



EVENT PERMIT

Ordinance 17-08

Charleston Park Day

PERMIT NUMBER: TMP2024-00154

Date(s) of Event: April 27, 2024

Property Owner: LEE COUNTY

Applicant: Dawn Valdez-Dvis
239-728-8895

Description: Celebration On April 27, 2024 from 11AM until 8:00PM Open with Awards ceremony 12:00PM until 1:00PM, Live music and Entertainment 1:00PM until 4:00PM Car Show 4:00PM until 8:00PM

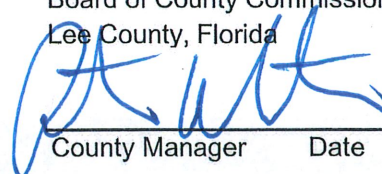
Location of event: 2611 CHARLESTON PARK DR, ALVA, FL 33920
Charleston Park

Will the event be attended by 1000 or more people ?	Yes
Will the event be held on County Owned Property ?	Yes
Will there be alcohol consumed or sold at the event ?	No
Will a bond be posted for this event ?	No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida

 4-26-24

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Charleston Park Day

TMP2024-00154

Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	CHARLESTON PARK DAY
Date(s) of Event / Production:	APRIL 27, 2024
Location(s) of Event:	2611 CHARLESTON PARK DR ALVA
Name of Applicant:	CHARLESTON PARK NEIGHBORHOOD ASSOCIATION INC
Applicant Address:	2541 CHARLESTON PARK DR ALVA FL 33920
Applicant Phone Number:	239.728.8895
Contact Person: (If different from applicant)	DAWN VALDEZ-DAVIS
Contact Phone Number: (If different from applicant)	908.922.0420
Email Address:	charlestonpark1926@gmail.com
Estimated Attendance:	1000
Event Description: Include each activity, when activities take place, etc.	12-1 OPEN WITH AWARDS CEREMONY 1-4 LIVE MUSIC AND ENTERTAINMENT 4-8 CAR SHOW
Hours of Operation:	11AM-8PM
STRAP # of Parcel:	25-43-27-00-07001-0220 25-43-27-00-05507-0510
Owner of Premises*:	LEE COUNTY PARKS & REC

*Notarized statement from the property owner specifically consenting to the proposed use required.



What is the Zoning Classification of the premises? _____

Are any temporary structures to be installed for the event? Yes No Type: _____

Do you have the appropriate permits for the temporary structures? Yes No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Key Insurance

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): KeyInsurance 6326 Presidential Court Unit #4 Ft myers FL 33919

<p>Will Vehicles be Used as Part of This Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, automobile coverage must be included on the certificate of insurance.</p>	<p>Will Food be Available at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, products liability coverage must be included on the certificate of insurance.</p>	<p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p>
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Name & Address of Organization Providing Food: Variuos Vendors

Type of Food being Served: BBQ,Cultural Foods,ETC

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Charleston Park Neighborhood Association INC.

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? Yes No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Lee County Event Permit Application



Type of Production (choose all that apply):

- TV Movie or Special TV Series / Pilot TV Commercial Still Photos
 Public Service Announcement Industrial / Documentary Other: _____

Will any of the following be needed or included*?

- | | | |
|--------------------------------|---|--|
| Street Closure | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Traffic / Crowd Control | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Explosives or Pyrotechnics | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Animals, Large or Small | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Stunts | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* For any marked Yes, provide further details below:

This is not a film production we are requesting to have Charleston Park Dr on Rt 80 entrance closed to keep cars from entering the festivities

Special Parking Requirements:

no

City or County Services Required: (Personnel, equipment, facilities, etc.)

no

The following information is required for local and state records on production in Florida to track the economic impact on the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: na Number in Crew: _____ Number of locals hired: _____
 Total budget: _____ Estimate amount spent in Lee County: _____
 Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Lee County Event Permit Application



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Dawn Valdez-Davis
Signature of Applicant

Jerry Davis
Witness

Dawn Valdez-Davis

Print Name of Applicant and Title

Jerry Davis

Print Name of Witness

March 5, 2024

Date

March 20, 2024

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

Parking for event will be in authorized areas only & right-of-way must not be impeded.

Deputies (How Many?):

4 deputies for security & presence and 1 deputy for traffic assistance.

Fee for Services:

Contact LCSO Details Unit

Special Arrangements:

Four uniformed deputies for security & presence while event takes place as well as one deputy for traffic assistance to ensure right of ways are not impeded and blocking traffic. Deputies will pair up to maintain LE presence by conducting proactive foot patrols throughout the event area. Deputies will not be positioned in one particular spot but will be moving around to maintain LE presence throughout. Second Precinct will provide additional manpower to supplement detail deputies and assist with event. Any amplified sounds must adhere to Lee County noise ordinances.

Print Name:

P. Cummins

Signature:

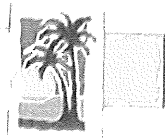
Title:

Commander

Date:

3 20 24

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking: No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress: Please use all established means of ingress and egress.

Special Arrangements: Shall use Lee County Sheriff's Office for assistance with traffic control as needed. Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman
Digitally signed by Nathaniel C. Thoman
Date: 2024.03.19 07:16:48 -04'00'

Title: Project Manager

Date: 03/19/2024

EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY
2000 Main St., Suite #100
FORT MYERS, FL 33901
(239) 533-3911

Check the appropriate box(es) below:

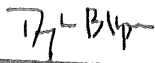
- SPECIAL EVENT PERMIT
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- FILM PERMIT

FOR THE OFFICER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Restroom Facilities:	None necessary.
Medical Personnel:	None necessary.
Medical Supplies / Equipment:	None necessary.
Health and Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety.
Other Services:	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at EMSDetail@leegov.com .

Print Name: Douglas B. Higgins

Signature:



Digitally signed by Captain Douglas B. Higgins
Date: 2024.04.07 14:41:02 -04'00'

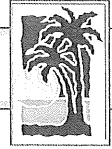
Title:

Captain, EMS Operations

Date:

April 7, 2024

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL33901
(239) 533-8580

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Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman
Date: 2024.03.19 07:16:48 -04'00'

Title: Project Manager

Date: 03/19/2024



Lee County Event Permit Application

LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
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Illumination: Lighting is not available. Any additional lighting is the responsibility of the event organizer.

Parking Areas: Parking in designated parking areas only. A parking plan should be approved by site supervisor.

Special Arrangements: Event organizer must work with site supervisor on event details, litter pickup and hours of operation.

Print Name: Colleen Via
 Signature: Colleen Via
 Title: Countywide Service Manager
 Date: 4/15/2024

*Charleston PK - Charleston PK Day
4/17/2024*

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:

Ingress and Egress:

Special Arrangements:

Print Name: _____

Signature: _____

Title: _____

Date: _____

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements:

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability."

Special Arrangements:

Lee County, a political subdivision and Charter County of the State of Florida
P.O. Box 398
Fort Myers, Florida 33902

Print Name: Valerie Miller

Signature: *Valerie Miller*

Title: Risk Management Analyst

Date: 4.22.24



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER KEY INSURANCE & FINANCIAL SERVICES LLC 6326 Presidential Court, Unit 4 Fort Meyers, FL 33919 A104160	CONTACT NAME: Angel Huertas PHONE (A/C No. Ext): (239) 334-4585 E-MAIL ADDRESS: angeljgreggins@comcast.net FAX (A/C No.): (239) 334-1683
	INSURER(S) AFFORDING COVERAGE INSURER A: Burns & Wilcox/Scottsdale INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Charleston Park Neighborhood Association Nellie 2541 Charleston Park Dr Alva, FL 33920 239-728-8895	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

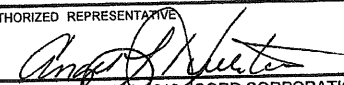
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		Y	SE 1111092	04/27/2024	04/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/ AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Lee County, a political subdivision and Charter County, of the State of Florida, its agents, employees, and public officials, will be named as an Additional Insured on the Liability portion of this policy, including Products and Completed Operations.

Ok 4.22.24 - No liquor Served
Nellie Miller

CERTIFICATE HOLDER LEE COUNTY BOARD OF CO. COMMISSIONERS PO BOX 398 FORT MYERS, FL. 33902-0398 FX 239-533-7960	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

80

80

Palm Beach Blvd

3T (TTT) Vietnamese Fruit, Tree Garden

Charleston Park Neighborhood...

Solomon Dr

Charleston Park

Mitchell Building & Remodeling Inc...

Railroad Ave

Quantum Dent Repair

Avenue A

Avenue B

Charleston Park

Roundtree Ave

Avenue D

First St

First St

First St

Third St

Third St

P

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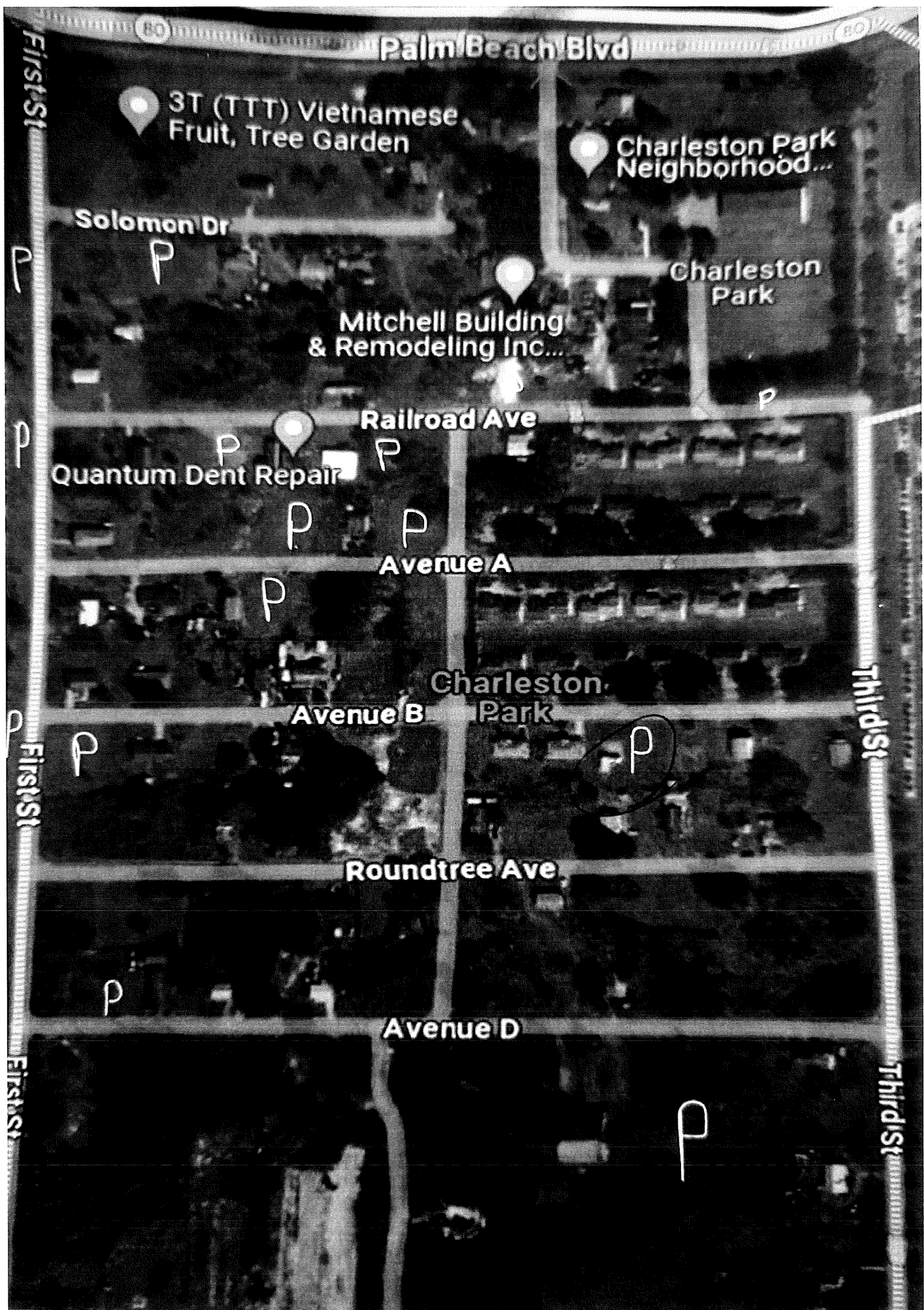
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Palm Beach Blvd

3T (TTT) Vietnamese Fruit, Tree Garden

Charleston Park Neighborhood...

Solomon Dr

Charleston Park

Mitchell Building & Remodeling Inc...

Railroad Ave

Quantum Dent Repair

Avenue A

Charleston Avenue B Park

Roundtree Ave

Avenue D

First St

80

Third St

Third St

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The (a)



Third St

Third St

80

Palm Beach Blvd

Avenue D

Roundtree Ave

Charleston Park
Avenue B

Avenue A

Railroad Ave

Charleston Park

Charleston Park Neighborhood...

3T (TTT) Vietnamese Fruit, Tree Garden

Solomon Dr

First St

First St

First St

II. Location Address of the Event(s) and Corresponding Classification(s)

Location #1

Address City State Zip
 2541 Charleston Park Dr Alva FL 33920
 Years At Current Location: _____

Event	Start Date	End Date	# of Attendees:	# of Consumers:
Wedding (applicant is the host of the event)	4/27/2024	4/27/2024	500	

What is the full mailing address of the Additional Insured?

PO Box 398, Fort Myers, FL 33902

What is the name of the Additional Insured?

Lee County Board of County Commissioners

Will the event feature firearms?

Yes No

Will the event feature overnight camping, or dormitory stays on the event's premises?

Yes No

Will spectators be permitted in the water (swimming, boating, fishing, etc.)?

Yes No

Will the event feature fireworks?

Yes No

III. Limit of Insurance

Please select a limit:

Limits of Liability Occurrence/Aggregate

\$1,000,000/\$2,000,000

Additional Quote Information

Personal & Advertising Injury Will match the Occurrence Limit

Products Aggregate See L-535

Damages to Premises Rented \$100,000.00

Medical Payments \$1,000.00

General Liability Limits must be equal to or greater than Liquor Liability Limits.

Classification
Photography and Video Coverage - General Liability