



# EVENT PERMIT

Ordinance 17-08

## 2024 Walk Like MADD & MADD Dash Fort Myers 5K

**PERMIT NUMBER:** TMP2024-00166

**Date(s) of Event:** May 11, 202~~3~~<sup>4</sup>

Property Owner: LEE COUNTY

Applicant: Jennifer Walsh  
954-448-7880

Description: 5K run and walk at JetBlue Park for the annual Mother Against Drunk Driving fundraiser and memorial event on May 22, 2024 from 7:00AM until 11:00AM

Location of event: 11500 FENWAY SOUTH DR, FORT MYERS, FL 33913  
**JetBlue Park**

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 ? 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

 5/3/2024  
County Manager      Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

2024 Walk Like MADD & MADD Dash Fort Myers 5K

TMP2024 00166

**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

<b>Section I - GENERAL INFORMATION (All Permit Types)</b>	
<b>Title of Event / Name of Production</b>	2024 Walk Like MADD & MADD Dash Fort Myers 5K
<b>Date(s) of Event / Production:</b>	05/11/2024
<b>Location(s) of Event:</b>	JetBlue Park at Fenway South
<b>Name of Applicant:</b>	<b>Mothers Against Drunk Driving</b>
<b>Applicant Address:</b>	13650 Fiddlesticks BLVD. Suite 202-144, Fort Myers, Florida, 33912
<b>Applicant Phone Number:</b>	239.791.7560 Ext.7292
<b>Contact Person:</b> (If different from applicant)	Jennifer Walsh (Please CC Lauren Harkins on all communications)
<b>Contact Phone Number:</b> (If different from applicant)	Same as above
<b>Email Address:</b>	jennifer.walsh@madd.org (please cc: lauren.harkins@madd.org on all communications)
<b>Estimated Attendance:</b>	300-400
<b>Event Description:</b> Include each activity, when activities take place, etc.	5K run and walk within JetBlue Park at Fenway South and in the surrounding neighborhood for the annual Mother Against Drunk Driving fundraiser and memorial event
<b>Hours of Operation:</b>	7am-11am
<b>STRAP # of Parcel:</b>	
<b>Owner of Premises*:</b>	<b>Red Sox Baseball Club Limited Partnership</b>

\*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: Accident Fund Insurance Company of America

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

Surety Company Bonding this Event (Name and Address): Arthur J. Gallagher Risk Management Services

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:

N/A

Type of Food being Served: Water/Hydration available

**Section II - USE OF COUNTY PROPERTY PERMIT**

Organization Sponsoring the Event: N/A

**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: N/A  
(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, Traffic / Crowd Control, Fire or Burning, Explosives or Pyrotechnics, Animals, Large or Small, Construction of Any Kind, Large and/or Numerous Vehicles, Helicopters, Boats, etc., Stunts, Other. Each item has Yes/No checkboxes.

\* For any marked Yes, provide further details below:

Street closures and traffic control based on MOT for the 5K route.

Special Parking Requirements:

N/A

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

N/A

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: N/A, Number in Crew: N/A, Number of locals hired: N/A, Total budget: N/A, Estimate amount spent in Lee County: N/A, Hotel room nights: N/A, Number of shooting days: N/A



**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.

*Lauren Harkins*

Signature of Applicant

*Jennifer Walsh*

Witness

Lauren Harkins, Special Events Manager

Print Name of Applicant and Title

Jennifer Walsh

Print Name of Witness

04/02/2024

Date

4/08/2024

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 in authorized areas only. Right of Way will not be impeded.

Deputies (How Many?): 1 Traffic Supervisor and 6 deputies for traffic control.

Fee for Services: Contact LCSO Details Unit

Special Arrangements: Deputies will be present while lanes are being coned off for participants and will hold their posts until cones are removed and the lanes reopened. Vendor will be responsible for MOT placement through certified vendor. Vendor will need to place volunteers at any ingress/egress points that enter the race route as well as at the points where deputies are positioned. CSU will be requested to assist but should CSU members not be available deputies will be used in their place. Vendor will be responsible for all costs should this occur.

Print Name: P. Cummins

Signature: [Handwritten Signature]

Title: Commander

Date: 4 10 24



# 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
- 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:	CALL 911 IF NEEDED
Fire Extinguishing:	N/A
Special Arrangements:	Lee County responsible for ensuring rear gate of Sta. 64 is held open.

Print Name: Nate Burley

Signature: Nate Burley Digitally signed by Nate Burley  
Date: 2024.04.23 15:22:04 -04'00'

Title: Division Chief - Fire & Life Safety

Date: 04/23/2024

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:

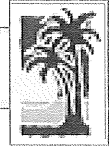
- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

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

Treatment Facilities:	None necessary.
Medical Personnel:	No dedicated on-site EMS required. Call 9-1-1 in the event of an emergency.
Medical Supplies / Equipment:	None necessary
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.
Fee for Services	No EMS dedicated coverage is required.
Special Arrangements:	Please call 9-1-1 in the event of an emergency.

Print Name: Nichole Hansen  
Signature: *Nichole Hansen*  
Title: Captain  
Date: 4/22/24

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
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- 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: 2024.04.15 07:26:40 -04'00'

Title: Project Manager

Date: 04/15/2024

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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- FILM PERMIT

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

Illumination:

All illuminations must follow county ordinance and FAA regulations. Event organizer must provide their own temporary lighting as needed for safety during event set up and breakdown.

Parking Areas:

Event organizer is responsible to direct patrons to the designated parking locations. Must work with on-site staff to ensure that vehicles do not block driveways and private roadways so emergency vehicles have clear access. Organizer must provide adequate staff/volunteers along with directional signage for the event.

Special Arrangements:

Event organizer is responsible to provide adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. Work with Red Sox staff and the on-site park staff to designate the debris/trash collection area during and after the event.

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: Colleen Via

Signature:

Title:

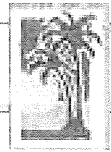
Countywide Service Manager

Date:

4/15/2024

Jet Blue - MAND 5K  
5/11/2024

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
1825 HENDRY STREET, 3RD FLOOR  
FORT MYERS, FL 33901  
(239) 533-0835


Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
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- FILM PERMIT

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: The certificate holder must read as follows:  
  
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:   
Title: Risk Management Analyst  
Date: 4.23.24



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/11/2024

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Arthur J. Gallagher Risk Management Services, LLC
INSURED: Mothers Against Drunk Driving
CONTACT NAME: Lori Rose
PHONE: 972-663-6122
INSURER(S) AFFORDING COVERAGE: Philadelphia Indemnity Insurance Company

COVERAGES CERTIFICATE NUMBER: 578129101 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation sections.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event Description: 2024 Walk Like MADD & MADD Dash Fort Myers 5K | Date of Event: May 11, 2024 | Name of Contract: 2024 WLM FTM Venue - Jet Blue.

CERTIFICATE HOLDER CANCELLATION

Lee County, a political subdivision and Charter County of the State of Florida
Attn: Valerie Miller
P.O. Box 398
Fort Myers FL 33902
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.



11922 Fairway Lakes Dr., Ste. 1  
Fort Myers, FL. 33913

[www.gatewaydistrict.org](http://www.gatewaydistrict.org)

Flavia Walsh, Chair | Ed Tinkle, Vice Chair | Doug Banks, Supervisor | Bob Geppert, Supervisor | Carole Pankau, Supervisor

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April 8, 2024

Lauren Harkins  
Special Events Manager  
Mothers Against Drunk Driving  
Southwest Florida Office  
13650 Fiddlesticks Blvd. Suite 202-144  
Fort Myers, FL 33912

**RE: Event Authorization Letter**

Dear Ms. Harkins,

I am writing on behalf of Gateway Services Community Development District to grant permission for the 2024 Walk Like MADD & MADD Dash Fort Myers 5K to utilize GSCDD roads and sidewalks on May 11, 2024, from 7:30 a.m. to 8:30 a.m. providing for all proper Maintenance of Traffic to be handled by the event organizer or their designee.

Please be advised that we require the event to abide by all applicable laws and regulations, and to take all necessary precautions to ensure the safety of participants, spectators, and nearby residents.

Following the conclusion of the event, all roads and sidewalks within the District are to be returned to their original condition prior to the event.

Should you have any questions or concerns, please do not hesitate to contact me.

Thank you for your attention to this matter.

Respectfully,

Chelsea O'Riley  
District Manager

March 7, 2024

Gateway Services Community Development District  
Office: 239.561.1313 Fax 239.561.1350  
<http://www.gatewaydistrict.org>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/11/2024

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**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251	<b>CONTACT NAME:</b> Lori Rose
	<b>PHONE (A/C, No, Ext):</b> 972-663-6122 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Lori_Rose@ajg.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Philadelphia Indemnity Insurance Company	<b>NAIC #</b> 18058
<b>INSURER B:</b>	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**INSURED**  
 Mothers Against Drunk Driving  
 511 E. John Carpenter Fwy., Suite 200  
 Irving TX 75062-3983

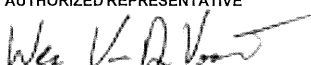
**COVERAGES**      **CERTIFICATE NUMBER:** 1475564980      **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2666930	3/15/2024	3/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						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 DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Event Description: 2024 Walk Like MADD & MADD Dash Fort Myers 5K  
 Date of Event: May 11, 2024  
 Name of Contract: WLM Fort Myers Venue - Jet Blue Contract

**CERTIFICATE HOLDER**      **CANCELLATION**

Gateway Services Community Development District Attn: Chelsea O'Riley 11922 Fairway Lakes Drive Ste.1 Fort Myers FL 33913	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 
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# CERTIFICATE OF LIABILITY INSURANCE

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

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<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251	<b>CONTACT NAME:</b> Lori Rose <b>PHONE (A/C, No, Ext):</b> 972-663-6122 <b>E-MAIL ADDRESS:</b> Lori_Rose@ajg.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 200 Irving TX 75062-3983	<b>INSURER A:</b> Accident Fund Insurance Company of America <b>NAIC #</b> 10166	
	<b>INSURER B:</b> Tokio Marine Specialty Ins Co      23850	
	<b>INSURER C:</b> Princeton Excess & Surplus Lines Ins Co      10786	
	<b>INSURER D:</b> Philadelphia Indemnity Insurance Company      18058	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

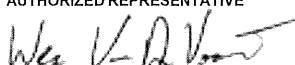
**COVERAGES**      **CERTIFICATE NUMBER:** 1352952376      **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PHPK2666930	3/15/2024	3/15/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 20,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
D	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2666930	3/15/2024	3/15/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PUB904539 82A3FF0002614-04	3/15/2024 3/15/2024	3/15/2025 3/15/2025	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	100008126	3/15/2024	3/15/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Event Description: 2024 Walk Like MADD & MADD Dash Fort Myers 5k | Date of Event: 5.11.24 | Name of Contract: Walk Like MADD

Boston Red Sox Baseball Club, LP, New England Sports Ventures LLC, N.E., S.V I, LC, N.E.S.V II LLC N.E.S.V.IV LLC Lee county and NESV Florida Real Estate, LLC are included as Additional Insured as respects General Liability policy per the attached endorsement. Waiver of Subrogation applies to Certificate Holder per the attached endorsements. 30 Days Notice of Cancellation except 10 Days for Non-Payment of Premium.

<b>CERTIFICATE HOLDER</b>  Boston Red Sox Baseball Club Limited Partnership 4 Yawkey Way Boston MA 02215 USA	<b>CANCELLATION</b>  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 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY INSURANCE**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SCHEDULE**

**Effective Date:** 03/15/2023

**Name of Person or Organization (Additional Insured):**

Blanket As Required by Written Agreement or Contract

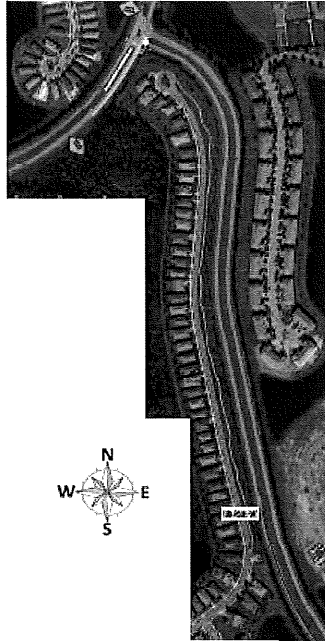
**SECTION II – WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” arising out of or relating to your negligence in the performance of “your work” for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or “occurrence” we cover for this Additional Insured.

The Additional Insured’s limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.



**TABLE 3  
WORK ZONE SIGN SPACING "X"**

Road Type	Minimum Spacing (feet)
Arterials and Collectors with Work Zone Speed $\leq 40$ mph	200
Arterials and Collectors with Work Zone Speed $\geq 45$ mph	500
Limited Access Roadways (See Note)	1,500

**NOTE:**  
For Limited access roadways with work zone speed  $\leq 55$  mph, the minimum spacing may be reduced in accordance with the MUTCD and as approved by the Engineer.

**TABLE 1  
CHANNELIZING DEVICE SPACING**

Work Zone Speed (mph)	Maximum Spacing (feet)			
	Cones or Temporary Tubular Markers		Type I Barricades, Type II Barricades, Vertical Panels, or Drums	
	Taper	Tangent	Taper	Tangent
$\leq 45$	25	50	25	50
$\leq 50$	25	50	50	100

**TABLE 2  
TAPER LENGTH "L"**

**FORMULAS**

$S \leq 40$	$L = (MS^2)/60$
$S \geq 45$	$L = WS$

Where:  
L = Taper Length in feet  
W = Width of Offset in feet  
S = Work Zone Speed in mph

**EXAMPLE "L" VALUES**

S	W			
	5	10	12	125
25	52	104	125	245
35	102	204	245	540
45	225	450	540	850
55	275	550	650	1050
65	325	650	750	1250

**TABLE 4  
BUFFER LENGTH "B"**

Work Zone Speed (mph)	Minimum Length (feet)
25	155
30	200
35	250
40	305
45	350
50	425
55	455
60	570
65	645
70	730

**NOTE:**  
When Buffer Length "B" cannot be attained due to geometric constraints, use the greatest length possible, but not less than 155 feet.

**FDOT** *MIRANDA GARCIA*

**Certificate:** Has Completed a FDOT Approved Temporary Traffic Control Advanced Course

**617215**

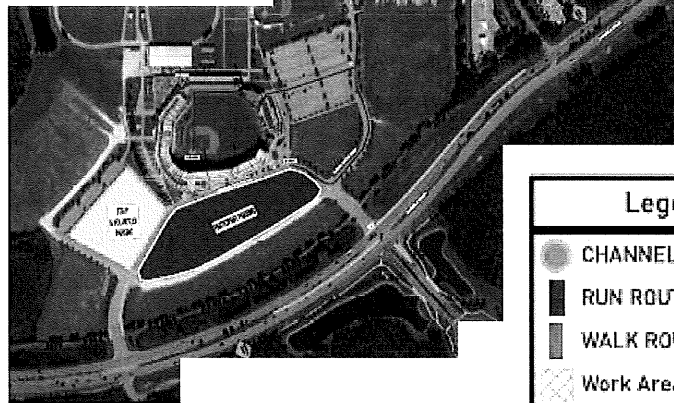
**Issued:** 11/20/2023 **Training Provider:** Access Safety Compliance Training

**Expires:** 11/09/2027

**Instructor:** R

11411 SW Rossano Ln  
Port St. Louis, FL 34987  
Ph: 561-350-8913

Verify this Certificate at [www.fdotadmin.com](http://www.fdotadmin.com)



**Legend**

- CHANNELIZED DEVICE
- RUN ROUTE
- WALK ROUTE
- Work Area

REVISIONS	COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
NO.	DESCRIPTION	DATE			DATE	
	LEE COUNTY FORT MYERS FL 33913	LAUREN HARRIS PHONE: 239-791-7560 EXT. 7292	JobBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5K DATE 2/8/2024	1



**FDOT** **MURPHY GARCIA**

**Operator:** Has Completed FDOT Approved Temporary Traffic Control Advanced Course

**617215**

**Issue:** 11/20/2023 Training Provider

**Expires:** 11/09/2027

**Instructor:** Albert Safety Compliance Training  
11015 106 Republic Rd  
Fort Meade, FL 34957  
Ph: 941 350 1513

Verify the Certificate at [www.murphygarcia.com](http://www.murphygarcia.com)

NO.	BY	REVISIONS DESCRIPTION	DATE	COUNTRY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO	SHEET NO
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5K DATE 2/8/2024	2



**FDOT** *ALPHEA CHACRA*

**Certificate:** Has Completed a FDOT Approved Temporary Traffic Control Advanced Course

**617215**

**Issue:** 11/20/2023 Training Provider

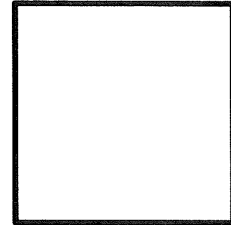
**Expires:** 11/01/2027

**Inspector:** 6

Assess Safety Compliance Training  
 11401 SW Arkansas Ln.  
 Fort Lauderdale, FL 33327  
 (954) 551-9100

Verify EOC Certificate at [www.mvfl.com](http://www.mvfl.com)

NO.	BY	REVISIONS		COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.		SHEET NO.
		DESCRIPTION	DATE					DATE	NO.	
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARRIS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k	2/8/2024	3



**FOOT** *MURADIA GARCIA*

Certificate: 617215  
 Has Completed a FOOT Approved Temporary Traffic Control Advanced Course

Issued: 11/20/2023 Training Provider: Agents Safety Compliance Training  
 1101 SW Research Ln.  
 Fort St. Lewis, FL 34807  
 PH: 904 352 5923

Expires: 11-09-2027  
 Instruction: R

Verify this Certificate at [www.foottraffic.com](http://www.foottraffic.com)

No.	REVISIONS		COUNTY / CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.		SHEET NO.
	DESCRIPTION	DATE					DATE		
			LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5K	DATE 2/8/2024	4



**FDOT** *MARIONA CARSON*  
 Certificate: Has Completed FDOT Approved Temporary Traffic Control Advanced Course  
 617215  
 Issue: 11/20/2023 Training Provider: Accord Safety Compliance Training  
 Expires: 11/09/2027 11818 US Highway 46  
 Fort Meade, FL 33917  
 888-561-9501  
 Visit Us Online at [www.invarion.com](http://www.invarion.com)

NO.	BY	REVISIONS DESCRIPTION	DATE	COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JelBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers SK DATE 2/8/2024	5



NTS



**MARIONA GARCIA**

Certificate: Has Completed a FDOT-Approved Temporary Traffic Control Advanced Course

617215

Issued: 11/20/2023 Training Provider: Accuris Safety Compliance Training

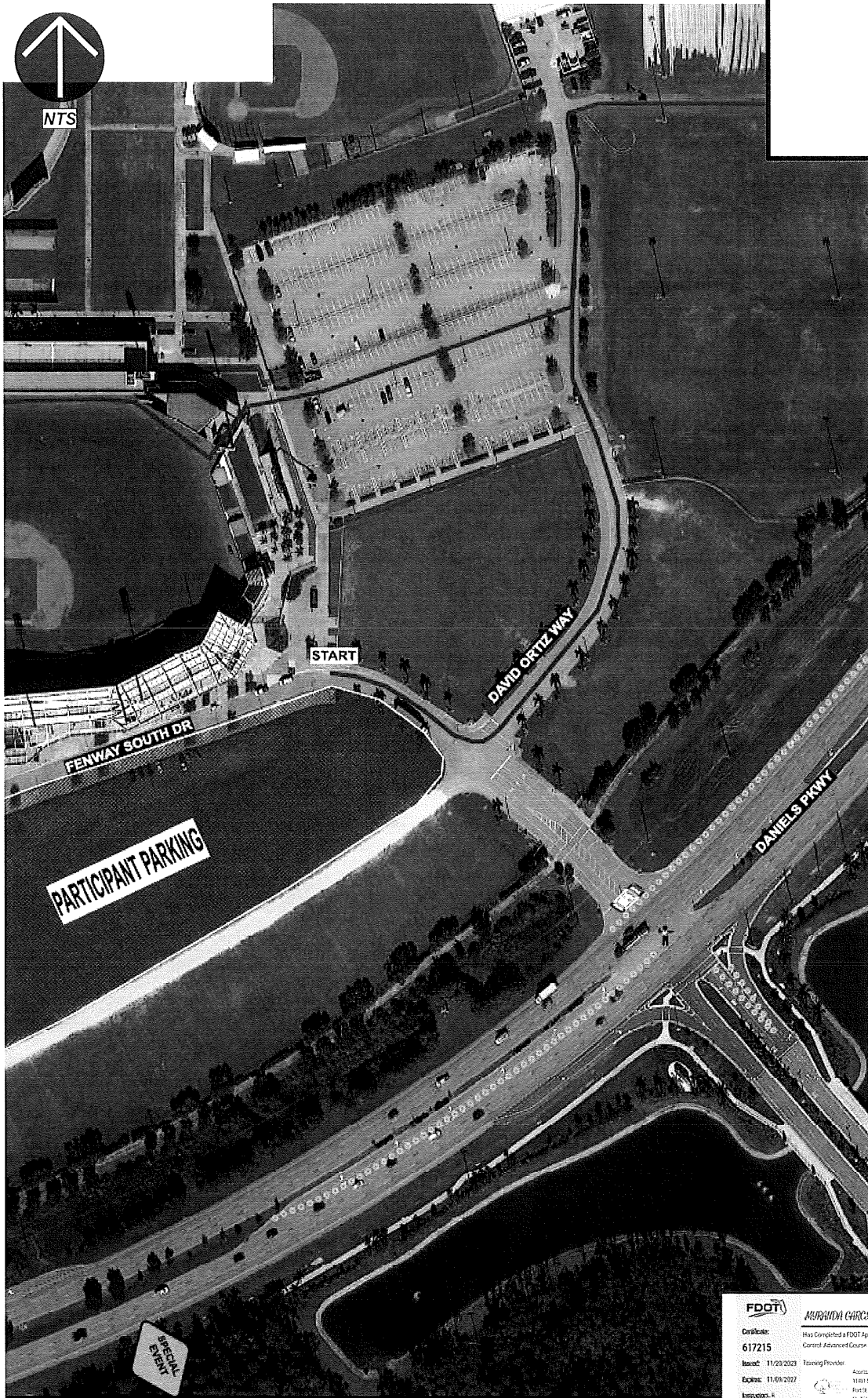
Expires: 11/19/2027  
 11-111159-00000-00  
 PHS 1A, LWS, FL 14187  
 PH 907 350 9191

Instructor: #

Verify the Certificate at [www.fdot.gov](http://www.fdot.gov)

NO.	BY	REVISIONS DESCRIPTION	DATE	COUNTY / CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.	SHEET NO.
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JaiBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers Sk DATE 2/R/2024	6





**FDOT** *MURKIN CHIRCAH*

**Contract:** Has Completed a FDOT Approved Temporary Traffic Control Advanced Course  
**617215**

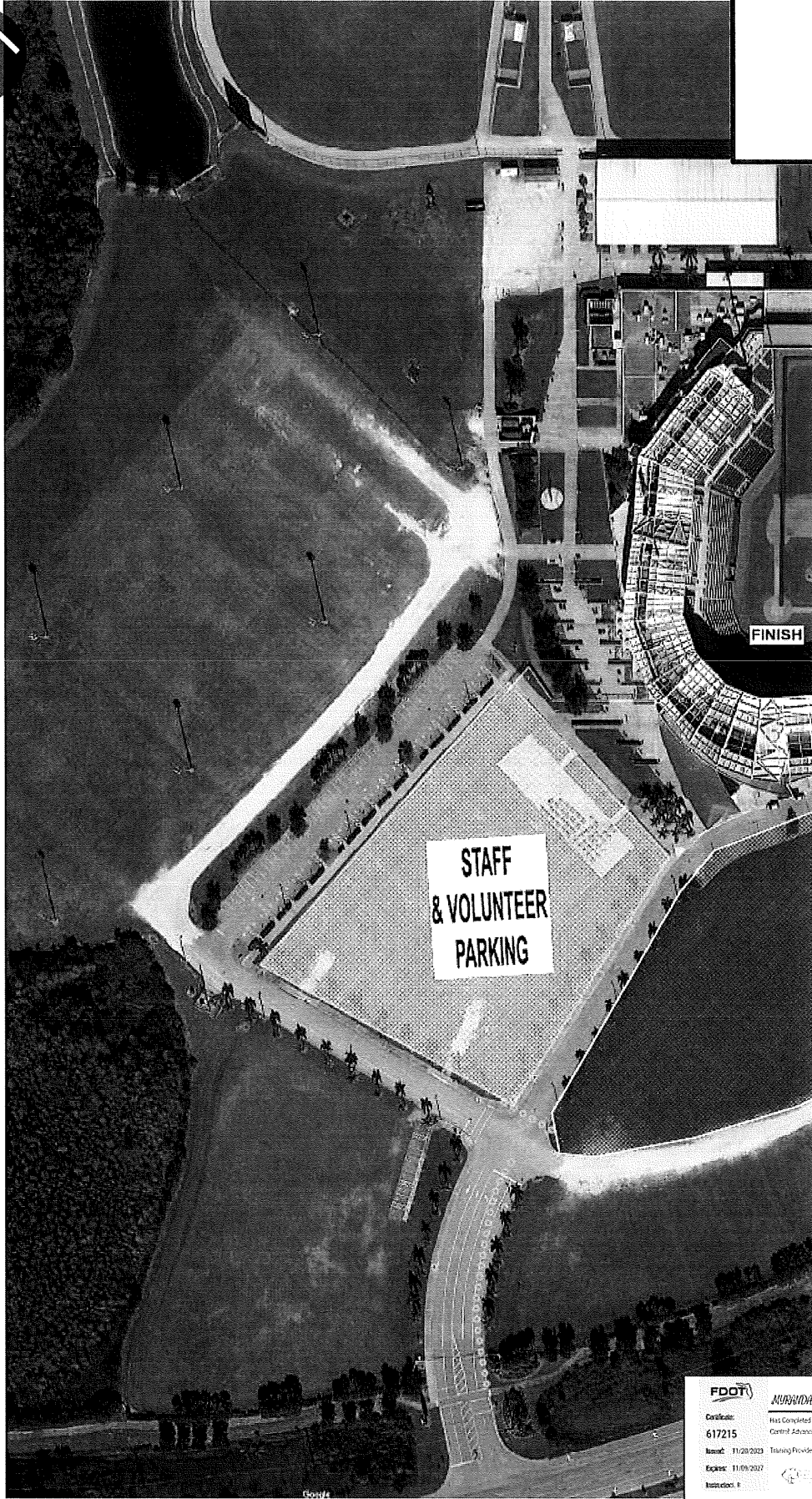
**Issued:** 11/29/2023 **Towing Provider:** Accuris Safety Compliance Training

**Expires:** 11/08/2027 **MEMO Received On:** March 28, 2024, 10:12:07 AM, 3/28/2024

**Inspections:** 6

Verify Post Conditions at [www.tyct.com](http://www.tyct.com)

NO.	BY	REVISIONS		COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO.		SHEET NO.
		DESCRIPTION	DATE					DATE	NO.	
				LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11800 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k	2/R/2024	7



**FDOT** *FLORIDA DEPARTMENT OF TRANSPORTATION*

**617215**

Has Completed a FDOT Approved Temporary Traffic Control Advance Course

Issued: 11/28/2023 Training Provider

Expires: 11/09/2027

Inspector: F

**MURRAY CHERRY**

Accred: Safety Compliance Training

1181128 Michigan Ave  
Fort Myers, FL 33907  
Ph: 941.553.1913

Verify This Certificate at [www.fdot.state.fl.us](http://www.fdot.state.fl.us)

REVISIONS		COUNTY/CITY	CONTACT PERSON	PROJECT LOCATION	COMPANY NAME	PROJECT NO	SHEET NO
NO.	DESCRIPTION						
		LEE COUNTY FORT MYERS FL 33913	LAUREN HARKINS PHONE: 239-791-7560 EXT. 7292	JetBlue Park 11500 Fenway South Drive, Fort Myers, FL 33913	Mothers Against Drunk Driving Southwest Florida Office MADD	Walk Like MADD & MADD Dash Fort Myers 5k	8
						DATE 2/8/2024	