



EVENT PERMIT

Ordinance 17-08

Boston Baseball Fantasy Camp

PERMIT NUMBER: TMP2022-00598

Date(s) of Event: January 21, 2023-January 28, 2023

Property Owner: LEE COUNTY

Applicant: JAY HARRIS
443-857-0274

Description: Adult amateur baseball camp including Beer only COP with no sales in the locker room only for players January 21, 2023 through January 28, 2023 from 9:00AM - 4:00PM hours of operation 8:00AM until 4:00PM

Location of event: 4301 EDISON AVE, FORT MYERS, FL 33916
Player Development Complex

- Will the event be attended by 1000 or more people ? No
- Will the event be held on County Owned Property ? Yes
- Will there be alcohol consumed or sold at the event ? To Be Consumed
- 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



County Manager Date 12/21/2022



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Boston Baseball Fantasy Camp

JMP2022-00598

Lee County Event Permit Application



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	BOSTON BASEBALL FANTASY CAMP
Date(s) of Event / Production:	SAT. JAN 21 - SAT JAN 28, 2023
Location(s) of Event:	Player Development Center
Name of Applicant:	Jay Harris
Applicant Address:	1729 York Rd, Suite 210, Lutherville, MD 21073
Applicant Phone Number:	443 657 0874
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	Jay@harris-promotions.com
Estimated Attendance:	120 people
Event Description: Include each activity, when activities take place, etc.	Play baseball from 9 AM - 4 PM
Hours of Operation:	9 AM - 4 PM
STRAP # of Parcel:	
Owner of Premises*:	

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

Lee County Event Permit Application



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: _____

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

Surety Company Bonding this Event (Name and Address): _____

Will Vehicles be Used as Part of This Event?

Yes No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

Yes No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

Yes No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

Harris Promotions

Type of Food being Served:

continental breakfast + lunch

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

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 type="checkbox"/> Yes | <input checked="" 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 checked="" type="checkbox"/> No |

* For any marked Yes, provide further details below:

Special Parking Requirements:

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

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

Number in Cast: _____ 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

Lee County Event Permit Application



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.

Jay Harris
Signature of Applicant

Douglas W. DuVal
Witness

Jay Harris - owner
Print Name of Applicant and Title

Douglas W. DuVal
Print Name of Witness

11/14/22
Date

11-14-22
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 in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	none
Special Arrangements:	Beer only consumption in the locker room during established times. Alcohol must not leave the confines of the locker room. Consumption is monitored by the event staff.

Print Name: Captain S. Brady
Signature: Capt. Steven J. Brady
Title: Tactical Support Unit
Date: 11/15/22

Lee County Event Permit Application



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Lee County Event Permit Application



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.

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.

Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

N/A

First Aid Equipment:

N/A

Fire Extinguishing:

N/A

Special Arrangements:

N/A

Print Name: Christopher T Meekley

Signature:

Title: Assistant Fire Marshal

Date: 11-17-2022

Lee County Event Permit Application



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
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.

Form with fields: Treatment Facilities, Medical Personnel, Medical Supplies / Equipment, Safety Requirements, Fee for Services, Special Arrangements. Each field contains a response such as 'None necessary' or 'Not applicable'.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, o=Lee County Emergency Medical Services, ou=Lee County Public Safety, ou=Division Chief, Special Operations and Support Services, email=Douglas.Higgins@leegov.com, c=US
Date: 2022.11.15 15:42:59 -0500

Title: Division Chief, Support Services

Date: November 15, 2022

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
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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:

No event parking permitted on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan Miller Digitally signed by Bryan Miller
Date: 2022.11.18 08:44:43 -05'00'

Title: Senior Project Manager

Date: November 18, 2022

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
- USE OF COUNTY PROPERTY 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.

Illumination:	N/A - Daytime event
Parking Areas:	N/A
Special Arrangements:	The consumption of alcohol is restricted to the confines of the Locker Room area at the Player Development Complex. Alcohol is not permitted on the Patio, Bleacher areas or Dugouts. Event organizer must be present to ensure that players consuming alcohol remain in the Locker Room area. Participants and spectators must disperse and leave the park area to seek safe shelter in their vehicles during lightning alerts and threatening weather.

Print Name: Alise Flanjack
Signature: Alise Flanjack
Title: Deputy Director
Date: 12/2/2022

Boston Baseball Fantasy Camp
Jan 21- Jan 28, 2023 9 am - 4 pm
Player Development Complex

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:

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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:

Commercial general liability insurance to include participant legal liability coverage with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Certificate Must Read As:

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:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

November 15, 2022

AGENCY SportsInsurance.com		NAMED INSURED Jay Harris Enterprises Inc.	
POLICY NUMBER S0019GL000001-02		1729 York Rd., Suite 210 Lutherville, MD, 21093	
CARRIER Accelerant Specialty Insurance Company	NAIC CODE 16890	EFFECTIVE DATE: 01/22/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period. General Liability includes coverage for host liquor.
 RE: Registered Baseball participants: 01/22/2023 - 01/28/2023;



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2023

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 SportsInsurance.com P.O. Box 1155, Lake Placid, NY, 12946	CONTACT NAME: PHONE (A/C No., Ext): 1-866-889-4763 FAX (A/C No): E-MAIL ADDRESS: info@sportsinsurance.com PRODUCER CUSTOMER ID :																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Accelerant Specialty Insurance Company</td> <td></td> <td>16890</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Accelerant Specialty Insurance Company		16890	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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INSURED SSEI Program Management Inc. Jay Harris Enterprises Inc. 1729 York Rd., Suite 210 Lutherville, MD, 21093																					

COVERAGES **CERTIFICATE NUMBER: A-SP-SI-22-11-04-264008** **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 ENSR	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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	N	S0019GL000001-02	01/22/2023	01/28/2023	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO PREMISES RENTED (Any one premises) \$ 300,000.00 MED EXP (any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> SCHEDULED 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 DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N	N/A				W/C STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	OTHER Abuse/Molestation	Y		S0019GL000001-02	01/22/2023	01/28/2023	Each Occurrence: \$ 25,000.00 Aggregate: \$ 50,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Liability Policy Deductible: \$ 1000.00 per each bodily injury or property damage claim. ISO Occurrence form CG 00 04 01 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured with respect to negligent acts or (continued on next page)

CERTIFICATE HOLDER Lee County Board of County Commissioners PO Box 398 Fort Myers, FL, 33902	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 Mark Di Perno
--	---

AGENCY SportsInsurance.com		NAMED INSURED Jay Harris Enterprises Inc.	
POLICY NUMBER S0019GL000001-02		1729 York Rd., Suite 210 Lutherville, MD, 21093	
CARRIER Accelerant Specialty Insurance Company	NAIC CODE 16890	EFFECTIVE DATE: 01/22/2023	

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COVERAGES

CERTIFICATE NUMBER: A-SP-SI-22-11-04-204008

REVISION NUMBER:

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NSR / LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
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								DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00
							MED EXP (any one person)	\$ 5,000.00	
							PERSONAL & ADV INJURY	\$ 1,000,000.00	
							GENERAL AGGREGATE	\$ 3,000,000.00	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00	
								\$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS	N					COMBINED SINGLE LIMIT (Ea accident)	\$	
								BODILY INJURY (Per person)	\$
								BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$	
								AGGREGATE	\$
									\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under SPECIAL PROVISIONS below	Y/N	N/A				WC STATUTORY LIMITS	OTHER	
							E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	
A	OTHER Abuse/Molestation	N		S0019GL000001-02	01/22/2023	01/28/2023	Each Occurrence: \$ 25,000.00	Aggregate: \$ 50,000.00	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Liability Policy Deductible: \$0.00 Deductible for Bodily Injury and \$ 1000.00 per Property Damage Claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. RE: Registered Baseball participants: 01/22/2023 - 01/28/2023;

CERTIFICATE HOLDER

Jay Harris Enterprises Inc.

 1729 York Rd., Suite 210
 Lutherville, MD, 21093

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

Mark Di Perno



ADDITIONAL REMARKS SCHEDULE

AGENCY Sportsinsurance.com		NAMED INSURED Jay Harris Enterprises Inc.	
POLICY NUMBER S0019GL000001-02		1729 York Rd., Suite 210 Lutherville, MD, 21093	
CARRIER Accelerant Specialty Insurance Company	NAIC CODE 16890	EFFECTIVE DATE: 01/22/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Empty box for additional remarks.