

**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 **FIRST 2 AID EMS, INC. d/b/a TRIDENT EMS**, whose address is 3700 Commerce Boulevard, Suite 150, Kissimmee, Florida 32771, 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. 1st 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:

FIRST AID EMS, INC. d/b/a TRIDENT EMS

[Signature]
WITNESS

By: [Signature]
SANJAY PAREKH, Vice President

PRINT NAME

Date: 04/10/2024

[Signature]
WITNESS

William C. Davis
PRINT NAME

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

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:

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

~~ End Exhibit A ~~