

# **EVENT PERMIT**



Ordinance 17-08

### RUN FOR THE YOUTH - SHERIFF'S YOUTH ACTIVITY LEAGUE

PERMIT NUMBER: TMP2021-00245

Date(s) of Event: JANUARY 8, 2022

Property Owner:

LEE COUNTY

Applicant:

JEFF EAST 239-849-7709

Description:

Lee County Sheriff's Youth Activity League - Run for the Youth on January 8, 2022

from 6:00AM until 10:30AM

Location of event: 9200 CORKSCREW PALMS BLVD, ESTERO, FL 33928

**ESTERO 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

Date County Manager

ftmpprmt\_specialevent.rpt

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# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Run For The Youth - Sheriff's Youth Activity League



#### **Event Application**

#### Check the appropriate box(es) below:

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

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Run for the Youth - Sheriff's Youth Activity League
Date(s) of Event / Production:	1/8/22
Location(s) of Event:	Estero Community Park
Name of Applicant:	SYAL (Sheriff's Youth Activity League)
Applicant Address:	14750 6 Mile Cypress Pkwy, Fort Myers, FL 33912
Applicant Phone Number:	239-849-7709
Contact Person: (If different from applicant)	Jeff East
Contact Phone Number: (If different from applicant)	
Email Address:	jeffeast@allstate.com
Estimated Attendance:	350
Event Description: Include each activity, when activities take place, etc.	5K Running Race - Fundraiser for SYAL
Hours of Operation:	6am - 10:30am
STRAP # of Parcel:	STRAP: 34-46-25-E4-0100C.017A Folio ID: 10585359
Owner of Premises*:	Lee County

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



## Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises? Government Building	
Are any temporary structures to be inst	alled for the event? Yes X No	Type:
Do you have the appropriate permits fo	r the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan w	ith all proposed facilities and activities
Insurance Company Insuring the Event:	Philadelphia Insurance Comp	2.1014
Note: Certificate of Insurance must be submitte	d at time of application	MIN
Surety Company Bonding this Event (Na	ame and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
Yes X No	Yes No	Yes X No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	gel Factory, Sun Harvest	
Type of Food being Sarred, Bagels Juice	e, Bananas, Water, Sport Drinks	
Type of Food being Served: Bagels, Juice	, , , , , , , , , , , , , , , , , , , ,	
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: Lee	e County Sheriff's Youth Activity League	
Name of the second seco	Solicitation in the County Rights-of-Wa	y:
Name of Charity: Lee County - Sheriff's Y	outh Activity League	
Address of Charity: 14750 Six Mile Cypre	ss Pkwy Fort Myers, FL 33912	
Phone Number: 239-994-7721		
Non-profit certificate/registration num	ber: #26-1557408	
(Proof of registration with the Dept. of Agriculture & $\boldsymbol{\theta}$	Consumer Services §496.405 or proof the organization	Is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	PERMIT
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on Count	Yes X No y Property.
Non-profit certificate/registration numl (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	·····
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

pe of Production	n (choose all tha	t app	ly):								
TV Movie or Sp	pecial	Г	TV Serie	es / Pilot		TV Comm	ercial	X	Still Pho	otos	
Public Service	Announcement		Industria	l / Documentary		Other:					
ill any of the foll	owing be neede	d or	included <sup>,</sup>	<b>'</b> ?							
Stre	et Closure					┌ Yes	X	No			
Traf	fic / Crowd Cont	trol				▼ Yes	Г	No			
Fire	or Burning					☐ Yes	X	No			
Expl	osives or Pyrote	chnic	CS			☐ Yes	X	No			
Anir	nals, Large or Sn	nall				☐ Yes	X	No			
Con	struction of Any	Kind				☐ Yes	X	No			
Larg	e and/or Nume	rous '	Vehicles			☐ Yes	X	No			
Heli	copters, Boats, e	etc.				Yes	X	No			
Stun	its					┌ Yes	X	No			
Othe	er					Yes	X	No			
				pelow:	ol						
Special Parking F	nteers will contro	ol trafi	fic and pro			teers access					
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#### Applicant Agreement - Signature Required



#### **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 permises 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.

#### **Applicant Agreement - Signature Required**



#### **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.

Signature of Applicant

Witness

Witness

Allisa Est

Print Name of Applicant and Title

Print Name of Witness

10/11/21

Date



#### LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

спеск те арргорги	ate pox(es) below:
,	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for the event will be in authorized areas only. Right of way must not be impeded.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	Race route will remain within the confines of the park. Any amplified sounds must adhere to Lee County's noise ordinance. Lee County Sheriff's Office will assist with event through the Explorer's Program as well as Community Support Unit. Venfor will not be required to hire Deputies for the event.
	Print Name: Captain S. Brady  Signature: Capt. Steven Danly  Title: Special Events, Permits and Details  Date: /(-01-21)



#### 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 appropri	ate box(es) below:
SPECIAL EV	'ENT PERMIT
□ USE OF CO	UNTY PROPERTY PERMIT
FILM PERM	шт
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	NA
Fee for Services:	NA
Flammable Vegetation:	NA
First Aid Equipment:	AED on site for all emergencies contact 9-1-1
Fire Extinguishing:	NA
Special Arrangements:	N/A
	Print Name: Phillip Green Signature:
	Title: Fire Marshal
	Date: 11/08/2021



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

ate box(es) belo	w:
'ENT PERMIT	
UNTY PROPERTY P	ERMIT
1IT	
	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
None necessary.	
None necessary.	
None necessary.	
	ow all CDC and FDOH directives, and the Florida Governor's Executive Orders and safety, especially with regards to COVID-19 and the number of people event.
Not applicable.	
Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
Print Name:	Douglas B. Higgins
Signature:	Douglas B. Higgins  Dispuly for the Dougla & Maginia  Dispulse & Dougla & Dougla & Maginia  Dispulse & Dougla & Dougla & Maginia  Dispulse & Dougla & Dou
Title:	Division Chief
Date:	October 26, 2021
	VENT PERMIT UNTY PROPERTY POINT  APPLICATION, PLICANT TO COMPLY  None necessary.  None necessary.  None necessary.  Applicants shall folloconcerning health at congregating at the Not applicable.  Please call 911 in the 239 533-3911.  Print Name:  Signature:  Title:



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

Check the appropri	ate box(es) below:
j  ▼ SPECIAL E\	/ENT PERMIT
☑ USE OF CO	DUNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	AIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Estero Community Park
Ingress and Egress:	Corkscrew
Special Arrangements:	
	Print Name: Jeff East
	Signature:
	Title: Secretary - SYAL
	Date: 10/11/2021



#### LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropri	ite box(es) below:
SPECIAL EV	ENT PERMIT
USE OF CO	JNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	Event organizer will need to provide additional lighting if needed.
Parking Areas:	All vehicles must use the designated parking areas within the parking lots of the park. No vehicles will be permitted onto the central lawn area. Organizers may drop off event supplies via the service road between the Rec Center and the Chiller area, but then must remove vehicles. For authorization to use overflow parking at the commerce area off Corkscrew, contact Keith at Collier Association Management 239-793-1643.
Special Arrangements:	No staking of tents or any inflatable devices; must use water buckets/barrels or sand bags. Organizer is responsible to order and pay for dumpster and portable toilets as required by park staff. Banners or signs are not permitted beyond Park boundaries.  Park gates open at 6 am Outdoor Restrooms open 7 am - 9 pm  Rec Center open Sat 9 am - 5 pm  Contact Park Supervisor at 239-823-2932 or the Rec Center at 239-533-1470  Print Name: Alise Flanjack  Signature: Alise Flanjack
	- State of the sta
	Title: Deputy Director
	Date: 10 28 2021

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# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriat	te box(es) bel	ow:	
	NT PERMIT		
□ USE OF COU	NTY PROPERTY	PERMIT	
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERMIT	Γ		
	and all comments are served on a	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION IN THEIR EVENT.	NC
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.	
Special Arrangements:			
	Print Name:		
	Signature:	Mike from-	
	Title:	Risk Program Manager	
	Date:	October 18, 2021	



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2021

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 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).

HARDINGE COLUMN Sheriffs Youth Activities League HATZO Six Mile Copress Plway Fort Myers, FL 33912-4440  CERTIFICATE NUMBER  C	th	is certificate does not confer rights t	o the	cert	ificate holder in lieu of su	ıch en	dorsement(s	)	×250		
2075 Centre Pointe Blwd Suilse 101 Tallahassee, FL 320308  NSUBERRA 1: Philadelphia Insurance Company  NAIGH NSUBERRA 1: Philadelphia Insurance Company  NAIGH NSUBERRA 1: Philadelphia Insurance Company  NAIGH NSUBERRA 1: N	PRODUCER						NAME:				
2075 Centre Pointe Blwd Suilse 101 Tallahassee, FL 323028  NSUBERA 1: Philadelphia Insurance Company  NSUBERA 1	Hur	t Insurance Group, LLC				PHONE (A/C, No, Ext): 850-385-3636 FAX (A/C, No):					
NEURER A: Philadelphia Insurance Company  INSURER 1: INSURER 2: INSURER 1: IN	2075 Centre Pointe Blvd Suite 101					E-MAIL stanban blake@bunting.com					
MISUBER B:  HERE C:  HASTOS IX: Mile Cyprose Plwy Fort Myers, FL 33912-4408  COVERAGES  CERTIFICATE NUMBER:  HISTORY OF CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD MICROSTER, NOTIFICATION AND THE ABOVE FOR THE POLICY PERIOD MICROSTER, NOTIFICATION AND THE ABOVE FOR THE POLICY PERIOD MICROSTER, NOTIFICATION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH PAID CALLS. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH PAID CALLS. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CONDITIONS OF SUCH PAID CALLS. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CALMS.  FURTHER TYPE OF HISTORY AND CALMS. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CALMS.  FURTHER TYPE OF HISTORY AND CALMS. LIMITS SHOWN MAY HAVE BEEN BEDUCED BY PAID CALMS.  FURTHER TYPE OF HISTORY AND CALMS.	Tallahassee, FL 32308										
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A A COMMERCIAL GENERAL LIABILITY    CLAIMS MADE   OCCUR   OR/05/2021   OR/05/2021   OR/05/2021   OR/05/2022	INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
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AUTOS ONLY HIRED AUTOS ONLY AUTOS ON		AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	LIMIT \$	
AUTOS ONLY									BODILY INJURY (Per	person) \$	
AUTOS ONLY  BEACH OCCURRENCE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  AGGREGATE  S  AGGREGATE  S  AGGREGATE  S  BEACH OCCURRENCE  S  BEACH OCCURENCE  S  BEACH OCCURRENCE		LAUTOS ONLY LAUTOS									
UMBRELLA LIAB   OCCUR   EXCESS LIAB   CLAIMS.MADE   DED   RETENTION \$   S   MADE MAPLOYERS 'LABILITY   Y/N   ANPROPRIEORAPARTIEN S   EL. DISEASE - EA EMPLOYEE \$   EL. DISEASE - POLICY LIMIT \$   S   DISEASE - EA EMPLOYEE \$   EL. DISEASE - EA EMPLOYEE \$   EL. DISEASE - POLICY LIMIT \$		HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$	
EXCESS LIAB CLAMS-MADE    DED   RETENTIONS   S										\$	
DED RETENTIONS  WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE OF H- EL. EACH ACCIDENT S E.L. DISEASE - EA EMPLOYEE S E.L. DISEASE - EA EMPLOYEE S E.L. DISEASE - POLICY LIMIT S ACCIDENT S E.L. DISEASE - POLICY LIMIT S E.L. DISEASE - EA EMPLOYEE S E.L. DISEASE - POLICY LIMIT S ACCIDENT S E.L. DISEASE - POLICY LIMIT S E.L. DISEASE - POLICY LIMI		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	E \$	
WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY ANY PROPRIETION PARTNER/VEXECUTIVE (Mandatory in NH)  AND EMPLOYER'S LIABILITY ANY PROPRIETION PARTNER/VEXECUTIVE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  PHPA084061  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is listed as additional insured with respect to general liability.  OK 10/18/2021  CERTIFICATE HOLDER  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		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
AND EAPTOR ATTREES LIABILITY OFFICERAMEMBER EXCLUDED? (IMENIATORY IN PH) If yes, describe under DESCRIPTION OF OPERATIONS below  Participant Accident Coverage  PHPA084061  PHPA084061  DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Certificate Holder is listed as additional insured with respect to general liability.  CERTIFICATE HOLDER  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	_			_					I DED		
A Participant Accident Coverage PHPA084061 PHPA084061 O6/05/2021 O6/05/2021 O6/05/2022 Accident Medical \$50,000 Accident Death Aggregate Limit \$500,000 Accident Holder is listed as additional insured with respect to general liability.  CERTIFICATE HOLDER  CERTIFICATE HOLDER  CANCELLATION  E.L. DISEASE - AE MPLOYEE \$ EL. DISEASE - POLICY LIMIT \$ D6/05/2021 O6/05/2022 Accident Medical \$50,000 Accident Death Aggregate Limit \$500,000 D6/05/2022 D6/05/202 D6/05/2022 D6/05/2022 D6/05/2		AND ENDLOYEDS! LIADILITY							STATUTE	ER	
If yes, describe under   DESCRIPTION OF OPERATIONS below   PHPA084061   O6/05/2021   O6/05/2022   O6/05/2022   Accident Medical   \$50,000   Accidental Death   \$25,000   Aggregate Limit   \$500,000		ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A								
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Certificate Holder is listed as additional insured with respect to general liability.  OK 10/18/2021  This for the control of County Commissioners P.O. Box 398 Fort Myers, FL 33902  OK 10/18/2021  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	DESC	DIDTON OF ODERATIONS A COATIONS WELLS	FC //		dot Additional Damada Cabada		#b-d16			1 500	0,000
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P.O. Box 398  Fort Myers, FL 33902  ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE											
Fort Myers, FL 33902  Authorized representative			rs							WILL BE DEI	LIVERED IN
AUTHORIZED REPRESENTATIVE						ACCORDANCE WITH THE POLICY PROVISIONS.					
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