. The insurer information may change depending on our ability to negotiate more favorable coverage or rates with other insurers. He will be notified of any change in insurance carrier or change in insurance coverage which directly affects him.

3.) This contract may be terminated in the event either party shall fail to carry out their obligations in a professional and responsible manner. In the above situation, a 60-day written notice shall be required.

In the event the contracting client cancels ELITE'S services or should the services become canceled due to government intervention, all terms and conditions of this contract are herein suspended.

Any notice shall be in writing and shall be sent by United States, postage, prepaid, returned receipt requested or by courier or hand delivered to the following address:

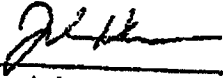
**ELITE PROTECTION SERVICES**  
5840 Corporate Way Suite 102  
West Palm Beach, Florida 33407

**DR. JOHN HALPERN, D.O.**  
7515 Banyan Way  
Tamarac, FL 33321

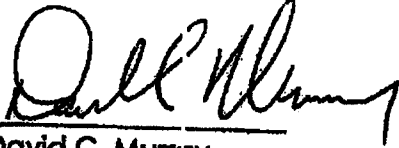
The effective date of any notice shall be the date of its delivery or upon the date that delivery is unable to be made or acceptance of delivery is refused.

4.) This contract shall be governed by and interpreted under the laws of the state of Florida. This contract for medical direction and the exhibits(s) attached hereto, constitute all agreements, conditions and understandings between ELITE and **DR. HALPERN** with regard to the subject matter hereof, and there are no covenants,

promises, conditions or understandings, either oral or written, between them other than as set forth herein. This contract shall not be changed, modified or amended except in writing signed by both parties hereto.



Dr. John Halpern, D.O.  
Medical Director  
Date 4/29/11

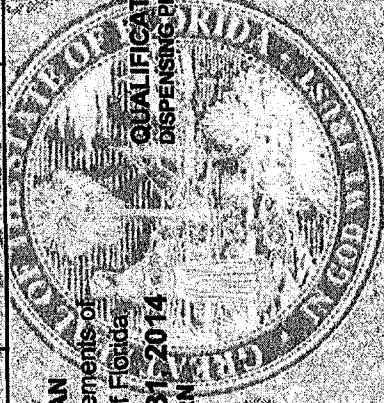


David C. Murray  
Executive Vice President  
Date 4/29/11

AC# 4765736

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/10/2012	OS-6052	36114



The **OSTEOPATHIC PHYSICIAN** named below has met all requirements of the laws and rules of the state of Florida.  
Expiration Date: **MARCH 31, 2014**  
**JOHN IRVING HOWARD HALPERN**  
7515 BANYAN WAY  
FT LAUDERDALE, FL 33321

QUALIFICATION(S)  
DISPENSING PRACTITIONER

*Rick Scott*  
\_\_\_\_\_  
Rick Scott  
GOVERNOR

*Frank Farmer, Jr.*  
\_\_\_\_\_  
Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.  
STATE SURGEON GENERAL

DISPLAY IF REQUIRED BY LAW

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BH5641091	10-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	09-07-2012
HALPERN, JOHN H DO 5840 CORPORATE WAY SUITE 102 WEST PALM BEACH, FL 33407		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IS NOT VALID AFTER THE EXPIRATION DATE.**

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BH5641091	10-31-2015	\$731
SCHEDULES	BUSINESS ACTIVITY	DATE ISSUED
2,2N,3 3N,4,5	PRACTITIONER	09-07-2012
HALPERN, JOHN H DO 5840 CORPORATE WAY SUITE 102 WEST PALM BEACH, FL 33407		

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
WASHINGTON, D.C. 20537

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**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, BUSINESS ACTIVITY, OR VALID AFTER THE EXPIRATION DATE.**

Form DEA-223 (05/04)



February 6, 2013

To whom it may concern:

This letter is to affirm with you that we, Elite Protection Services, as a medical service provider serving within Palm Beach County, Florida, are utilizing the most recent standard pre-hospital treatment/transport protocol that have been approved by the P.B.C. EMS Council and the State of Florida. It is also our company's intention to continue to use the standard protocols throughout the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Halpren', is positioned above the printed name.

John Halpren, D.O.F.A.C.E.P.  
Medical Director

A handwritten signature in black ink, appearing to read 'Ray Pradines', is positioned above the printed name.

Ray Pradines  
Director of EMS

5840 Corporate Way, Suite 102 • West Palm Beach, Fl 33407 • tel: 561.478.9983 • fax: 561.478.9910 • [www.eliteprotection.com](http://www.eliteprotection.com)  
A Division of ABM Security Services  
"Commitment to Excellence"

## **Attachment #8**

To whom it may concern:

In reference to attachment number 8 our company does not currently utilize an emergency plan, as our company is considered as a secondary emergency provider. However, in case of circumstances such as hurricanes, flooding, tornados, etc... it is our company policy and intention to follow the guidelines as laid out by our "Clients" emergency contingency plan that we provide service for.



## **Attachment #9**

To whom it may concern:

In reference to attachment number 9; for a current outside financial statements for funds budgeted for EMS services. Our company has no current intentions to purchase any capital items in the near future, that are planned. General medical supplies that are used by our medical personnel, replaced due to deterioration, or replaced due to expiration of product, are ordered through a medical supply vendor by our company and back-billed to our client; thus resulting in no expense to us, and no need for an EMS budget.



PALM BEACH GARDENS  
"A unique place to live, learn, work & play"

CITY OF PALM BEACH GARDENS  
10500 North Military Trail  
Palm Beach Gardens, FL 33410

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE CITY OF PALM BEACH GARDENS  
AND  
ABM SECURITY SERVICES, INC. dba ELITE PROTECTION SERVICES**

This Memorandum of Understanding (hereinafter the "MOU") is hereby entered into this 17<sup>th</sup> day of APRIL, 2013, between the City of Palm Beach Gardens on behalf of the City of Palm Beach Gardens Fire Rescue Department (hereinafter "Fire Rescue"), whose address is 10500 North Military Trail, Palm Beach Gardens, Florida 33410, and ABM Security Services, Inc. dba Elite Protection Services (hereinafter "Elite"), whose address is 5840 Corporate Way, Suite 102, West Palm Beach, Florida 33407, in order to establish dispatch protocols and identify roles and responsibilities of Elite First Responder personnel at an emergency scene, and to set forth the documentation required for patient care rendered pursuant to F.A.C 64J1, as part of Elite's service contract, exclusively within the boundaries of the development known as Mirasol Country Club, Palm Beach Gardens, Florida (hereinafter "Mirasol"). This MOU shall also satisfy the requirements of Section 401.435, *Florida Statutes*, and Palm Beach County Ordinance 2010-056, Section 6 (d).

**Dispatch Protocols:**

Fire Rescue and Elite will be dispatched and respond to all EMS emergencies within Mirasol utilizing the 9-1-1 emergency telephone access system. In the event that the request for emergency assistance is received by Elite, they will immediately retransmit to Fire Rescue via a dedicated, two-way ring-down line to Fire Rescue's alarm center. All requests for emergency medical assistance received through Elite's security office will provide confirmation of address, telephone number, and nature of the call to the Communication Center. Elite agrees that it will not advertise its own services or the services of any other private emergency assistance provider, and instead, shall only advertise the use of 9-1-1 for reporting emergencies. Mirasol shall discourage its residents from notifying Elite before using the 9-1-1 system.

Radio communications between Elite and Fire Rescue while en route will be accomplished using the assigned MED/COM Channel. Communication will occur via radio if and only when the patient or the scene is unstable or when such communication is vital to the safety of the patient or the responding units.

**Elite First Responder Roles and Responsibilities:**

If Elite personnel are first to arrive at an emergency scene, Elite will conduct a scene safety evaluation in order to determine if it is safe to enter. If the scene is deemed unsafe, Elite will retreat to a safe location. Elite will then request law enforcement and notify all other responding units of the unsafe situation. All units will then stage at a safe location until the scene has been deemed safe to enter by law enforcement.

If the scene is determined to be safe to enter, Elite will then begin assessment of the patient. Elite will initiate care of any sick or injured persons in accordance with standard pre-hospital treatment protocols. All care on the scene will be rendered in accordance with the Palm Beach County Uniform Advanced Life Support Protocols, unless none have been issued, in which case Elite shall render care in accordance standard ALS treatment guidelines. However, Fire Rescue reserves the right to require Elite to conform to Fire Rescue's ALS Protocols.

Once Elite has assessed the patient, if the patient is unstable or is in critical condition, Elite will immediately notify responding Fire Rescue units. If the patient and scene are stable, Elite will continue to administer treatment and provide a situation report to responding units upon their arrival. Elite personnel shall provide a written patient care report to Fire Rescue upon their arrival.

Elite will function as an ALS provider by hiring Florida certified EMTs and Paramedics equipped with a full complement of ALS medications and medical equipment in accordance with Chapter 401, *Florida Statutes*, and F.A.C. 64J1. Elite will only function as an ALS provider within Mirasol and will not have patient transport responsibilities. However, Elite shall maintain and equip all vehicles utilized to provide ALS services within Mirasol as if such vehicles were transport vehicles. Patient transport shall remain the sole responsibility and authority of Fire Rescue and will be conducted exclusively by Fire Rescue.

**ALS First Responder Qualifications:**

All EMTs and Paramedics employed by Elite for the provision of service pursuant to this MOU shall be certified by the State of Florida, Division of Emergency Preparedness and Community Support, and must satisfy all the professional qualifications and educational requirements set forth in Chapter 401, *Florida Statutes*, and F.A.C. 64J1. Elite shall ensure common medical direction with Palm Beach Gardens Fire Rescue through the participation of Elite's Medical Director in the Palm Beach County Medical Director's Association.

**Documentation of Patient Care Rendered by First Responder:**

Elite shall document all patient contact on a patient care report in order to provide timely and accurate patient care information to responding Fire Rescue units. At a minimum, each patient contact shall be documented as per FAC 64J-1.014 (4) which shall provide information pertinent to the patient's identification, assessment, and care provided. Additionally, the names and identification number of all Elite personnel on the scene who provided patient care shall be included on the patient care report.

**Infectious Disease:**

Elite shall adopt an infectious disease protocol that complies with all applicable federal, state, and local laws. Each agency shall be responsible for providing post exposure care to its own personnel.

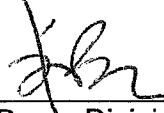
**Authorization:**

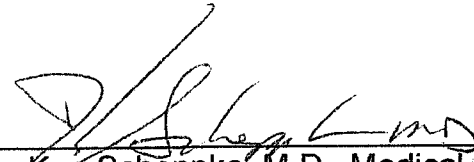
This MOU may be amended from time to time by mutual written agreement of the parties. Upon execution, this MOU will be filed with Palm Beach County, Division of Emergency Management located at 20 South Military Trail, West Palm Beach, Florida 33415.

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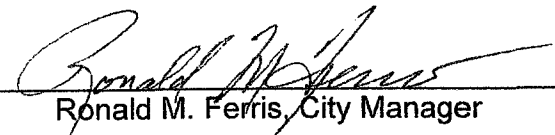
IN WITNESS WHEREOF, the parties have executed this Agreement on the date hereinabove first written.

**APPROVED AS TO TERMS  
AND CONDITIONS**


By:   
Keith Bryer, Division Chief  
Emergency Medical Services

By:   
Ken Schepke, M.D., Medical Director  
Palm Beach Gardens Fire Rescue

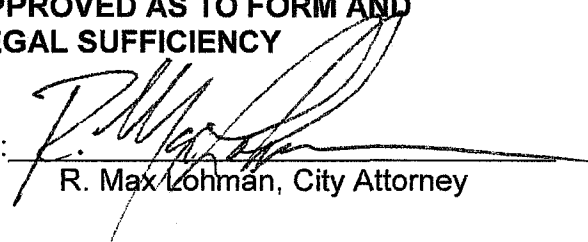
**CITY OF PALM BEACH GARDENS, FLORIDA**

By:   
Ronald M. Ferris, City Manager

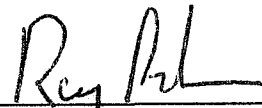
**ATTEST:**

By:   
Patricia Snider, CMC, City Clerk

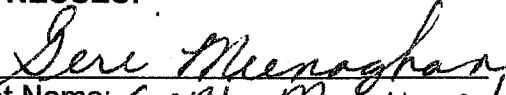
**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

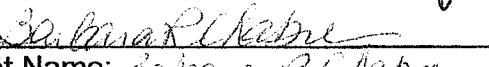
By:   
R. Max Lohman, City Attorney

**ABM SECURITY SERVICES, INC.  
dba ELITE PROTECTION SERVICES**

By:   
Ray Pradines, Chief - EMS

**WITNESSES:**

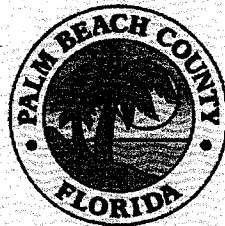
By:   
Print Name: GERI MENAGHAN

By:   
Print Name: Barbara R. Krebs

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

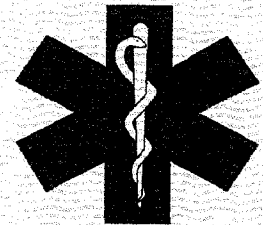
WHEREAS, there is a need for ABM Security Services Inc. DBA Elite Protection Services to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and WHEREAS, said agency has applied to provide these services; and WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County's Emergency Medical Services Ordinance (#2010-056), 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, 2013 until their contractual agreement with Mirasol Country Club is terminated.

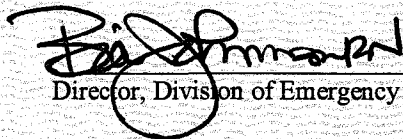
In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) or zone(s) designated, providing the level of service endorsed as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



Area(s): Within the gated community of Mirasol Country Club, 11300 Mirasol Blvd, Palm Beach Gardens, FL.

Service Endorsed: "Special Secondary Service Provider" ALS Provider, Non-Transport only.



  
Director, Division of Emergency Management



Chair, Board of County Commissioners

Attachment #

2



April 23, 2013

Palm Beach Post  
Classified Department  
2751 South Dixie Highway  
West Palm Beach, FL 33405

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

20 South Military Trail  
West Palm Beach, FL 33415  
(561) 712-6400  
FAX: (561) 712-6464  
www.pbcgov.com



**Palm Beach County  
Board of County  
Commissioners**

- Steven L. Abrams, Mayor
- Priscilla A. Taylor, Vice Mayor
- Hal R. Valeche
- Paulette Burdick
- Shelley Vana
- Mary Lou Berger
- Jess R. Santamaria

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*

Official Electronic Letterhead

RE: Notice for Public Hearing regarding the approval of the issuance of a "Special Secondary Service Provider" Certificate of Public Convenience and Necessity (COPCN) to ABM Security Services, Inc. DBA Elite Protection Services, a private security provider agency, to allow the agency to provide Advanced Life Support Service (ALS) first response, non-transport services to the private gated community of Mirasol Country Club for the period from May 21, 2013 until their contractual agreement with Mirasol Country Club is terminated.

**Publish: Saturday May 11, 2013**

Please publish the enclosed Public Hearing Notice regarding the approval of the issuance of a "Special Secondary Service Provider" Certificate of Public Convenience and Necessity (COPCN) to ABM Security Services, Inc. DBA Elite Protection Services, a private security provider agency, to allow the agency to provide Advanced Life Support Service (ALS) first response, non-transport services to the private gated community of Mirasol Country Club for the period from May 21, 2013 until their contractual agreement with Mirasol Country Club is terminated.

Please provide this office with four (4) proofs of publication, along with your bill in quadruplicate, prior to the Public Hearing on May 21, 2013. These should be mailed to the address below:

Sally Waite  
Division of Emergency Management  
20 S. Military Trail  
West Palm Beach, FL 33415-3130

Your assistance is greatly appreciated. If you have any questions, please contact my office at 712-6484.

Vince Bonvento, Director  
Public Safety Department

cc: Vince Bonvento, Public Safety Director  
Lisa De La Rionda, Public Affairs  
Pamela Eidelberg, Asst. County Attorney  
Minutes Department

Attachment #

3



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

20 South Military Trail  
West Palm Beach, FL 33415  
(561) 712-6400  
FAX: (561) 712-6464  
www.pbcgov.com



**Palm Beach County  
Board of County  
Commissioners**

Steven L. Abrams, Mayor  
Priscilla A. Taylor, Vice Mayor  
Hal R. Valeche  
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Shelley Vana  
Mary Lou Berger  
Jess R. Santamaria

**County Administrator**

Robert Weisman

*"An Equal Opportunity  
Affirmative Action Employer"*

Official Electronic Letterhead

April 23, 2013

Palm Beach Post  
Classified Department  
2751 South Dixie Highway  
West Palm Beach, FL 33405

**Please advertise on Saturday May 11, 2013**

**NOTICE OF PUBLIC HEARING**

Notice is hereby given that a Public Hearing will be held by the Board of County Commissioners of Palm Beach County, Florida, on Tuesday, May 21, 2013 in the Jane Thompson Memorial Chambers, 6th Floor of the Governmental Center, 301 North Olive Avenue, West Palm Beach, Florida, for the issuance of a "Special Secondary Service Provider" Certificate of Public Convenience and Necessity (COPCN) to ABM Security Services, Inc. DBA Elite Protection Services, a private security provider agency, to allow the agency to provide Advanced Life Support Service (ALS) first response, non-transport services to the private gated community of Mirasol Country Club for the period from May 21, 2013 until their contractual agreement with Mirasol Country Club is terminated.