

**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 **RG AMBULANCE SERVICE, INC. d/b/a AMERICAN AMBULANCE**, whose address is 2766 NW 62 Street, Miami, Florida 33147, 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**”.

**WITNESSETH:**

**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:

[Signature]  
WITNESS  
Victoria Hernandez  
PRINT NAME

RG AMBULANCE SERVICE, INC. d/b/a  
AMERICAN AMBULANCE

By: [Signature]  
RAYMOND GONZALEZ, President

Date: 3/28/24

[Signature]  
WITNESS  
Charles Raymond  
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

T:\Users\Legal Secretary CSB\Public Safety\2024\RG Ambulance Service, Inc dba American Ambulance 1am.docx

# 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:

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

B. Commercial General Liability Insurance:

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

C. Business Automobile Liability Insurance:

	\$ 1,000,000 Combined Single Limit ( <u>Any Auto or Owned, Hired, and Non-Owned Autos</u> )
--	--

D. Professional Liability: \$ 1,000,000 Per Claim

~~ End Exhibit A ~~