

**FIRST AMENDMENT TO  
NON-EXCLUSIVE AMBULANCE FRANCHISE AGREEMENT**

**THIS FIRST AMENDMENT** is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and is to that certain Agreement made and entered into on the 27th day of June, 2023, between **LIFEFLEET SOUTHEAST, INC. d/b/a AMERICAN MEDICAL RESPONSE**, whose address is 4400 Hwy 121, Suite 700, Lewisville, Texas 75056, in this First Amendment referred to as “**PROVIDER**”, and **SEMINOLE COUNTY**, a charter county and political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 E. 1<sup>st</sup> Street, Sanford, Florida 32771, in this First Amendment referred to as “**COUNTY**”.

**W I T N E S S E T H:**

**WHEREAS**, **PROVIDER** and **COUNTY** entered into the above referenced Agreement on June 27, 2023, to provide a non-exclusive ambulance service franchise for all the geographical territory of Seminole County, Florida to the residents of Seminole County, Florida, in accordance with Chapter 17 of the Seminole County Code; and

**WHEREAS**, the parties desire to amend the Agreement to delete Exhibit A and replace with Exhibit A attached to this First Amendment and to enable both parties to continue to enjoy the mutual benefits the Agreement provides; and

**WHEREAS**, Section 23 of the Agreement provides that any amendments will be valid only when expressed in writing and duly signed by the parties.

**NOW, THEREFORE**, in consideration of the mutual understandings and agreements contained in this Amendment, the parties agree to amend the Agreement as follows:

1. Exhibit A of the Agreement is deleted and replaced with Exhibit A attached to First Amendment.
2. Except as modified by this First Amendment, all terms and conditions of the original

Agreement remain in full force and effect for the term of the Agreement.

IN WITNESS WHEREOF, the parties have executed this First Amendment for the purposes stated above.

ATTEST:

LIFEFLEET SOUTHEAST, INC. d/b/a  
AMERICAN MEDICAL RESPONSE

DocuSigned by:  
*Kimberly Brandt*  
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DocuSigned by:  
*Edward B. Van Horne*  
By: EDWARD VAN HORNE, President COO  
C8CE072ED04F94A6...

WITNESS  
Kimberly Brandt

Date: 4/11/2024

PRINT NAME

DocuSigned by:  
*Greg Kelminson*  
WITNESS  
Greg Kelminson  
0B542A473...

PRINT NAME

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

ATTEST:

GRANT MALOY  
Clerk to the Board of  
County Commissioners of  
Seminole County, Florida.

By: JAY ZEMBOWER, Chairman

Date:

For the use and reliance  
of Seminole County only.

As authorized for execution by the  
Board of County Commissioners at their  
, 20 regular  
meeting.

Approved as to form and  
legal sufficiency.

County Attorney

Attachment:  
Exhibit A – Insurance Requirements

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**NON-EXCLUSIVE AMBULANCE FRANCHISE AGREEMENT**

**EXHIBIT A**

**INSURANCE REQUIREMENTS**

The following insurance requirements and limits of liability are required:

**A. Workers' Compensation & Employers' Liability Insurance:**

<b>Workers' Compensation:</b>	<b>Statutory</b>	
<b>Employers' Liability:</b>	<b>\$ 1,000,000</b>	<b>Each Accident</b>
	<b>\$ 1,000,000</b>	<b>Disease Aggregate</b>
	<b>\$ 1,000,000</b>	<b>Disease Each Employee</b>

**B. Commercial General Liability Insurance:**

	<b>\$ 1,000,000</b>	<b>Per Occurrence</b>
	<b>\$ 1,000,000</b>	<b>Personal and Advertising Injury</b>
	<b>\$ 2,000,000</b>	<b>General Aggregate</b>
	<b>\$ 2,000,000</b>	<b>Products and Completed Operations</b>

**C. Business Automobile Liability Insurance:**

	<b>\$ 1,000,000</b>	<b>Combined Single Limit</b> <b>(<u>Any Auto</u> or <u>Owned, Hired, and</u></b> <b><u>Non-Owned Autos</u>)</b>
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**D. Professional Liability:**                      **\$ 1,000,000**      **Per Claim**

~~ End Exhibit A ~~