



KEY LARGO FIRE RESCUE & EMERGENCY MEDICAL SERVICES DISTRICT

Seat 1: Tony Allen; Seat 2: Frank Conklin; Seat 3: Bob Thomas; Seat 4: George Mirabella; Seat 5: Danny Powers

DISTRICT MEETING AGENDA

September 21, 2020

VIRTUAL ZOOM MEETING

Pursuant to Executive Order No. 20-69, Monroe County Emergency Directive 20-06 and Center for Disease Control ("CDC") social distancing guidelines established to contain the spread of the COVID-19 virus, this meeting will be held virtually via Zoom Meetings. Members of the public who wish to comment on matters before the District Board may do so by either: Sending an email to the clerk@klfremms.org or Calling (301) 715-8592, and upon receiving voice prompt, dialing Meeting ID: 602 743 6243 and Password: 33037 *Members of the public who participate in the meeting through this option must mute themselves until called upon to speak.* Website: <https://us02web.zoom.us/j/6027436243?pwd=Ylp2b3JYckhIQVpwVkFIMmVKbE1uZz09>

1. AGENDA

1a. Call to Order

1b. Roll Call

2. APPROVAL OF AGENDA & MINUTES

2a. Approval of September 21, 2020 District Meeting Agenda

3. PUBLIC COMMENT

4. CHAIRMAN REPORT

5. SECRETARY REPORT

6. OLD BUSINESS

7. NEW BUSINESS

7a. MOTION/APPROVAL: Resolution #2020-007 Final Millage FY 2020-2021 (Johnson)

A RESOLUTION OF THE KEY LARGO FIRE RESCUE AND EMERGENCY MEDICAL SERVICES DISTRICT, FLORIDA, ADOPTING THE FINAL LEVY OF AD VALOREM TAXES FOR THE DISTRICT FOR THE FISCAL YEAR 2020-2021; PROVIDING FOR SEVERABILITY AND PROVIDING AN EFFECTIVE DATE.

7b. MOTION/APPROVAL: Resolution #2020-008 Final Budget FY 2020-2021 (Johnson)

A RESOLUTION OF THE KEY LARGO FIRE RESCUE AND EMERGENCY MEDICAL SERVICES DISTRICT, FLORIDA, PROVIDING FOR ADOPTION OF THE FINAL BUDGET OF THE DISTRICT FOR THE FISCAL YEAR COMMENCING ON OCTOBER 1, 2020, AND ENDING ON SEPTEMBER 30, 2021; PROVIDING FOR SEVERABILITY: AND PROVIDING AN EFFECTIVE DATE.



KEY LARGO FIRE RESCUE & EMERGENCY MEDICAL SERVICES DISTRICT

Seat 1: Tony Allen; Seat 2: Frank Conklin; Seat 3: Bob Thomas; Seat 4: George Mirabella; Seat 5: Danny Powers

DISTRICT MEETING AGENDA

(Continued)

September 21, 2020

7c. MOTION/APPROVAL: Renewal of PRIA Insurance Policies FY 2020-2021

8. FINANCE REPORT

9. LEGAL REPORT

10. AMBULANCE CORPS REPORT

10a. KLVAC Monthly Report 200831

11. FIRE DEPARTMENT REPORT

11a. KLFD Monthly Report 200831

12. COMMISSIONER ITEMS

13. NEXT MEETING

13a. KLFR&EMS October 12 or 26, 2020

14. ADJOURN

NEXT MEETINGS

October 12, 2020 District Meeting

October 26, 2020 District Meeting (if required)

November 9, 2020 District Meeting (if required)

November 16, 2020 Strategic Planning Workshop & District Meeting

December 14, 2020 District Meeting (ITB #2020-001 Fire Hydrants)

December 21, 2020 District Meeting (if required)

DOCUMENTS

- AI 2a. District Meeting Agenda
- AI 07a. Resolution #2020-007 (Final Millage FY 2020-2021)
- AI 07b. Resolution #2020-008 (Final Budget FY 2020-2021)
- AI 07c. PRIA Insurance Policies Renewal FY 2020-2021
- AI 10a. KLVAC Monthly Report 200831
- AI 11a. KLFD Monthly Report 200831

*Persons who wish to be heard shall send an email to the clerk or
wait to be called upon in the Zoom Virtual Meeting*

RESOLUTION 2020-007

A RESOLUTION OF THE KEY LARGO FIRE RESCUE AND EMERGENCY MEDICAL SERVICES DISTRICT, FLORIDA, ADOPTING THE FINAL LEVY OF AD VALOREM TAXES FOR THE DISTRICT FOR THE FISCAL YEAR 2020-2021; PROVIDING FOR SEVERABILITY; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, pursuant to special act of the legislature Chapter 2005-329, the Key Largo Fire Rescue and Emergency Medical Services District (the “District”) was created and approved by vote of the electors to levy up to One Mill ad valorem taxation for the purpose of providing funding for fire protection and emergency medical services in the Key Largo geographical area; and

WHEREAS, pursuant to Section 200.065, *Florida Statutes*, the Key Largo Fire Rescue and Emergency Medical Services District, Florida (the “District”) has established a proposed millage rate; and

WHEREAS, pursuant to Section 200.065, *Florida Statutes*, within 101 days of the certification of taxable value the District is required to adopt a final millage rate; and

WHEREAS, on September 14, 2020, the District held a public hearing to consider any adjustment of its proposed millage rate, to consider its tentative operating budget for Fiscal Year 2020-2021 (the “FY 2020-2021”), and adopt a tentative millage rate in accordance with Section 200.065(2)(c), *Florida Statutes*; and

WHEREAS, on September 21, 2020, the District held a public hearing to consider any adjustment of its tentative millage rate, to adopt a final millage rate and to adopt a final operating budget for Fiscal Year 2020-2021 in accordance with Section 200.065(2)(d), *Florida Statutes*.

NOW THEREFORE, BE IT RESOLVED BY THE DISTRICT BOARD OF THE KEY LARGO FIRE RESCUE AND EMERGENCY MEDICAL SERVICES DISTRICT, FLORIDA AS FOLLOWS:

Section 1. Millage Approved and Adopted. The FY 2020-2021 final operating millage rate for the District is 1.0000 mill, which is greater than the rolled-back rate of .9588 mills by 4.30%.

Section 2. Severability. The provisions of this Resolution are declared to be severable and if any section, sentence, clause or phrase of this Resolution shall for any reason be held to be invalid or unconstitutional, such decision shall not affect the validity of the remaining sections,

sentences, clauses, and phrases of this Resolution but they shall remain in effect, it being the legislative intent that this Resolution shall stand notwithstanding the invalidity of any part.

Section 3. Effective Date. This resolution shall be effective immediately upon its adoption.

PASSED AND ADOPTED this 21st day of September, 2020.

Tony Allen, Chairman

Vicky Fay - District Clerk

APPROVED AS TO FORM AND LEGALITY
FOR THE USE AND BENEFIT OF KEY LARGO FIRE RESCUE AND
EMERGENCY MEDICAL SERVICES DISTRICT ONLY:

DISTRICT LEGAL COUNSEL

Motion to adopt by _____, Seconded by _____

FINAL VOTE AT ADOPTION:

Chairman Tony Allen

Vice Chairman Bob Thomas

Secretary/Treasurer George Mirabella

Commissioner Frank Conklin

Commissioner Danny Powers

RESOLUTION NO. 2020-008

**A RESOLUTION OF THE KEY LARGO FIRE RESCUE
AND EMERGENCY MEDICAL SERVICES DISTRICT,
FLORIDA, PROVIDING FOR ADOPTION OF THE FINAL
BUDGET OF THE DISTRICT FOR THE FISCAL YEAR
COMMENCING ON OCTOBER 1, 2020, AND ENDING ON
SEPTEMBER 30, 2021; PROVIDING FOR SEVERABILITY;
AND PROVIDING AN EFFECTIVE DATE.**

WHEREAS, on September 14, 2020, the Key Largo Fire Rescue and Emergency Medical Services District (the "District") Board held a public hearing to consider adjustment of its proposed millage rate, to consider its tentative operating budget for Fiscal Year 2020-2021 (the "FY 2020-2021"), and adopt a recomputed proposed millage rate in accordance with Section 200.065(2)(c), Florida Statutes; and,

WHEREAS, on September 21, 2020, the District Board held a public hearing to consider adjustment of its tentative millage rate, to adopt a final millage rate, and to adopt a final operating budget for Fiscal Year 2020-2021 in accordance with Section 200.065(2)(d), Florida Statutes; and,

WHEREAS, the Key Largo Fire Rescue and Emergency Medical Services District of Monroe County, Florida, set forth the appropriations and revenue estimate for the Budget for Fiscal Year 2020-2021 in the amount of \$7,234,705.

**NOW THEREFORE, BE IT RESOLVED BY THE KEY LARGO FIRE RESCUE
AND EMERGENCY MEDICAL SERVICES DISTRICT, FLORIDA, AS FOLLOWS:**

Section 1. Budget Approved and Adopted. The final budget of the District for the fiscal year beginning on October 1, 2020, and ending September 30, 2021 (the "Budget") was considered at a public hearing and is hereby approved and adopted.

Section 2. Severability. The provisions of this Resolution are declared to be severable

and if any section, sentence, clause or phrase of this Resolution shall for any reason be held to be invalid or unconstitutional, such decision shall not affect the validity of the remaining sections, sentences, clauses, and phrases of this Resolution but they shall remain in effect, it being the legislative intent that this Resolution shall stand notwithstanding the invalidity of any part.

Section 3. Effective Date. This Resolution shall be effective immediately upon adoption.

PASSED AND ADOPTED this 21st day of September, 2020.

Tony Allen, Chairman

ATTEST:

Vicky Fay - District Clerk

APPROVED AS TO FORM AND LEGALITY
FOR THE USE AND BENEFIT OF KEY LARGO FIRE RESCUE AND
EMERGENCY MEDICAL SERVICES DISTRICT ONLY:

DISTRICT LEGAL COUNSEL

Motion to adopt by _____, Seconded by _____

FINAL VOTE AT ADOPTION:

Chairman Tony Allen
Vice Chairman Bob Thomas
Secretary/Treasurer George Mirabella
Commissioner Frank Conklin
Commissioner Danny Powers



APPLICATION

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of the Applicant.

Required Attachments:

- Copies of the Applicant's past two (2) years of audited financial statements and annual reports
- Summary of Environmental Site Assessments/Remediation (past, current, planned) ☐ (check if none)
- Storage Tank Inventory – By Location Document (Attachment I)
- Marina Questionnaire (Attachment II) ☐ (check if no marina exposure)

NOTICE TO APPLICANT: THE COVERAGE APPLIED FOR IS SOLELY AS STATED IN THE POLICY AND ANY ENDORSEMENTS ATTACHED THERETO. THE POLICY PROVIDES COVERAGE FOR THIRD-PARTY LIABILITY ON A CLAIMS-MADE AND REPORTED BASIS, WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD OR ANY APPLICABLE EXTENDED REPORTING PERIOD. THE POLICY ALSO PROVIDES COVERAGE FOR FIRST-PARTY REMEDIATION COSTS ON A DISCOVERED AND REPORTED BASIS, WHICH COVERS ONLY STORAGE TANK INCIDENTS FIRST DISCOVERED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD.

1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

URL: http:// _____ Date Established: _____

The Applicant is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC/LLP

☐ Other: _____

Federal Employer Identification Number (FEIN): _____

2. Details of locations where the insured storage tanks are located:
(Continue on a separate sheet, if necessary.)

Company Name:	Street Address City, State Zip Code:	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?*	Facility Type**

- a. *If Yes, please provide details on a separate sheet. Include at a minimum:

- Prior Environmental Site Assessments (including date performed)
- Past, current, planned sampling/remediation, etc.

- b. **Facility Type: - Airport - Automobile/Other Motor Vehicle Facility
 - Convenience Store - Schools/Educational Services Facility
 - Gasoline Service Station - Petroleum Bulk Station/Terminal
 - Marina - Other (If "Other", please describe.)

3. Please complete the **Storage Tank Inventory – By Location** form as attached to this application. (If more than one location, please make duplicates of the inventory form and complete a separate form for each location.)

4. The Applicant's total gross revenues in the last filed tax return, excluding recovered expenses:

\$_____ [for the period ending: month _____ year _____]

5. The Applicant's estimated gross revenues for the current fiscal year: \$_____

6. Desired effective date of coverage: _____

- a. Desired Retroactive Date: ☐ Policy Inception ☐ Other _____

(In order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period.)

7. Limits of Liability and Deductible requested:

Limits of Liability:	Deductible:
Per Storage Tank Incident: \$_____	\$_____ (per Storage Tank Incident)
Aggregate: \$_____	
Aggregate Legal Defense Expense Limit: \$_____	

8. Were all of the Applicant's or any other party to the proposed insurance's storage tanks new at the time of installation? ☐ YES ☐ NO
9. Were any of the Applicant's or any other party to the proposed insurance's storage tanks installed prior to 1975? ☐ YES ☐ NO
10. Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) mile of a body of water?
(If "Yes", please complete the **Marina Questionnaire** form as attached to this application.) ☐ YES ☐ NO

11. Are any of the Applicant's or any other party to the proposed insurance's facilities located in the State of Florida? ☐ YES ☐ NO
12. Are Single-Walled Storage Tanks (i.e., Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP $\frac{3}{4}$ Tanks or Tanks operating under ACT 100), with or without any form of tank lining, located at the Applicant's or any other party to the proposed insurance's facilities in the State of Florida? (Only applicable if Question 11. is answered "Yes"). ☐ N/A ☐ YES ☐ NO
13. Within the past five (5) years has the Applicant purchased this type of insurance coverage?
(If "Yes", please provide information regarding any such coverage and all available loss information.) ☐ YES ☐ NO
14. Are there currently, or have there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Gasoline, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene? ☐ YES ☐ NO
15. Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located? ☐ YES ☐ NO
- a. Will any scheduled storage tank(s) be removed, closed or upgraded at any of the facilities for which coverage is sought under this policy within the next eighteen (18) months? ☐ YES ☐ NO
16. Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? (If "Yes", please provide a copy of such plan.) ☐ N/A ☐ YES ☐ NO
17. Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(ies) where the tanks the Applicant is seeking coverage for are located? ☐ YES ☐ NO
18. Within the past ten (10) years have any repairs or upgrades been performed on any tanks? ☐ YES ☐ NO
- a. Are all underground storage tanks compliant with 1998 regulations? ☐ YES ☐ NO
19. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? ☐ YES ☐ NO
20. Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations? ☐ YES ☐ NO
21. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? ☐ YES ☐ NO
22. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed or been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency? ☐ YES ☐ NO
23. At the time of signing this application, do the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured either (a) intend to commence or

(b) know of any plan or threat to commence any proceeding relating to bankruptcy, receivership, and/or insolvency, whether by or against one or more of them?

☐ YES ☐ NO

If "Yes" to Questions 14. through 23., above, provide a description of the information, claim, or circumstance.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)



ACE TANKSAFE® ATTACHMENT I

Storage Tank Inventory By Location

Facility Name _____ Facility Address _____ Facility ID # _____

(Complete schedule with symbols below)

	1	2	3	4	5	6
Tank #						
UST/AST						
Install Date Year						
Capacity (Gallons)						
Contents						
Tank Construction Material						
Overfill/Spill Protection						
Tank Leak Detection						
AST Diking & Base Construction						
Piping Construction Material						
Piping Leak Detection						

Contents

- A.** Unleaded Gasoline
- B.** Gasohol
- C.** Diesel
- D.** Kerosene
- E.** Waste Oil/ Used Oil
- F.** Fuel Oil
- G.** Generic Gasoline
- H.** Pesticide
- I.** Ammonia compound
- J.** Chlorine compound
- K.** Haz. Substance (CERCLA)
- L.** Mineral Acids
- M.** Grades 5&6 bunker 'C' oils
- N.** Petroleum-base additive(E85)
- O.** Misc. petroleum-base
- P.** Heating Oil
- Q.** Other, please indentify

Tank Construction

- A.** Steel
- B.** Fiberglass
- C.** FRP Clad Steel
- D.** Concrete
- E.** Polyethylene
- F.** Other EPA/DEP Approved
- G.** Cathodic Protection Sacrificial Anode
- H.** Cathodic Protection - Impressed Current
- I.** Double Walled(DW) - Single Material
- J.** Double Walled (DW)- Dual Material
- K.** (DW)Synthetic Liner in Tank Construction
- L.** (DW)Pipeless UST with Secondary Containment
- M.** Internal Lining **STI.** STI-P3

Overfill/Spill Protection

- A.** Ball Check Valve
- B.** Spill Containment Bucket
- C.** Flow Shut-off
- D.** Tight Fill
- E.** Level Gauges, High Level Alarms
- F.** Other EPA/DEP Approved Protection Method

Piping Construction Material

- A.** Steel
- B.** Fiberglass
- C.** Double walled
- D.** Approved Synthetic Material
- E.** Other EPA/DEP Approved Piping Material
- F.** External Protective Coating
- G.** C/P with sacrificial anode or impressed current

Tank Leak Detection

- A.** Groundwater Monitoring Wells
- B.** Interstitial Monitoring
- C.** Vapor Monitoring Wells
- D.** Visual Inspections of AST Systems
- E.** Other EPA/DEP Approved
- F.** SPCC Plan - AST
- G.** Interstitial Space -Double Walled Tank
- H.** Manual Tank Gauging - UST
- I.** Statistical Inventory Reconciliation - (SIR)(USTs)
- J.** Automatic Tank Gauging System (USTs)
- K.** Interstitial Monitoring of AST tank bottom
- L.** Annual Tightness Test with Inventory - (USTs)

AST Diking & Base Construction

- A.** Concrete, Synthetic Material, clays
- B.** Other EPA/DEP approved secondary containment system
- C.** Dirt/Earth

Piping Leak Detection

- A.** Electronic Line Leak Detector with Flow Shutoff
- B.** Interstitial Monitoring – Piping Filter
- C.** External Monitoring
- D.** Mechanical Line Leak Detector
- E.** Interstitial Monitoring of double wall piping
- F.** Suction Pump Check Valve

Marina Questionnaire

Answer the following questions in relation to any facility identified as a marina or any storage tank(s) located within one (1) mile of a body of water:

1. Please provide the facility name, full address and photo of the storage tank(s) and associated piping and appurtenances connected thereto.
2. Has a Spill Prevention, Control and Countermeasure Plan been completed within the past five (5) years? (If "Yes", please provide a copy of the report.)
3. What is the distance from the storage tank to the nearest body of water? Also, please provide a description of the environment surrounding the tank?
☐ Less Than 2000 feet
☐ Less Than 1 mile
☐ More than 1 mile
4. What is the distance from the facility to the nearest recreational swimming area on this body of water?
☐ Less Than 2000 feet
☐ Less Than 1 mile
☐ More than 1 mile
5. Is all piping associated with the storage tank double-walled?
6. Is the piping associated with the storage tank UV Resistant?
7. What year was the piping associated with the storage tank installed? Has the piping ever been tested? (If "Yes", provide a copy of the test results.)
8. Does the facility have piping that extends under the water? (If "Yes", please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.)
9. Does the facility have piping that extends over the water, including along bulkheads, docks or floating docks? (If "Yes", please describe and provide the Spill Prevention, Control and Countermeasure Plan or Emergency Response Plan in place for this piping.)
10. Does the facility have a shut-off valve located on land that will stop the flow of product in the event of a release? (If "Yes", please describe the placement of the valve and shut-off process.)
11. Are all dispensers associated with the storage tank protected from impact from boats or watercraft? (If "Yes", please describe how.)
12. If the facility has aboveground storage tanks, do they have secondary containment? (If "Yes", please describe.)

Facility No. 1 of 1

quote no. Q150095

Facility Name: Station 24 No. of USTs at this facility: 1

Address: 1 East Drive City: Key Largo State: FL USA

ZIP: 33037 Facility EPA ID #: 9601841 (leave blank if not applicable)

Which form of Tank Maintenance/Record Keeping is utilized at this facility?

- ☐ Statistically Inventory Reconciliation with Annual Tank Tightness Testing (SIR)
- ☒ Automatic Tank Gauging/Electronic Monitoring (ATG)

Do you have a Written Tank Management Plan for this Facility? ☒ yes ☐ no

Loss History Information for this Facility:

- ☒ No pollution related clean-ups or 3rd party claims at this facility in past 10 years
- ☐ Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? ☐ yes ☒ no

Tank No.	Installation Date	Tank Construction	Tank Size (gallons)	Tank Contents
9601841	08/01/1995	<input checked="" type="checkbox"/> Double Walled <input checked="" type="checkbox"/> Fiberglass/Steel Clad <input type="checkbox"/> Steel w/ Cathodic Protection	2500	<input type="checkbox"/> Unleaded <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)



APPLICATION

Instructions:

- Please type or print clearly.
- Answer **ALL** questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the space.
- Provide any supporting information on a separate sheet using the Applicant's letterhead and reference the applicable question number.
- Check Yes or No answers.
- This form must be completed, dated and signed by a principal of the Applicant.

Required Attachments:

- Copies of the Applicant's past two (2) years of audited financial statements and annual reports
- Summary of Environmental Site Assessments/Remediation (past, current, planned) ☐ (check if none)
- Storage Tank Inventory – By Location Document (Attachment I)
- Marina Questionnaire (Attachment II) ☐ (check if no marina exposure)

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1. Name of Applicant: _____

Principal Contact: _____ E-mail Address: _____

Mailing Address: _____

Telephone #: _____ Fax #: _____

URL: http:// _____ Date Established: _____

The Applicant is: ☐ Corporation ☐ Partnership ☐ Joint Venture ☐ LLC/LLP

☐ Other: _____

Federal Employer Identification Number (FEIN): _____

2. Details of locations where the insured storage tanks are located:
(Continue on a separate sheet, if necessary.)

Company Name:	Street Address City, State Zip Code:	No. of USTs at this location	No. of ASTs at this location	Known Pre-existing Contamination Present?*	Facility Type**

- a. *If Yes, please provide details on a separate sheet. Include at a minimum:

- Prior Environmental Site Assessments (including date performed)
- Past, current, planned sampling/remediation, etc.

- b. **Facility Type: - Airport - Automobile/Other Motor Vehicle Facility
 - Convenience Store - Schools/Educational Services Facility
 - Gasoline Service Station - Petroleum Bulk Station/Terminal
 - Marina - Other (If "Other", please describe.)

3. Please complete the **Storage Tank Inventory – By Location** form as attached to this application. (If more than one location, please make duplicates of the inventory form and complete a separate form for each location.)

4. The Applicant's total gross revenues in the last filed tax return, excluding recovered expenses:

\$_____ [for the period ending: month _____ year _____]

5. The Applicant's estimated gross revenues for the current fiscal year: \$_____

6. Desired effective date of coverage: _____

- a. Desired Retroactive Date: ☐ Policy Inception ☐ Other _____

(In order to obtain retroactive coverage, you must provide copies of all prior policies for the corresponding time period.)

7. Limits of Liability and Deductible requested:

Limits of Liability:	Deductible:
Per Storage Tank Incident: \$_____	\$_____ (per Storage Tank Incident)
Aggregate: \$_____	
Aggregate Legal Defense Expense Limit: \$_____	

8. Were all of the Applicant's or any other party to the proposed insurance's storage tanks new at the time of installation? ☐ YES ☐ NO
9. Were any of the Applicant's or any other party to the proposed insurance's storage tanks installed prior to 1975? ☐ YES ☐ NO
10. Are any of the Applicant's or any other party to the proposed insurance's storage tanks located within one (1) mile of a body of water?
(If "Yes", please complete the **Marina Questionnaire** form as attached to this application.) ☐ YES ☐ NO

11. Are any of the Applicant's or any other party to the proposed insurance's facilities located in the State of Florida? ☐ YES ☐ NO
12. Are Single-Walled Storage Tanks (i.e., Bare Steel Tanks, Steel Tanks with Cathodic Protection, STIP $\frac{3}{4}$ Tanks or Tanks operating under ACT 100), with or without any form of tank lining, located at the Applicant's or any other party to the proposed insurance's facilities in the State of Florida? (Only applicable if Question 11. is answered "Yes"). ☐ N/A ☐ YES ☐ NO
13. Within the past five (5) years has the Applicant purchased this type of insurance coverage?
(If "Yes", please provide information regarding any such coverage and all available loss information.) ☐ YES ☐ NO
14. Are there currently, or have there historically been, any hazardous, toxic, or regulated substances stored at any of the locations for which this application for insurance is being made other than these products: Gasoline, Diesel Fuel, Motor Oil, Fuel Oil, or Kerosene? ☐ YES ☐ NO
15. Were any tanks ever removed or closed in placed at the location(s) where the scheduled tanks are currently located? ☐ YES ☐ NO
- a. Will any scheduled storage tank(s) be removed, closed or upgraded at any of the facilities for which coverage is sought under this policy within the next eighteen (18) months? ☐ YES ☐ NO
16. Does the Applicant and any other parties to the proposed insurance maintain a Spill Prevention and Counter Control Plan with regard to any aboveground tanks for which coverage is sought? (If "Yes", please provide a copy of such plan.) ☐ N/A ☐ YES ☐ NO
17. Within the past five (5) years have there been any reportable spills of regulated substances, hazardous waste or any other pollutants, as defined by applicable environmental statutes or regulations, at the facility(ies) where the tanks the Applicant is seeking coverage for are located? ☐ YES ☐ NO
18. Within the past ten (10) years have any repairs or upgrades been performed on any tanks? ☐ YES ☐ NO
- a. Are all underground storage tanks compliant with 1998 regulations? ☐ YES ☐ NO
19. Within the past five (5) years have any claims been made or legal actions (including any regulatory proceedings) been brought against the Applicant or any other party to the proposed insurance? ☐ YES ☐ NO
20. Does the Applicant or any other party to the proposed insurance have knowledge of pollution conditions at any of the proposed covered locations? ☐ YES ☐ NO
21. At the time of signing this application, is the Applicant or any other party to the proposed insurance aware of any circumstances that may reasonably be expected to give rise to a claim against any party to the proposed insurance? ☐ YES ☐ NO
22. Within the last five (5) years before the date of signing this application, has the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured filed or been the subject of any proceeding related to bankruptcy, receivership, and/or insolvency? ☐ YES ☐ NO
23. At the time of signing this application, do the Applicant, any of its affiliated entities, or any person or entity proposed to be an insured either (a) intend to commence or

(b) know of any plan or threat to commence any proceeding relating to bankruptcy, receivership, and/or insolvency, whether by or against one or more of them?

☐ YES ☐ NO

If "Yes" to Questions 14. through 23., above, provide a description of the information, claim, or circumstance.

***IT IS UNDERSTOOD AND AGREED THAT IF ANY SUCH CLAIMS EXIST OR ANY SUCH FACTS OR CIRCUMSTANCES EXIST WHICH COULD GIVE RISE TO A CLAIM, THEN THOSE CLAIMS AND ANY OTHER CLAIMS ARISING FROM SUCH FACTS OR CIRCUMSTANCES ARE EXCLUDED FROM THE PROPOSED INSURANCE UNLESS OTHERWISE AFFIRMATIVELY STATED IN THE POLICY.**

BY SIGNING THIS APPLICATION, THE APPLICANT REPRESENTS TO THE INSURER THAT ALL STATEMENTS MADE IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS THERETO, ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED IN THIS APPLICATION OR CONCEALED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE INSURER'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED.

NOTICE TO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND and WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: 1) by submitting an application, or 2) by filing a claim containing a false statement as to any material fact may be violating state law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO TENNESSEE, VIRGINIA and WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Signature of Authorized Applicant

Signature of Broker/Agent

Print Name

Print Name

Title

Date

Date

Signed by Licensed Resident Agent
(Where Required By Law)



ACE TANKSAFE® ATTACHMENT I

Storage Tank Inventory By Location

Facility Name _____ Facility Address _____ Facility ID # _____

(Complete schedule with symbols below)

	1	2	3	4	5	6
Tank #						
UST/AST						
Install Date Year						
Capacity (Gallons)						
Contents						
Tank Construction Material						
Overfill/Spill Protection						
Tank Leak Detection						
AST Diking & Base Construction						
Piping Construction Material						
Piping Leak Detection						

Contents

A. Unleaded Gasoline
B. Gasohol
C. Diesel
D. Kerosene
E. Waste Oil/ Used Oil
F. Fuel Oil
G. Generic Gasoline
H. Pesticide
I. Ammonia compound
J. Chlorine compound
K. Haz. Substance (CERCLA)
L. Mineral Acids
M. Grades 5&6 bunker 'C' oils
N. Petroleum-base additive(E85)
O. Misc. petroleum-base
P. Heating Oil
Q. Other, please indentify

Tank Construction

A. Steel
B. Fiberglass
C. FRP Clad Steel
D. Concrete
E. Polyethylene
F. Other EPA/DEP Approved
G. Cathodic Protection
Sacrificial Anode
H. Cathodic Protection -
Impressed Current
I. Double Walled(DW) -
Single Material
J. Double Walled (DW)-
Dual Material
K. (DW)Synthetic Liner in
Tank Construction
L. (DW)Pipeless UST with
Secondary Containment
M. Internal Lining **STI.** STI-P3

Overfill/Spill Protection

A. Ball Check Valve
B. Spill Containment Bucket
C. Flow Shut-off
D. Tight Fill
E. Level Gauges, High Level Alarms
F. Other EPA/DEP Approved
Protection Method

Piping Construction Material

A. Steel
B. Fiberglass
C. Double walled
D. Approved Synthetic Material
E. Other EPA/DEP Approved
Piping Material
F. External Protective Coating
G. C/P with sacrificial anode or
impressed current

Tank Leak Detection

A. Groundwater Monitoring Wells
B. Interstitial Monitoring
C. Vapor Monitoring Wells
D. Visual Inspections of AST Systems
E. Other EPA/DEP Approved
F. SPCC Plan - AST
G. Interstitial Space -Double Walled Tank
H. Manual Tank Gauging - UST
I. Statistical Inventory Reconciliation -
(SIR)(USTs)
J. Automatic Tank Gauging System (USTs)
K. Interstitial Monitoring of AST tank bottom
L. Annual Tightness Test with Inventory -
(USTs)

AST Diking & Base Construction

A. Concrete, Synthetic Material, clays
B. Other EPA/DEP approved secondary
containment system
C. Dirt/Earth

Piping Leak Detection

A. Electronic Line Leak Detector
with Flow Shutoff
B. Interstitial Monitoring – Piping Filter
C. External Monitoring
D. Mechanical Line Leak Detector
E. Interstitial Monitoring of
double wall piping
F. Suction Pump Check Valve

Marina Questionnaire

Answer the following questions in relation to any facility identified as a marina or any storage tank(s) located within one (1) mile of a body of water:

1. Please provide the facility name, full address and photo of the storage tank(s) and associated piping and appurtenances connected thereto.
2. Has a Spill Prevention, Control and Countermeasure Plan been completed within the past five (5) years? (If "Yes", please provide a copy of the report.)
3. What is the distance from the storage tank to the nearest body of water? Also, please provide a description of the environment surrounding the tank?
☐ Less Than 2000 feet
☐ Less Than 1 mile
☐ More than 1 mile
4. What is the distance from the facility to the nearest recreational swimming area on this body of water?
☐ Less Than 2000 feet
☐ Less Than 1 mile
☐ More than 1 mile
5. Is all piping associated with the storage tank double-walled?
6. Is the piping associated with the storage tank UV Resistant?
7. What year was the piping associated with the storage tank installed? Has the piping ever been tested? (If "Yes", provide a copy of the test results.)
8. Does the facility have piping that extends under the water? (If "Yes", please describe and provide the Spill Prevention, Control and Countermeasure Plan in place for this piping.)
9. Does the facility have piping that extends over the water, including along bulkheads, docks or floating docks? (If "Yes", please describe and provide the Spill Prevention, Control and Countermeasure Plan or Emergency Response Plan in place for this piping.)
10. Does the facility have a shut-off valve located on land that will stop the flow of product in the event of a release? (If "Yes", please describe the placement of the valve and shut-off process.)
11. Are all dispensers associated with the storage tank protected from impact from boats or watercraft? (If "Yes", please describe how.)
12. If the facility has aboveground storage tanks, do they have secondary containment? (If "Yes", please describe.)

Facility No. 1 of 1

quote no. Q150101

Facility Name: Station 25 No. of ASTs at this facility: 1

Address: 220 Reef Drive City: Key Largo State: FL USA

ZIP: 33037 Facility ID #: 9810338 (leave blank if not applicable)

Type of Facility? ☐ Gas station ☐ Convenience store ☐ Marina ☐ Airport ☐ Industrial ☐ Fuel Storage/Transfer ☒ ALL OTHER FACILITY TYPES

Do you have an SPCC for this Facility? ☒ yes ☐ no

Loss History Information for this Facility:

- ☒ No pollution related clean-ups or 3rd party claims at this facility in past 10 years
- ☐ Pollution at facility in past 10 years, resolved with regulatory closure

Do you utilize a 3rd party Engineering firm to provide Compliance Management Services for this Facility? ☒ yes ☐ no

Tank No.	Installation Date	AST Capacity (gallons)	AST Secondary Containment	Piping Secondary Containment	Automatic Overfill/Spill Protection and/or Electronic Leak Detection?	Tank Contents
9810338	09/8/2020	2376	<input type="checkbox"/> Permeable <input checked="" type="checkbox"/> Impermeable <input type="checkbox"/> None	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unleaded <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Waste Oil <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Jet/Aviation <input type="checkbox"/> Other

(use additional rows/pages as need)



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Name of Business: KEY LARGO FIRE DEPARTMENT Station 24

Address 1 EAST DRIVE KEY LARGO, FLORIDA 33037 _____

Facility Phone (305) 451 - 2700

Types of Work or Hazardous Substances Used: DIESEL IS USED TO POWER THE STATION GENERATOR AND ALSO TO FUEL THE FIRE APPARATUSES

This spill plan is designed to handle the requirements for this system and associated hazardous substances. The spill plan should be updated if the hazardous substance inventory changes.

Spill Prevention

The following are general requirements for any hazardous substances stored or used at this facility.

General Requirements

- Ensure all hazardous substances are properly labeled.
- Store, dispense, and/or use hazardous substances in a way that prevents releases.
- Maintain good housekeeping practices for all chemical materials at the facility.
- Routine/Daily checks in the hazardous substance storage area to be performed by STATION OFFICERS _____
- Monthly inspections of the hazardous substance storage area, secondary containment, and annular space (interior cavity of double wall tank) on any Above-ground Storage Tanks (AST) or Underground Storage Tanks (UST) need to be logged in this plan. See Appendix A - Inspection Log.

The general spill response procedure at this facility is to stop the source of the spill, contain any spilled material and clean up the spill in a timely manner to prevent accidental injury or other damage.

Small spills will be contained by site personnel if they are able to do so without risking injury. Spill kits are located at the following location(s). See attached site map:

INSIDE THE GENERATOR ROOM. IT IS A BRIGHT YELLOW BUCKET LABELED SPILL KIT. _____

Personnel will properly characterize spill cleanup materials before disposal.

CONTACT THE KEYS SANITARY SERVICES (305) 451-0334



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Emergency Procedures:

- Immediately call **911** in the event of injury, fire or potential fire, or spill of a hazardous substance that gives rise to an emergency situation.
- If a spill has occurred, contact the following persons immediately:

_____ (Primary) () ____ - ____

_____ (Secondary) () ____ - ____

- **In the event of a large spill, a properly trained employee should:**
 - Assess the area for any immediate dangers to health or safety. If any dangers are present, move away from the area.
 - Notify the primary and/or secondary contact from the list above and then continue your spill response. The primary contact should assess additional notification requirements (i.e. notify Department of Environmental Protection).
 - Retrieve the spill kit from the closest location.
 - Assess the size of the leak and any immediate threat of the spill reaching the floor/storm drains or permeable surfaces in the area. If there is an immediate threat and there are no safety concerns, then attempt to block the spill from coming in contact with the floor/storm drain or permeable surface. If no drain covers are available, then try to use absorbent (cat litter) and/or sock booms or rags to stop the spill from getting into the drains or to any permeable surfaces.
 - If the spill can be contained with absorbent booms, deploy them around the spill. Use the booms to direct the spill away from any immediate hazards.
 - If there is no immediate threat to the floor/storm drains or permeable surfaces, or after controlling the spill, try to plug or stop the leak, if possible. If applicable, put on protective gear (gloves, goggles, protective clothing, etc.) and plug the leak.
 - Once the spill has been contained and any immediate threat to storm drains or permeable surfaces has been minimized, contact the spill cleanup contractor and dispatch them to clean up the spill or commence spill cleanup procedures.

Spill cleanup for large spills should be handled by the Spill Cleanup Contractor

Company Name **Hauber Inc.** _____ 24-Hour Phone (305) 522 -1644

Spill Reporting

If a hazardous substance spill exceeds 25 gallons or if any amount has been released to soil, surface water, or storm drains, notify the following agencies:

DEP 24 hour contact 1-800-320-0519



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Hazardous Substance Inventory

Major Groups Only

Hazardous Substance	Manufacturer	Quantity/Unit of Issue



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Plan Management

The primary contact or designee shall administer this plan and will be responsible for updating and including any required documentation.

Spill Tracking

Any spills must be entered into the Spill Log (see Appendix C). If a large catastrophic spill occurs, attach additional pages to describe the event. Include known or possible causes, areas affected, and effectiveness of the cleanup. Include a review of the cleanup contractor and their procedures. For small spills, it is sufficient to fill out the Spill Log, and to take measures to prevent a repeat occurrence.

Facility Inspections

Routine inspections will be conducted daily during regular business hours. Daily inspections will include, at a minimum, a visual inspection of the hazardous substances containers and the area immediately adjacent to it for signs of a spill or leak. These inspections do not need to be logged unless a spill or leak is detected. Ideally, these inspections will be conducted by a manager or by regular employees.

Full site inspections will be conducted monthly by the primary contact or designee and, at a minimum, will include those items on the inspection form in Appendix B. If any item on the inspection form is found unacceptable, the inspection form will be attached to this plan. If all items are deemed acceptable; it is sufficient for the inspector to log only the inspection and the results in the Inspection Log (Appendix A).



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Appendix A - Inspection Log

A = Acceptable U = Unacceptable

If any items are unacceptable attach Inspection Form with details.

Inspection Month	Year	Inspector Initials	Leak Detector Test	Visual Inspection	Liquid Check Pump	Liquid Check Sump	Spill Kit Complete?	Storm Drain?	Paste Test
January	2019								
February	2019								
March	2019								
April	2019								
May	2019								
June	2019								
July	2019								
August	2019								
September	2019								
October	2019								
November	2019								
December	2019								
January	2020								
February	2020								
March	2020								
April	2020								
May	2020								
June	2020								
July	2020								
August	2020								
September	2020								
October	2020								
November	2020								
December	2020								



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Appendix B Inspection Form

Acceptable

Unacceptable

☐☐

Evidence of Spills?

Is there any indication that a spill might have occurred? If so, was the spill properly cleaned up? Was there any spill kit materials used? Was the Spill Log filled out for that incident? Any housekeeping issues?

☐☐

For Tanks with alarm systems only Any Alarms or Sensor issues?

Have there been any alarm conditions in the past month? If alarms have occurred, has the monitoring system been serviced by the manufacturer or an authorized service company? Is the system up and working at this time? Is the sensor working? Did you conduct a test of the alarm and the sensor? When was the last time the sensor was serviced?

☐☐

Spill Kit Complete?

Have any items been used from the spill kit? If items are missing, is there an associated entry in the Spill Log? Are there any items missing that are currently on order? Is the spill kit stored where it is supposed to be stored? Is there a sufficient supply of daily cleanup materials?

☐☐

Storm Drains?

Is there a buildup of sediment in the drain traps? Is there any evidence of drain clogging? Are the drain filters still intact? Any need replacing? Have they been replaced?

☐☐

Items Fixed?

Have all deficiencies previously noted been fixed or made acceptable?

List any issues, deficiencies, or failures in detail:

[illegible]



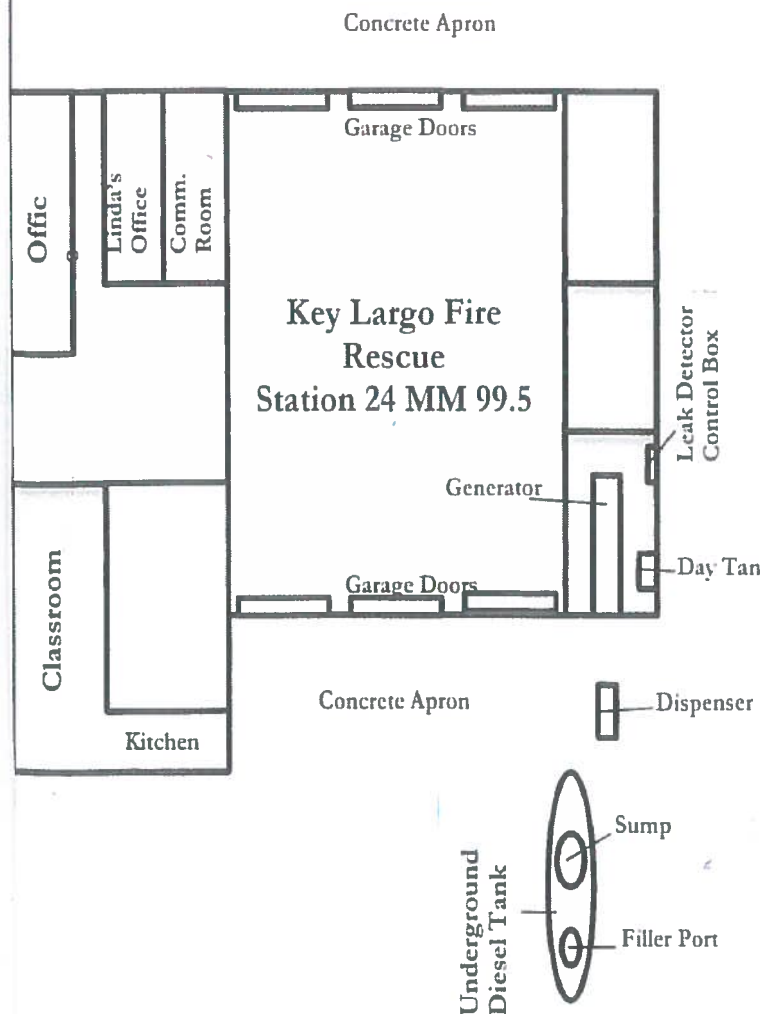
KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Site Map

Note locations of spill kits, inside floor drains, storm drains, and hazardous substance storage areas.

SITE PLAN:





KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Name of Business: KEY LARGO FIRE DEPARTMENT Station 25

Address 220 REEF DRIVE KEY LARGO, FLORIDA 33037

Facility Phone (305) 453 - 0025

Types of Work or Hazardous Substances Used: DIESEL IS USED TO POWER THE STATION GENERATOR AND ALSO TO FUEL THE FIRE APPARATUSES

This spill plan is designed to handle the requirements for this system and associated hazardous substances. The spill plan should be updated if the hazardous substance inventory changes.

Spill Prevention

The following are general requirements for any hazardous substances stored or used at this facility.

General Requirements

- Ensure all hazardous substances are properly labeled.
- Store, dispense, and/or use hazardous substances in a way that prevents releases.
- Maintain good housekeeping practices for all chemical materials at the facility.
- Routine/Daily checks in the hazardous substance storage area to be performed by STATION OFFICERS
- Monthly inspections of the hazardous substance storage area, secondary containment, and annular space (interior cavity of double wall tank) on any Above-ground Storage Tanks (AST) or Underground Storage Tanks (UST) need to be logged in this plan. See Appendix A - Inspection Log.

The general spill response procedure at this facility is to stop the source of the spill, contain any spilled material and clean up the spill in a timely manner to prevent accidental injury or other damage. Small spills will be contained by site personnel if they are able to do so without risking injury. Spill kits are located at the following location(s). See attached site map:

INSIDE THE GENERATOR ROOM. IT IS A BRIGHT YELLOW BUCKET LABELED SPILL KIT. _____

Personnel will properly characterize spill cleanup materials before disposal.

CONTACT THE KEYS SANITARY SERVICES (305) 451-0334



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Plan Management

The primary contact or designee shall administer this plan and will be responsible for updating and including any required documentation.

Spill Tracking

Any spills must be entered into the Spill Log (see Appendix C). If a large catastrophic spill occurs, attach additional pages to describe the event. Include known or possible causes, areas affected, and effectiveness of the cleanup. Include a review of the cleanup contractor and their procedures. For small spills, it is sufficient to fill out the Spill Log, and to take measures to prevent a repeat occurrence.

Facility Inspections

Routine inspections will be conducted daily during regular business hours. Daily inspections will include, at a minimum, a visual inspection of the hazardous substances containers and the area immediately adjacent to it for signs of a spill or leak. These inspections do not need to be logged unless a spill or leak is detected. Ideally, these inspections will be conducted by a manager or by regular employees.

Full site inspections will be conducted monthly by the primary contact or designee and, at a minimum, will include those items on the inspection form in Appendix B. If any item on the inspection form is found unacceptable, the inspection form will be attached to this plan. If all items are deemed acceptable; it is sufficient for the inspector to log only the inspection and the results in the Inspection Log (Appendix A).



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Emergency Procedures:

- Immediately call **911** in the event of injury, fire or potential fire, or spill of a hazardous substance that gives rise to an emergency situation.
- If a spill has occurred, contact the following persons immediately:

_____ (Primary) () ____ - ____
_____ (Secondary) () ____ - ____

- In the event of a large spill, a properly trained employee should:
 - Assess the area for any immediate dangers to health or safety. If any dangers are present, move away from the area.
 - Notify the primary and/or secondary contact from the list above and then continue your spill response. The primary contact should assess additional notification requirements (i.e. notify Department of Environmental Protection).
 - Retrieve the spill kit from the closest location.
 - Assess the size of the leak and any immediate threat of the spill reaching the floor/storm drains or permeable surfaces in the area. If there is an immediate threat and there are no safety concerns, then attempt to block the spill from coming in contact with the floor/storm drain or permeable surface. If no drain covers are available, then try to use absorbent (cat litter) and/or sock booms or rags to stop the spill from getting into the drains or to any permeable surfaces.
 - If the spill can be contained with absorbent booms, deploy them around the spill. Use the booms to direct the spill away from any immediate hazards.
 - If there is no immediate threat to the floor/storm drains or permeable surfaces, or after controlling the spill, try to plug or stop the leak, if possible. If applicable, put on protective gear (gloves, goggles, protective clothing, etc.) and plug the leak.
 - Once the spill has been contained and any immediate threat to storm drains or permeable surfaces has been minimized, contact the spill cleanup contractor and dispatch them to clean up the spill or commence spill cleanup procedures.

Spill cleanup for large spills should be handled by the Spill Cleanup Contractor

Company Name **Hauber Inc.** _____ 24-Hour Phone (305) 522 -1644

Spill Reporting

If a hazardous substance spill exceeds 25 gallons or if any amount has been released to soil, surface water, or storm drains, notify the following agencies:

DEP 24 hour contact 1-800-320-0519



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Hazardous Substance Inventory

Major Groups Only

Hazardous Substance	Manufacturer	Quantity/Unit of Issue



If any items are unacceptable attach Inspection Form with details.

[illegible]



KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Appendix B Inspection Form

Acceptable

Unacceptable

☐☐

Evidence of Spills?

Is there any indication that a spill might have occurred? If so, was the spill properly cleaned up? Was there any spill kit materials used? Was the Spill Log filled out for that incident? Any housekeeping issues?

☐☐

For Tanks with alarm systems only Any Alarms or Sensor issues?

Have there been any alarm conditions in the past month? If alarms have occurred, has the monitoring system been serviced by the manufacturer or an authorized service company? Is the system up and working at this time? Is the sensor working? Did you conduct a test of the alarm and the sensor? When was the last time the sensor was serviced?

☐☐

Spill Kit Complete?

Have any items been used from the spill kit? If items are missing, is there an associated entry in the Spill Log? Are there any items missing that are currently on order? Is the spill kit stored where it is supposed to be stored? Is there a sufficient supply of daily cleanup materials?

☐☐

Storm Drains?

Is there a buildup of sediment in the drain traps? Is there any evidence of drain clogging? Are the drain filters still intact? Any need replacing? Have they been replaced?

☐☐

Items Fixed?

Have all deficiencies previously noted been fixed or made acceptable?

List any issues, deficiencies, or failures in detail:

[illegible]

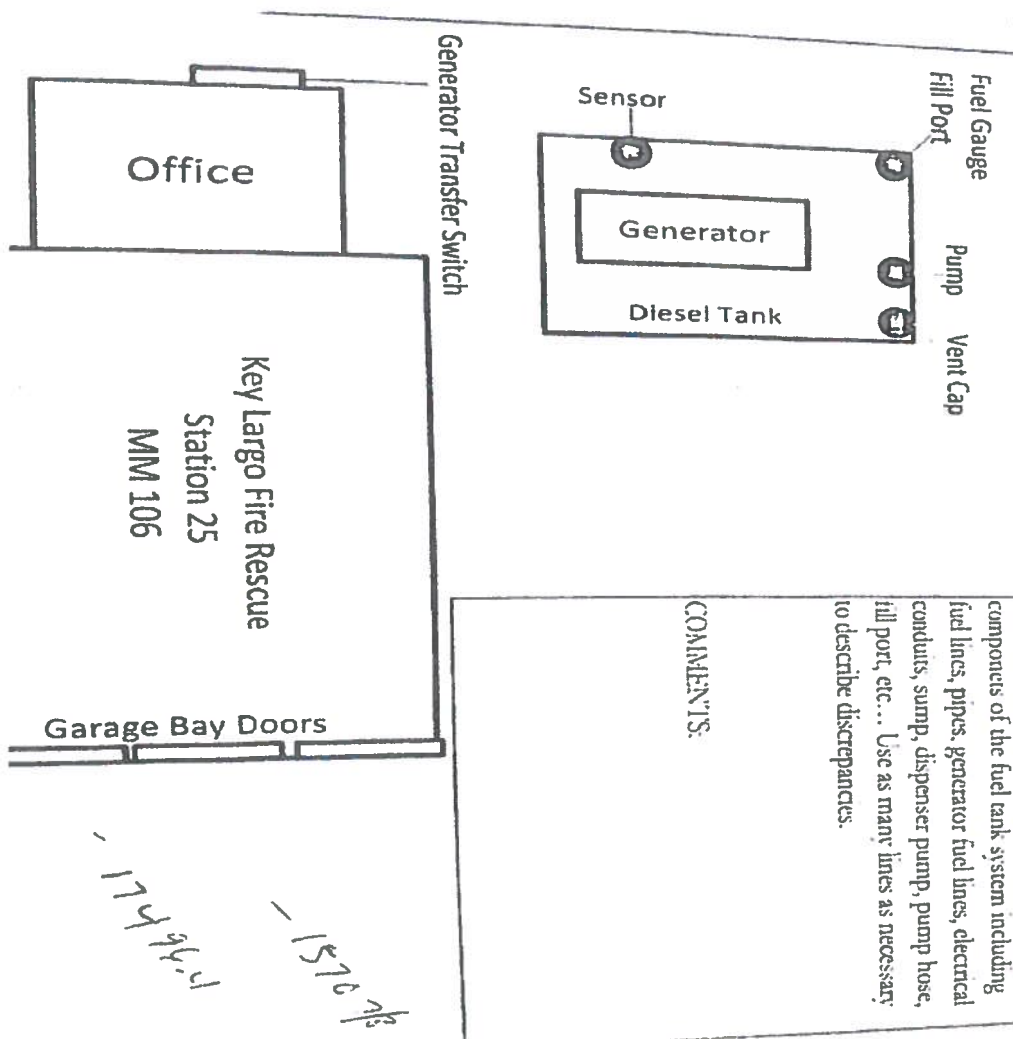


KEY LARGO FIRE DEPARTMENT

Spill Prevention and Response Plan

Site Map

Note locations of spill kits, inside floor drains, storm drains, and hazardous substance storage areas.





KEY LARGO VOLUNTEER AMBULANCE CORPS, INC.

98600 Overseas Highway Key Largo, Florida 33037 Phone: 305-451-2766 Fax: 305-451-1562

Business Meeting Agenda Date: August 11, 2020 via Zoom

1. Call to Order
2. Approval of Agenda
3. Announcements
4. Public Comment
5. Approval of Minutes
6. Treasurer's Report
7. Committee Reports
8. Legal Report
9. Membership Review
 - A. Request for Leave of Absence for Luis Requejo
10. Old Business
 - A. Emergency Pay Policy Modification
11. New Business
12. Membership Discussion
13. Adjournment



KEY LARGO VOLUNTEER AMBULANCE CORPS, INC.

98600 Overseas Highway Key Largo, Florida 33037 Phone: 305-451-2766 Fax: 305-451-1562

Business Meeting

Date: August 11, 2020 via Zoom

Board members in attendance were Dawn DeBrule, Ken Edge, Tess Marra and Scott Robinson. A quorum was present. Chief Don Bock was also in attendance.

1. Meeting was called to order at 6:30 pm by President Scott Robinson.
2. Approval of Agenda
Dawn DeBrule seconded by Ken Edge moved approval of the agenda. Motion carried.
3. Announcements
Testing was held for 4 part-time medics and 2 volunteers.
4. Public Comment
No public comment.
5. Approval of Minutes
Tess Marra seconded by Ken Edge moved approval of the July 2020 minutes. Motion carried.
6. Treasurer's Report
Tess Marra reported a balance of \$ 204,755.16 as of July 31, 2020. Ken Edge seconded by Dawn DeBrule moved approval of the treasurer's report. Motion carried.
7. Committee Reports
The Fact Finding Committee consisting of both EMS personnel and firefighters [as tasked by the District Board] has begun the process of creating a five-year plan. Three scenarios are being discussed, *i.e.*, both agencies operating under one corporation, both agencies operating, as now, under two separate corporations, and personnel of both agencies becoming employees of the District.
8. Legal Report
No Report
9. Membership Review
Luis Requejo has requested a leave of absence which was granted by the Chief prior to this meeting.



KEY LARGO VOLUNTEER AMBULANCE CORPS, INC.

98600 Overseas Highway Key Largo, Florida 33037 Phone: 305-451-2766 Fax: 305-451-1562

10. Old Business

Ken Edge, seconded by Dawn DeBrule, moved a modification to the Emergency Pay Policy. Emergency Pay will commence once a state of emergency has been declared by the President of the United States, the Governor of Florida and/or the Mayor of Monroe County so long as the anticipated event has a negative impact on the Upper Keys. The time frame will be 48 hours prior to the event and not to exceed 10 days after the event providing the District approves these expenditures.

Ken Edge yes

Dawn DeBrule yes

Tess Marra yes

Scott Robinson yes

The motion carried unanimously.

11. New Business

There was no new business.

12. Membership Discussion

There was no discussion.

13. Adjournment

There being no further business, Ken Edge seconded by Dawn DeBrule moved adjournment. Motion carried. Meeting adjourned at 6:54 pm.

Kay Cullen

Recording Secretary

Key Largo Volunteer Ambulance Corp Inc.
Treasurer's Report
August 2020

	Billing Account	Corp Account	Building Account	CPR Account	Certificates of Deposit	Total
Beginning Balance	\$12,124.02	\$6,380.00	\$2,441.09	\$1,616.57	\$182,193.48	\$204,755.16
<u>Revenues</u>						
Interest	1.00	0.46	0.21	0.14		1.81
Medical Fees	39,938.49					39,938.49
Medical Transcripts		8.00				8.00
KL Fire Rescue & EMS Reimb	9,999.00	21,262.61				31,261.61
Donations						0.00
Educational Income						0.00
Uncollected Income/Adjustmts	6,606.78					6,606.78
Misc Income						0.00
Total Revenues	\$56,545.27	\$21,271.07	\$0.21	\$0.14	\$0.00	\$77,816.69
<u>Expenditures</u>						
Advertising						0.00
Medical Billing Refunds	886.27					886.27
Payroll Expenses	32,386.79	22,773.67				55,160.46
Dues & Subscriptions						0.00
Professional Fees						0.00
Supplies		47.99				47.99
Bank Service Charges	62.76					62.76
Licenses						0.00
Repairs						0.00
Total Expenditures	\$33,335.82	\$22,821.66	\$0.00	\$0.00	\$0.00	\$56,157.48
Ending Balance	\$35,333.47	\$4,829.41	\$2,441.30	\$1,616.71	\$182,193.48	\$226,414.37
TRANSFERS	6,090.75	(6,090.75)	0.00	0.00		0.00
Balance before Adjustment	41,424.22	-1,261.34	2,441.30	1,616.71	182,193.48	226,414.37
Adjustment to arrive at Actual	-11,142.01	4,524.48	0.00	0.00	0.00	-6,617.53
ACTUAL BALANCE @ MO END	\$30,282.21	\$3,263.14	\$2,441.30	\$1,616.71	\$182,193.48	\$219,796.84



KEY LARGO VOLUNTEER FIRE DEPARTMENT, INC.

1 East Drive

Key Largo, Florida 33037

305-451-2700 tel.

305-451-4699 fax

info@keylargofire.com

Business Meeting

DATE: AUGUST 11, 2020 via Zoom

Amended AGENDA

1. Call to Order
2. Approval of Agenda
3. Announcement
4. Public Comment
5. Approval of Minutes
6. Treasurer's Report
7. Committee Reports
8. Benevolent Association Report
9. Legal Report
10. Membership Review
11. Old Business
 - A. Contract Status
 - B. Emergency Pay Policy Modification
 - C. Work Schedule Policy
12. New Business
 - A. Formulation of ByLaw committee
 - B. Discussion or approval of Proposed Budget
 - C. Other New Business
13. Membership Discussion
 - A. Retention / Recruitment
 - B. Open Board Positions
14. Adjournment



KEY LARGO VOLUNTEER FIRE DEPARTMENT, INC.

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Key Largo, Florida 33037

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Business Meeting

Date: August 11, 2020 via Zoom

Board members in attendance were Jason Mumper, Andre Castro, Don Conord and Jonathan Ramey. A quorum was present. Chief Don Bock was also in attendance.

1. Meeting was called to order at 6:56 pm by Jason Mumper.
2. Approval of Agenda
Don Conord, seconded by Jonathan Ramey moved to amend the agenda to add Work Schedule Policy under Old Business. Motion carried. Andre Castro seconded by Jonathan Ramey moved approval of the amended agenda. Motion carried.
3. Announcements
Captain Garrido reported that hose testing was completed.
4. Public Comment - None
5. Approval of Minutes
Jonathan Ramey seconded by Andre Castro moved approval of the July 2020 minutes. Motion carried.
6. Approval of Treasurer's Report
Jason Mumper reported a balance of \$51,640.61 as of July 31, 2020. Jonathan Ramey seconded by Andre Castro moved approval of the Treasurer's Report. Motion carried.
7. Committee Reports
There was discussion concerning the progress of the Fact Finding Committee, as tasked by the District. Three options are under discussion: both departments operate under separate corporations as now; both departments operate under one corporation; or personnel from both departments become employees of the District.
8. Benevolent Report – There was no report. This item will be removed from the agenda for all future meetings.
9. Legal Report - None
10. Membership Review
Four new hires will begin 9/1.
11. Old Business
 - A. Contract Status: The contract between the Fire Department and the District has been approved.



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- B. A change to the Emergency Pay Policy was discussed. Jonathan Ramey, seconded by Don Conord moved that in the event of a declared emergency by the President of the United States, the Governor of Florida and/or the Mayor of Monroe County for an event that may have a significant negative impact on the Upper Keys, the emergency pay will begin 48 hours pre-event, not to exceed 15 days following the event.

Andre Castro	yes	Don Conord	yes
Jonathan Ramey	yes	Jason Mumper	yes

- C. A discussion was held on the Work Schedule Policy. Upon motion and second by Andre Castro and Don Conord respectively, this matter will be tabled to the September meeting. Motion carried.

12. New Business

- A. Formation of By-Law Committee: an email will be sent to the membership requesting those interested parties to notify the Board of their interest. The committee members will be chosen at the September meeting.
- B. Budget Discussion: The proposed fire department budget to be submitted to the District was discussed. Upon motion and second by Andre Castro and Jonathan Ramey, the Chief was instructed to add the following to the proposed budget:
1. 4% increase in driver/engineer pay
 2. The addition of two additional paid holidays
 3. The purchase of a camera
- The motion carried unanimously.

13. Membership Discussion

A lengthy discussion was held concerning the issues of recruitment and retention.

14. Adjournment

There being no further business, the meeting was adjourned at 9:38 pm upon motion and second by Andre Castro and Jonathan Ramey.

Kay Cullen
Recording Secretary

**Key Largo Volunteer Fire Department
Treasurer's Report
August 2020**

	<u>Payroll/Reimb</u>	<u>Corp Account</u>	<u>District Expenses</u>	<u>Tee Shirt</u>	<u>Total</u>
Beginning Balance	\$45,995.14	\$5,028.78	\$613.50	\$3.19	\$51,640.61
<u>Revenues</u>					
Revenues & Reimbursements	58,294.91				\$58,294.91
Donations					0.00
T-Shirts/Sweaters					0.00
Misc Income - State of Florida					0.00
Interest	3.77	0.41	0.05		4.23
Total Revenues	\$58,298.68	\$0.41	\$0.05	\$0.00	\$58,299.14
<u>Expenditures</u>					
Payroll Expenses	87,378.21	0.00	0.00	0.00	\$87,378.21
Employee's Share Health Insurance	-1,680.94	0.00	0.00	0.00	-1,680.94
Health Insurance	8,630.04	0.00	0.00	0.00	8,630.04
Uniforms	79.63	0.00	0.00	0.00	79.63
Background Checks	0.00	0.00	0.00	0.00	0.00
Postage	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00
Training	0.00	0.00	0.00	0.00	0.00
Supplies	2,250.32	485.00	0.00	0.00	2,735.32
Dues & Subscriptions	0.00	0.00	0.00	0.00	0.00
Total Expenditures	\$96,657.26	\$485.00	\$0.00	\$0.00	\$97,142.26
Ending Balance	\$7,636.56	\$4,544.19	\$613.55	\$3.19	\$12,797.49
TRANSFERS					0.00
Balance before Adjustment	\$7,636.56	\$4,544.19	\$613.55	\$3.19	\$12,797.49
Adjustment to arrive at Actual	-8.25	0.00	0.00	0.00	-8.25
ACTUAL BALANCE @ MO END	\$7,644.81	\$4,544.19	\$613.55	\$3.19	\$12,805.74
*Payroll Liabilities	-\$8.25				
Fixed Asset Purchases	\$0.00				
Total Adjustments	-\$8.25				