

**ALACHUA COUNTY  
APPLICATION FOR CERTIFICATE OF  
PUBLIC CONVENIENCE AND NECESSITY AS  
REQUIRED BY ORDINANCE 93-9**

Name of Applicant: Edward Griffin  
9.a) \_\_\_\_\_

Name of Business: Newberry Fire Department

Business Address: 25440 W. Newberry Rd, Newberry, FL 32669  
(9.b)

Names and Addresses  
Of all Officers,  
Directors and  
Shareholders:  
(9.c) Michael Vogel, Fire Chief  
Edward Griffin, Deputy Chief  
25440 W. Newberry Rd, Newberry, FL 32669

Territory which the  
applicant desires  
to serve:  
(9.d) Incorporated Newberry, FL + Unincorporated Alachua County

Type of Service  
the Applicant wishes  
to provide. (Check  
appropriate boxes):  
(9.e)

- Primary Pre-hospital Care Provider
- Secondary Pre-hospital Care Provider
- Air Ambulance Provider
- Neonatal Ambulance Provider
- First Responder
- Basic Life Support
- EMT-D
- Non-emergency Transport Provider

**Application for Alachua County  
Certificate of Public  
Convenience and Necessity**

9.f

Location of each operation site which Applicant's service is intended to operate: (9.f)

1	2544 W Newberry Rd, Newberry, FL 32669
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	



**Application for Alachua County  
Certificate of Public  
Convenience and Necessity**

References:

Three (3) County Residents  
(Names & Addresses): (9.h)

Name: Michael Vogel

Address: 25446 SW 5<sup>th</sup> Ave  
Newberry FL 32669

Name: Michael Reddig

Address: 23369 NW 3rd ave  
Newberry FL 32669

Name: Kristi Lovelston

Address: 17668 NW 238<sup>th</sup> Terrace  
High Springs, FL 32643



**Application for Alachua County  
Certificate of Public  
Convenience and Necessity**

Attachments:

- (9.i) Copy of public liability, property damage and malpractice insurance
- (9.j) Copy of Standard Operating Procedures/Medical Care Protocols
- (9.k) Copy of Rate Schedule for services
- (9.l) I hereby certify that this service will provide continuous service on a twenty-four (24) hour, seven (7) day per week basis (except non-emergency transport providers).

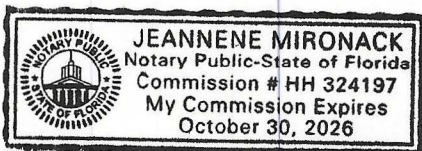
To the best of my knowledge, all statements on this application are true and correct.

NAME: Edward Guffin  
TITLE: Deputy Chief  
SIGNATURE: [Signature]

Sworn to and subscribed before me  
this 7<sup>th</sup> day of May, 2024

[Signature]  
Notary Public, State of  
Florida at Large

Commission Expiration Stamp:



**STATE OF FLORIDA, COUNTY OF ALACHUA**  
Sworn to (or affirmed) before me by means of  
 physical presence or  online notarization, this 7<sup>th</sup> day of  
May, 2024,  
by Jeannene Mironack  
Jeannene Mironack Signature of Notary Public - State of Florida  
Personally Known OR Produced Identification, Type of Identification Produced: N/A  
Print, Type, or Stamp Commissioned Name of Notary Public:



25440 W Newberry Road  
Newberry FL 32669  
Tel: 352-472-2161  
[www.NewberryFL.gov](http://www.NewberryFL.gov)

Date: 6/11/2024

Reference: Application for Alachua County Certificate of Public Convenience and Necessity

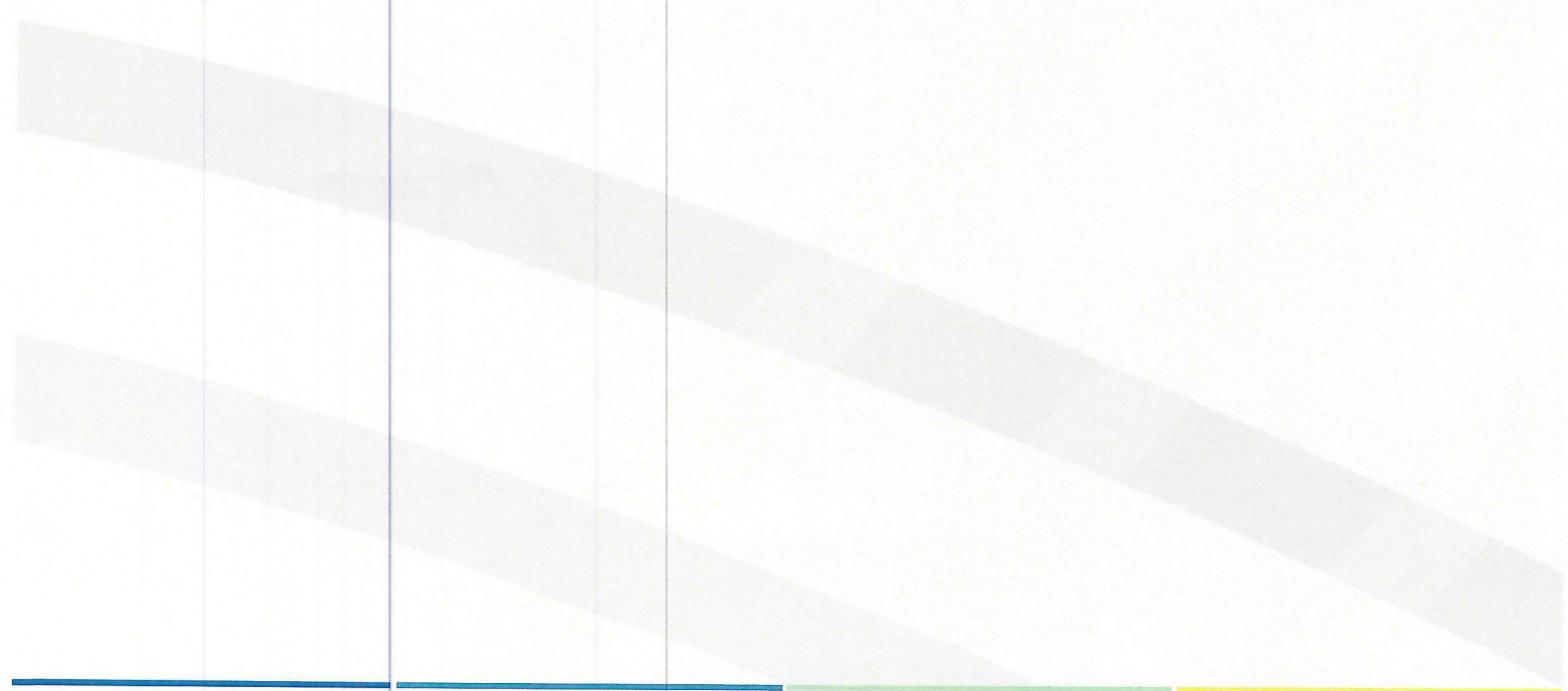
Business: Newberry Fire Department

Business Address: 25440 W. Newberry Rd. Newberry FL 32669

Business Phone: 352-472-2161 Ext 3939

(9.L) I hereby certify that this service will provide continuous service on a twenty – four (24) hour, seven (7) day per week basis.

Mike Vogel  
Fire Chief  
City of Newberry FL





25440 W Newberry Road  
Newberry FL 32669  
Tel: 352-472-2161  
[www.NewberryFL.gov](http://www.NewberryFL.gov)

Date: 6/11/2024

Reference: Application for Alachua County Certificate of Public Convenience and Necessity

Business: Newberry Fire Department

Business Address: 25440 W. Newberry Rd. Newberry FL 32669

Business Phone: 352-472-2161 Ext 3939

(9.K) We are a non-transporting agency and do not have a rate schedule.

Mike Vogel  
Fire Chief  
City of Newberry FL





**Common  
Member Coverage Declarations**

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
<b>Membership Type:</b>	<b><i>Preferred Member</i></b>

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b>	To: <b>10/01/2024</b>
	At 12:01 a.m. EST	At 12:01 a.m. EST

<p><b><u>Schedule of Coverages</u></b></p> <p>Section I: Property (Including Boiler Machinery – Separate Policy) (Including Property Terrorism &amp; Sabotage/Active Shooter &amp; Malicious Attack)</p> <p>Section II: Crime</p> <p>Section III: Comprehensive General Liability</p> <p>Section IV: Automobile Liability</p> <p>Section V: Public Officials Errors &amp; Omissions</p> <p>Section VI: Employee Benefits Liability</p> <p>Section VII: Excess Workers' Compensation &amp; Employers' Liability for a Group Self-Insurer Fund Member</p>
---

<b>Total Member Contribution</b>	<b>\$380,256</b>
----------------------------------	------------------

In return for the payment of the member contribution, and subject to all of the terms in this coverage document and Association By-Laws, Public Risk Management agrees to provide the coverage(s) as indicated in the schedule above. Specific coverage terms and conditions are afforded in the individual coverage forms by line of coverage.

Claim Reporting: Johns Eastern (833) 959 - 0122
--





## Property Member Coverage Declarations

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
<b>Membership Type:</b>	<i>Preferred Member</i>

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b> At 12:01 a.m. EST	To: <b>10/01/2024</b> At 12:01 a.m. EST	
-------------------------	--	--	--

**Coverage Schedule**  
This coverage document provides the coverage's as shown below in the Coverage schedule with the corresponding limits and deductibles.

**Covered Property**

**Perils Covered:**  
All risks of direct physical loss or damage, including flood, earthquake, terrorism & sabotage including equipment breakdown subject to the policy exclusions. Auto Physical Damage included at Actual Cash Value and Replacement Cost.

**Valuation:**  

<b>\$37,332,304</b>	All Other Perils Loss Limit (Total Insured Values per schedule on file with PRM)
Replacement Cost	Real and Personal Property
Actual Loss Sustained	Time Element (Total Insured Values per schedule on file with PRM)

**Maintenance Deductible**  
\$1,000 Per Occurrence

**Named Wind Deductible**  
5% Of Total Values Per Unit involved in the loss, per any one occurrence.

**Named Wind Policy Shared Limit**  
Any one occurrence as outlined in the Schedule of Limits and Sub-Limits. Sub-Limits do not increase the policy limit of \$80,000,000. Membership schedule on file with Public Risk Management of Florida.

**All Terms and Conditions per Coverage Document PRM023-010**



**Property Terrorism & Sabotage /  
Active Shooter & Malicious Attack  
Member Coverage Declarations**

<b>Policy Number:</b>	<b># UTS2560010.23</b>
<b>Membership Type:</b>	<b>Preferred</b>

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b>	To: <b>10/01/2024</b>
	At 12:01 a.m. EST	At 12:01 a.m. EST

<b>Limits of Liability</b>	<b>Deductibles</b>
Terrorism & Sabotage	
\$25,000,000 Per Occurrence	\$10,000 Per Occurrence
\$25,000,000 Pool Aggregate	\$10,000 Per Occurrence
Active Shooter & Malicious Attack	
\$2,000,000 Per Occurrence	\$10,000 Per Occurrence
\$2,000,000 Pool Aggregate	

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per policy</b>



## Crime Member Coverage Declaration

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
<b>Membership Type:</b>	<i>Preferred Member</i>

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b>	To: <b>10/01/2024</b>
	At 12:01 a.m. EST	At 12:01 a.m. EST

<b>Limits of Liability</b>	<b>Deductibles</b>
Crime	
\$500,000    Monies & Securities	\$1,000    Per Occurrence
\$500,000    Forgery or Alteration	\$1,000    Per Occurrence
\$500,000    Employee Dishonesty	\$1,000    Per Occurrence

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM023-010</b>



## Comprehensive General / Law Enforcement Liability Member Coverage Declaration

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
-----------------------	------------------------

<b>Membership Type:</b>	<b><i>Preferred Member</i></b>
-------------------------	--------------------------------

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b> At 12:01 a.m. EST	To: <b>10/01/2024</b> At 12:01 a.m. EST
-------------------------	--	--

<b>Limits of Liability</b>	<b>Deductibles</b>
Commercial General Liability	
\$2,000,000 Each Occurrence	
\$2,000,000 Personal/Advertising Injury	
Excluded Medical Expense	NIL Per Occurrence
Law Enforcement	
\$2,000,000 Each Occurrence	NIL Per Occurrence

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM023-010</b>





## Automobile Member Coverage Declarations

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
<b>Membership Type:</b>	<i>Preferred Member</i>

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name &amp; Mailing Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b> At 12:01 a.m. EST	To: <b>10/01/2024</b> At 12:01 a.m. EST
-------------------------	--	--

<b>Schedule of Automobile Coverages and Limits</b>			
<p>This coverage document provides the coverages as shown below in the coverage schedule with the corresponding limits and deductibles. Each of the coverages apply only to those autos shown as covered auto symbols. The covered auto symbol reference is available below. Auto Physical Damage is provided under Property Section I of the Coverage Document.</p>			
Coverages	Covered Autos Symbol	Limit	Deductible
Liability	1,8,9	\$2,000,000	\$0
Personal Injury Protection	5	Statutory	\$0
Medical Payments		Excluded	\$0
Uninsured Motorist		Excluded	\$0
Underinsured Motorist		Excluded	\$0

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>(1) Any "Auto"</li> <li>(2) Owned "Autos" only</li> <li>(3) Owned Private Passenger "Autos"</li> <li>(4) Owned "Autos" Other Than Private Passenger</li> <li>(5) All Owned "Autos" Which Require No-Fault Coverage</li> </ul> | <ul style="list-style-type: none"> <li>(6) Owned "Autos" Subject to Compulsory U.M. Law</li> <li>(7) "Autos" Specified On Schedule</li> <li>(8) Hired "Autos"</li> <li>(9) Non-Owned "Autos"</li> </ul> |
|--|---|

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM023-010</b>



## Public Officials Errors & Omissions Member Coverage Declaration

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
<b>Membership Type:</b>	<i>Preferred Member</i>

<b>Named Member and Mailing Address:</b>	<b>Managing Agent Name and Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b> At 12:01 a.m. EST	To: <b>10/01/2024</b> At 12:01 a.m. EST
-------------------------	--	--

<b>Limits of Liability</b>	<b>Deductibles</b>
Public Officials Errors & Omissions –Per Claim	Retro Date: 10/01/2001
\$2,000,000 Each Claim	
\$6,000,000 Aggregate	
\$2,500 EEOC Administrative Hearings	NIL Per Claim
\$250,000 Association Annual Aggregate EEOC Administrative Hearings	
Sexual Harassment -Per Claim	Retro Date: 10/01/2001
\$2,000,000 Each Claim	
\$6,000,000 Aggregate (Part of E&O Aggregate)	NIL Per Claim
Sexual Misconduct -Per Claim	Retro Date: 10/01/2016
\$2,000,000 Each Claim	
\$3,000,000 Aggregate (Part of E&O Aggregate)	NIL Per Claim
Inverse Condemnation – Per Claim	Retro Date: 10/01/2016
\$100,000 Each Claim	
\$100,000 Aggregate	
Bert Harris Act – Per Claim	Retro Date: 10/01/2016
\$300,000 Each Claim	
\$300,000 Aggregate	
Non-Monetary Damages – Per Claim	Retro Date: 10/01/2016
\$100,000 Each Claim	
\$100,000 Aggregate	

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM023-010</b>



## Employee Benefits Liability Member Coverage Declaration

<b>Policy Number:</b>	<b>#PRM023-010-077</b>
<b>Membership Type:</b>	<i>Preferred Member</i>

<b>Named Member and Mailing Address:</b>  <i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>	<b>Managing Agent Name and Address:</b>  <i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>
--	--

<b>Coverage Period:</b>	From: <b>10/01/2023</b> At 12:01 a.m. EST	To: <b>10/01/2024</b> At 12:01 a.m. EST
-------------------------	--	--

<b>Limits of Liability</b>	<b>Deductibles</b>
Employee Benefits – Per Claim <u>    \$2,000,000    </u> Each Claim	Retro Date:    10/01/2001 <u>    NIL    </u> Per Claim

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM023-010</b>



## Workers' Compensation and Employers' Liability for a Group Self-Insurer Fund Member Declarations

<b>Policy Number:</b>		<b>#PRM023-010-077</b>
<b>Membership Type:</b>		<b>Preferred Member</b>
<b>Named Member &amp; Mailing Address:</b>		<b>Managing Agent Name &amp; Mailing Address:</b>
<i>City of Newberry As a member of Public Risk Management of Florida 25440 West Newberry Road Newberry, FL 32669</i>		<i>World Risk Management an Accretive Company 20 North Orange Avenue, Suite 500 Orlando, FL 32801</i>

<b>Coverage Period:</b>	From: <b>10/01/2023</b> At 12:01 a.m. EST	To: <b>10/01/2024</b> At 12:01 a.m. EST
<b>Limits of Liability:</b>		
Coverage A – Workers' Compensation (States):	FL Statutory Limits	
Coverage B – Employer's Liability		
\$2,000,000	Each Accident	
\$2,000,000	Disease-Policy Limit	
\$2,000,000	Disease-Each Employee	
Coverage C – Other States Insurance:	Included	
Deductible:	NIL	

<b>Forms &amp; Endorsements</b>
<b>All Terms and Conditions per Coverage Document PRM023-010</b>

NOTE: Member responsible for Florida State Workers Compensation Assessment Fee

DESCRIPTION	CLASS CODE	ESTIMATED PAYROLL 2023 2024
STREET OR ROAD PAVING	5509	\$146,064
WATERWORKS OPERATION & DRIVERS	7520	\$208,558
ELECTRIC LIGHT OR POWER CO. NOC - ALL EMPLOYEES & DRIVERS	7539	\$284,521
SEWAGE DISPOSAL PLANT OPERATION & DRIVERS	7580	\$136,410
FIREFIGHTERS & DRIVERS	7704	\$841,850
CLERICAL OFFICE EMPLOYEES	8810	\$1,232,077
BUILDINGS OPERATIONS BY OWNER - ALL OTHER EMPLOYEES	9015	\$212,316
PARK NOC - ALL EMPLOYEES & DRIVERS	9102	\$367,385
MUNICIPAL, TOWNSHIP, COUNTY OR STATE EMPLOYEE NOC	9410	\$610,480
<b>*SUBJECT TO PAYROLL AUDIT</b>	<b>TOTAL PAYROLL</b>	<b>\$4,039,662</b>





25440 W Newberry Road  
Newberry FL 32669  
Tel: 352-472-2161  
[www.NewberryFL.gov](http://www.NewberryFL.gov)

Date: 6/11/2024

Reference: Application for Alachua County Certificate of Public Convenience and Necessity

Business: Newberry Fire Department

Business Address: 25440 W. Newberry Rd. Newberry FL 32669

Business Phone: 352-472-2161 Ext 3939

(9.j) We are adopting ACFR's Medical Protocols. We have obtained Medical Direction from UF.

Mike Vogel  
Fire Chief  
City of Newberry FL

A handwritten signature in black ink, appearing to read "Mike Vogel", is written over the typed name.