



EVENT PERMIT

Ordinance 17-08

2023 Walk like MADD & MADD Dash Southwest Florida 5K

PERMIT NUMBER: TMP2023-00832

Date(s) of Event: May13, 2023 7:00am until 11:00am

Property Owner: LEE COUNTY

Applicant: Jennifer Walsh
954-448-7880

Description: 5K run and walk within JetBlue Park and in the surrounding neighborhood for the annual Mothers Against Drunk Driving fundraiser and memorial event. May 13, 2023 7:00am unit 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


 County Manager _____ Date 5/4/2023



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

2023 Walk like MADD & MADD Dash Southwest Florida 5K

IMP 2023-00832

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 | 2023 Walk Like MADD & MADD Dash Southwest Florida 5K |
| Date(s) of Event / Production: | 05/13/2023 |
| Location(s) of Event: | JetBlue Park |
| Name of Applicant: | Mothers Against Drunk Driving |
| Applicant Address: | 13650 Fiddlesticks Blvd., Suite 202-144 Fort Myers, FL 33912 |
| Applicant Phone Number: | 954.448.7880 ext.7255 |
| Contact Person: (If different from applicant) | Jennifer Walsh (Please CC Lauren Harkins on all communications) |
| Contact Phone Number: (If different from applicant) | Same as above |
| Email Address: | Jennifer.Walsh@madd.org (please CC: lauren.harkins@madd.org on all communications) |
| Estimated Attendance: | 300-400 |
| Event Description: Include each activity, when activities take place, etc. | 5K run and walk within JetBlue Park and in the surrounding neighborhood for the annual Mothers Against Drunk Driving fundraiser and memorial event |
| Hours of Operation: | 7a-11a |
| STRAP # of Parcel: | 24-45-25-02-00006-0000 |
| Owner of Premises*: | Red Sox Baseball Club Limited Partnership |

*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? MPD

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

| | | |
|---|--|---|
| <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 type="checkbox"/> Yes <input checked="" 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> |
|---|--|---|

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):

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> TV Movie or Special | <input type="checkbox"/> TV Series / Pilot | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Still Photos |
| <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Industrial / Documentary | <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives or Pyrotechnics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animals, Large or Small | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stunts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* 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: <u> N/A </u> | Number in Crew: <u> N/A </u> | Number of locals hired: <u> N/A </u> |
| Total budget: <u> N/A </u> | Estimate amount spent in Lee County: <u> N/A </u> | |
| Hotel room nights: <u> N/A </u> <small>number of rooms x number of nights</small> | Number of shooting days: <u> N/A </u> | |



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.

JJ Walsh
Signature of Applicant

Rachel Stephens
Witness

Jennifer Walsh, Affiliate Executive Director
Print Name of Applicant and Title

Rachel Stephens
Print Name of Witness

4/4/23
Date

4/4/23
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: Paul Cummins
Signature:
Title: Commander
Date: 4 26 23

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:

Please contact Lee County Parks representative to ensure gate behind fire station is held open for this event as this gate is property of Lee County.

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley
Date: 2023.04.17 13:03:17 -04'00'

Title: Division Chief - Fire & Life Safety

Date: April 17, 2023



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: Lee County EMS will require medical coverage for this event. Lee County EMS will provide at least 2 personnel, which will staff either an ambulance, bike team, or cart team.
Medical Supplies / Equipment: Supplied by LCEMS.
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: Fees are waived, as in the past.
Special Arrangements: Please call 911 in the event of an emergency. Coverage will be provided by LCEMS, you may contact our office at EMSDetail@leegov.com.

Print Name: Douglas B. Higgins
Signature: Douglas B. Higgins
Title: Captain, EMS Operations
Date: April 17, 2023

Digitally signed by Douglas B. Higgins
EM: em-Douglas B. Higgins, o=Lee County Emergency Medical Services, ou=EMS Operations, email=DHiggins@leegov.com, c=US
Date: 2023.04.17 16:53:23 -0400

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 permitted on Lee County maintained road rights-of-way. |
| Ingress and Egress: | Use all established means of ingress and egress. |
| Special Arrangements: | Shall use Lee County Sheriff's Office (LCSO) for assistance with traffic control, and MOT shall be as per MOT Plan submitted with application. Any lane closure on County maintained roads shall be re-opened as soon as practicable and under the direction of the LCSO. Safe pedestrian and bicycle access shall be maintained throughout the duration of the event on public roads. |

Print Name: Bryan Miller

Signature: Bryan Miller Digitally signed by Bryan Miller
Date: 2023.04.14 07:09:08 -04'00'

Title: Senior Project Manager

Date: April 14, 2023

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

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Illumination:

N/A

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: Alise Flanjack

Signature: Alise Flanjack

Digitally signed by Alise Flanjack
Date: 2023.05.15 16:53:26 -04'00'

Title: Deputy Director

Date: 4/18/2023

2023 Walk Like MADD
Jet Blue
5/13/23

Lee County Event Permit Application



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

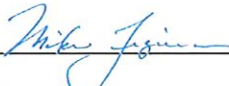
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- FILM PERMIT

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

| | |
|-------------------------|---|
| Insurance Requirements: | <p>Commercial general liability insurance 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.</p> <p>Certificate Must Read As:</p> <p>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.</p> |
| Special Arrangements: | <p>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.</p> <p>Subject to proof of insurance.</p> |

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: April 14, 2023



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/26/2023

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 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).

| | | |
|---|---|-----------------------|
| PRODUCER Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251 | CONTACT NAME: Lori Rose PHONE (A/C, No, Ext): 972-663-6122 E-MAIL ADDRESS: Lori_Rose@ajg.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURER A: Philadelphia Indemnity Insurance Company | | 18058 |
| INSURED Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 700 Irving TX 75062-3983 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| | | |

COVERAGES

CERTIFICATE NUMBER: 235600873

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: | Y | | PHPK2529541 | 3/15/2023 | 3/15/2024 | 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 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> 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 | | | | PER STATUTE | 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: 2023 Walk Like MADD & MADD Dash SWFL 5K | Date of Event: 05/13/2023.

Lee County Board of County Commissioners is an Additional Insured as respects General Liability policy(ies), pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

OK to 04/14/2023

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Lee County Board of County Commissioners Attn: Mike Figuera 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. AUTHORIZED REPRESENTATIVE |
|--|---|

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Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU
2201 SECOND STREET, SUITE 600
FORT MYERS, FLORIDA 33901
(239) 338-3500

Check the appropriate box(es) below:

FILM PERMIT ONLY

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

Special Arrangements:

N/A
Walk like MADD

Other:

N/A

Print Name: Miriam Dotson
Signature: Miriam Dotson
Title: Communications Coordinator
Date: 4/25/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2023

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.

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| | | |
|---|--|-----------------------|
| PRODUCER Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251 | CONTACT NAME: Lori Rose | |
| | PHONE (A/C No, Ext): 972-663-6122 | FAX (A/C, No): |
| E-MAIL ADDRESS: Lori_Rose@ajg.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Philadelphia Indemnity Insurance Company | | 18058 |
| INSURED Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 700 Irving TX 75062-3983 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |
| | INSURER G: | |

COVERAGES

CERTIFICATE NUMBER: 424231218

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 SUBR INSD 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: | Y | PHPK2529541 | 3/15/2023 | 3/15/2024 | 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 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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 \$ \$ |
| | 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 | | | <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)

RE: Event Description: 2023 Walk Like MADD & MADD Dash SW FL 5K | Date of Event: May 13, 2023 | Name of Contract: 2023 Walk Like MADD & MADD Dash SW FL 5K | MADD Chapter or Affiliate: 61240

Gateway Services CDD is an Additional Insured as respects General Liability policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Gateway Services CDD Attention: Chelsea O'Riley 11922 Fairway Lakes Dr., Suite #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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11922 Fairway Lakes Dr., Ste. 1
Fort Myers, FL. 33913

www.gatewaydistrict.org

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

April 19, 2023

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

Dear Ms. Harkins,

I am writing on behalf of Gateway Services Community Development District to grant permission for the 2023 Walk Like MADD & MADD Dash Southwest Florida 5K event to utilize GSCDD roads and sidewalks on May 13, 2023, 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.

Once the event is over, we request that all roads and sidewalks within the District be left in the same condition they were in prior to the event.

Thank you for your cooperation in this matter. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Chelsea O'Riley
District Manager
Gateway Services Community Development District

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)

3/16/2023

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 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).

| | | |
|---|---|-----------------------|
| PRODUCER Arthur J. Gallagher Risk Management Services, LLC Park 7 12750 Merit Drive Suite 1000 Dallas TX 75251 | CONTACT NAME: Lori Rose PHONE (A/C, No, Ext): 972-663-6122 E-MAIL ADDRESS: Lori_Rose@ajg.com | FAX (A/C, No): |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Mothers Against Drunk Driving 511 E. John Carpenter Fwy., Suite 700 Irving TX 75062-3983 | INSURER A: Accident Fund Insurance Company of America NAIC #: 10166 | |
| | INSURER B: Tokio Marine Specialty Ins Co NAIC #: 23850 | |
| | INSURER C: Princeton Excess & Surplus Lines Ins Co NAIC #: 10786 | |
| | INSURER D: Philadelphia Indemnity Insurance Company NAIC #: 18058 | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER: 1291974305

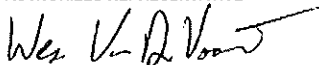
REVISION NUMBER:

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"/> 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: | Y | Y | PHPK2529541 | 3/15/2023 | 3/15/2024 | 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"/> AUTOMOBILE LIABILITY <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 <input type="checkbox"/> OTHER: | | | PHPK2529541 | 3/15/2023 | 3/15/2024 | 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"/> UMBRELLA LIAB <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 | | | PUB855309 82A3FF0002614-03 | 3/15/2023 3/15/2023 | 3/15/2024 3/15/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | <input checked="" type="checkbox"/> 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 | N/A | AF WCP 100008126 | 3/15/2023 | 3/15/2024 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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: Walk Like MADD Date of Event: May 12-13, 2023. 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.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| Boston Red Sox Baseball Club Limited Partnership 4 Yawkey Way Boston MA 02215 USA | 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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FOR OVERVIEW PURPOSE ONLY DRAWING NOT TO SCALE

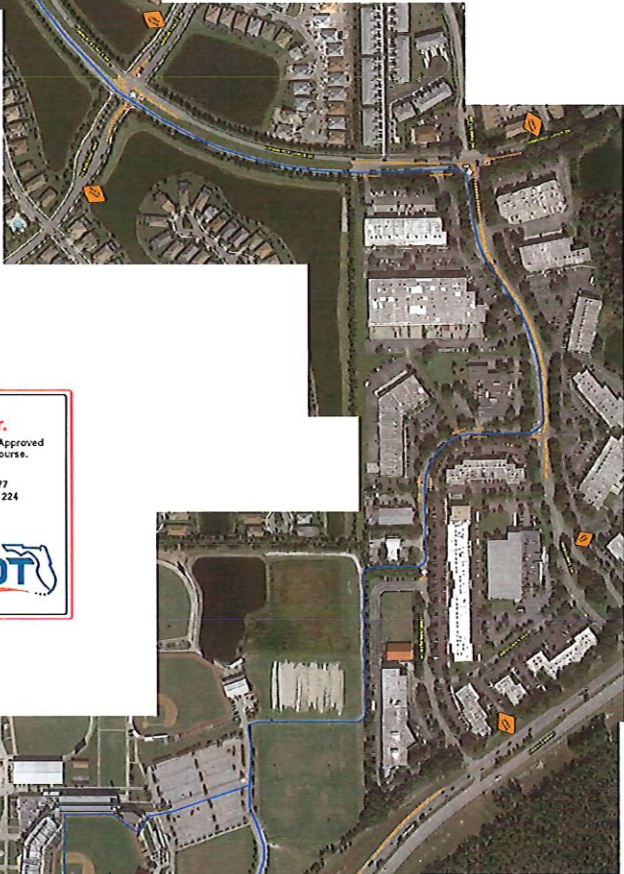
NOTE:
THIS M.O.T. IS BASED ON MUTCD & THE FLORIDA DEPARTMENT OF TRANSPORTATION ROADWAY AND DESIGN STANDARDS. ALL TRAFFIC CONTROL DEVICES MUST BE SET AND PLACE BY PERSONS CERTIFIED IN TRAFFIC CONTROL DEVICE PLACEMENT AND PLANNING.

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

| Road Type | Min. Spacing (feet) |
|--|---------------------|
| Arterial and collectors with Work Zone Speed \leq 40 mph | 200 |

**TABLE 1
CHANNELIZING DEVICE SPACING**

| WORK ZONE SPEED (mph) | Max. Distance Between Devices (ft.) | | | |
|-----------------------|-------------------------------------|---------|--|---------|
| | Cones or Temporary Tubular Markers | | Type I Barricades, Vertical Panels, or Drums | |
| | Taper | Tangent | Taper | Tangent |
| \leq 45 | 25 | 50 | 25 | 50 |



FDOT This Certifies that **Theodore R. Howard Jr.**
Has Completed a Florida Department of Transportation Approved Maintenance of Traffic (TTC) Advanced (Refresher) Course.

Date Expires : 07/21/2023 Certificate # 53777
Instructor: Timothy Davenport FDOT Provider # 224

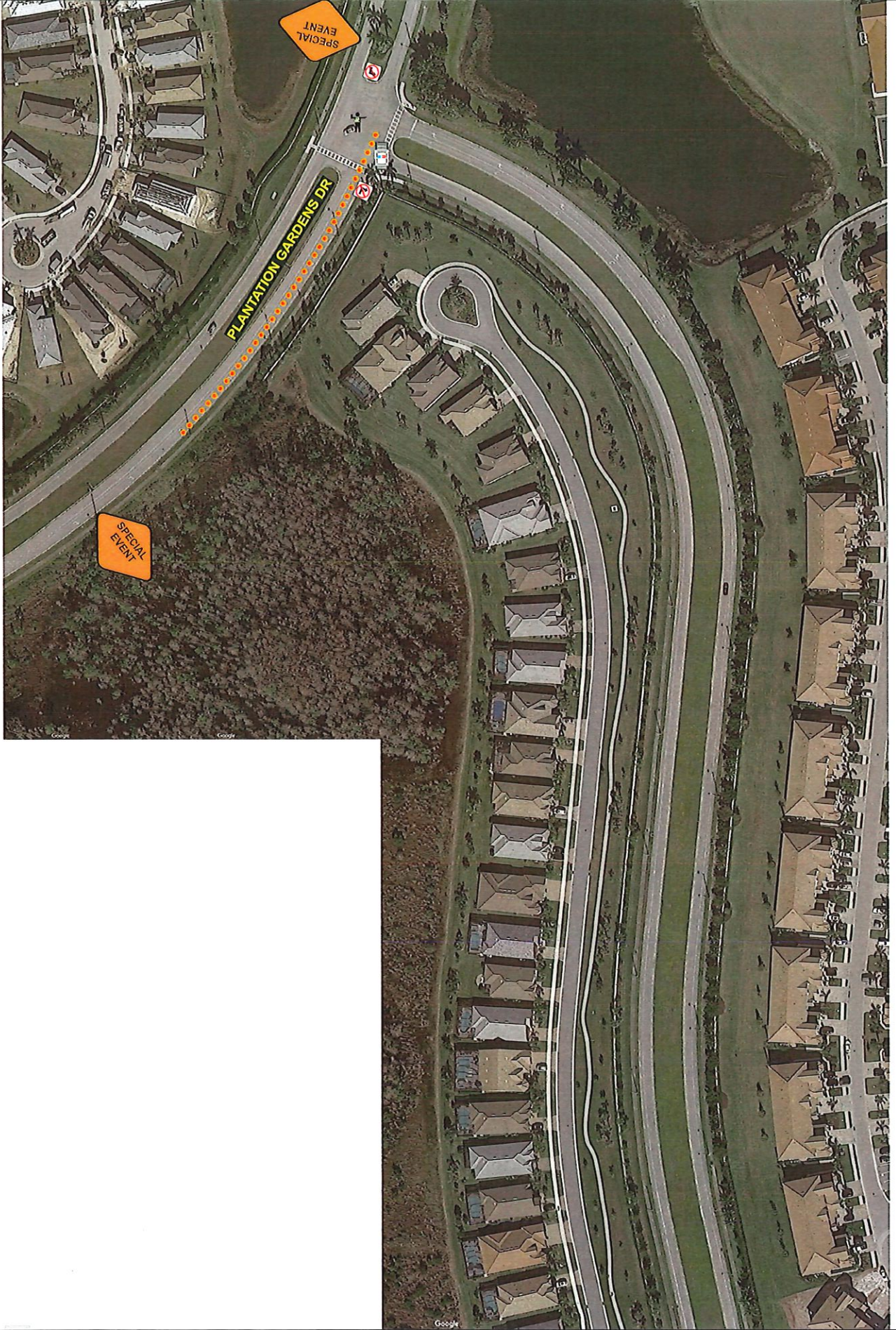
Guardian MOT Safety Training
Phone: 727-410-9124
5400 Coral Blvd #5204
Port Orange, FL 34945
guardiansafetytraining.com
tdavenport24@gmail.com

FDOT



Legend

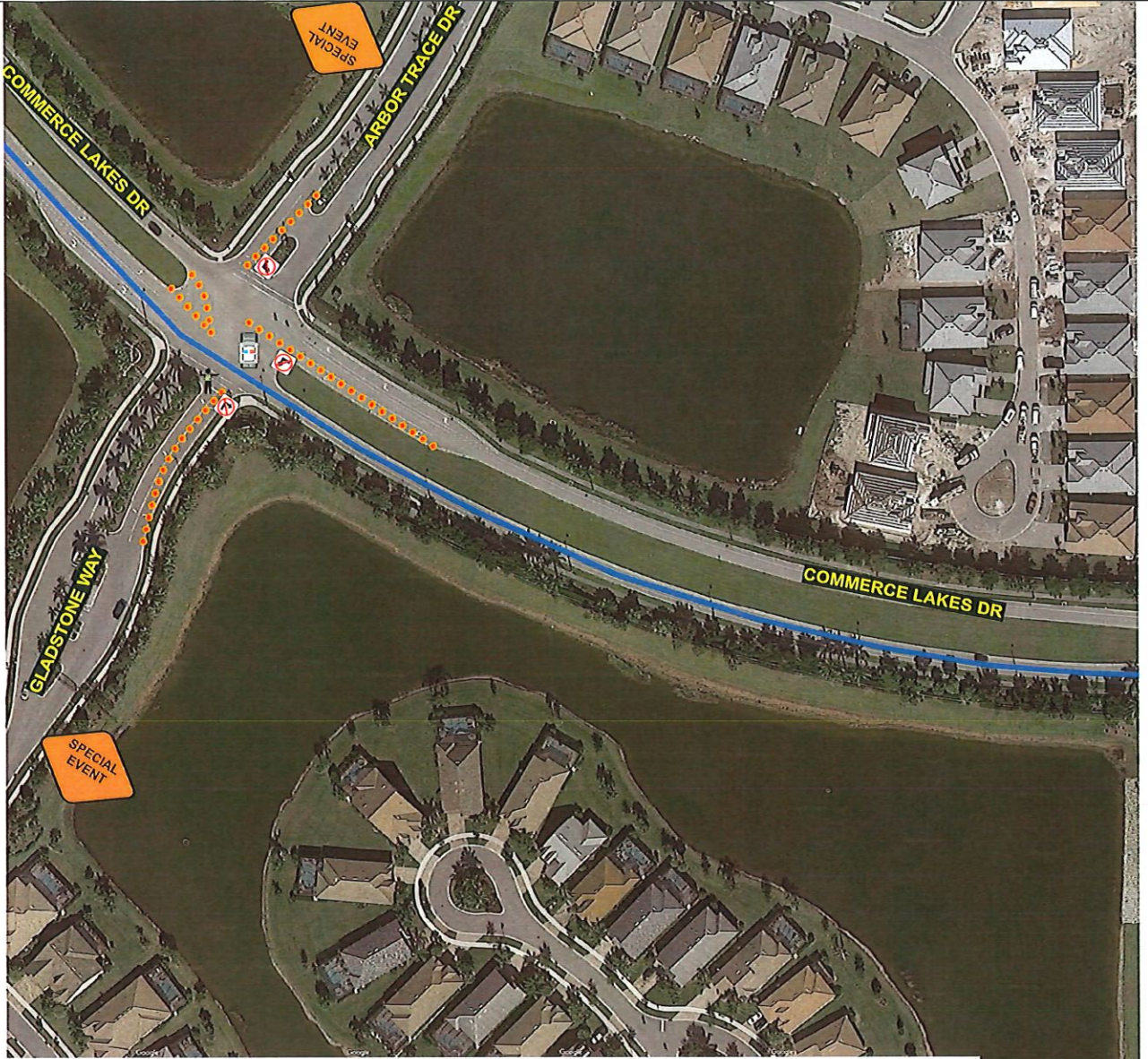
- Channelized Device
- Run Route
- Walk Route
- Work Area

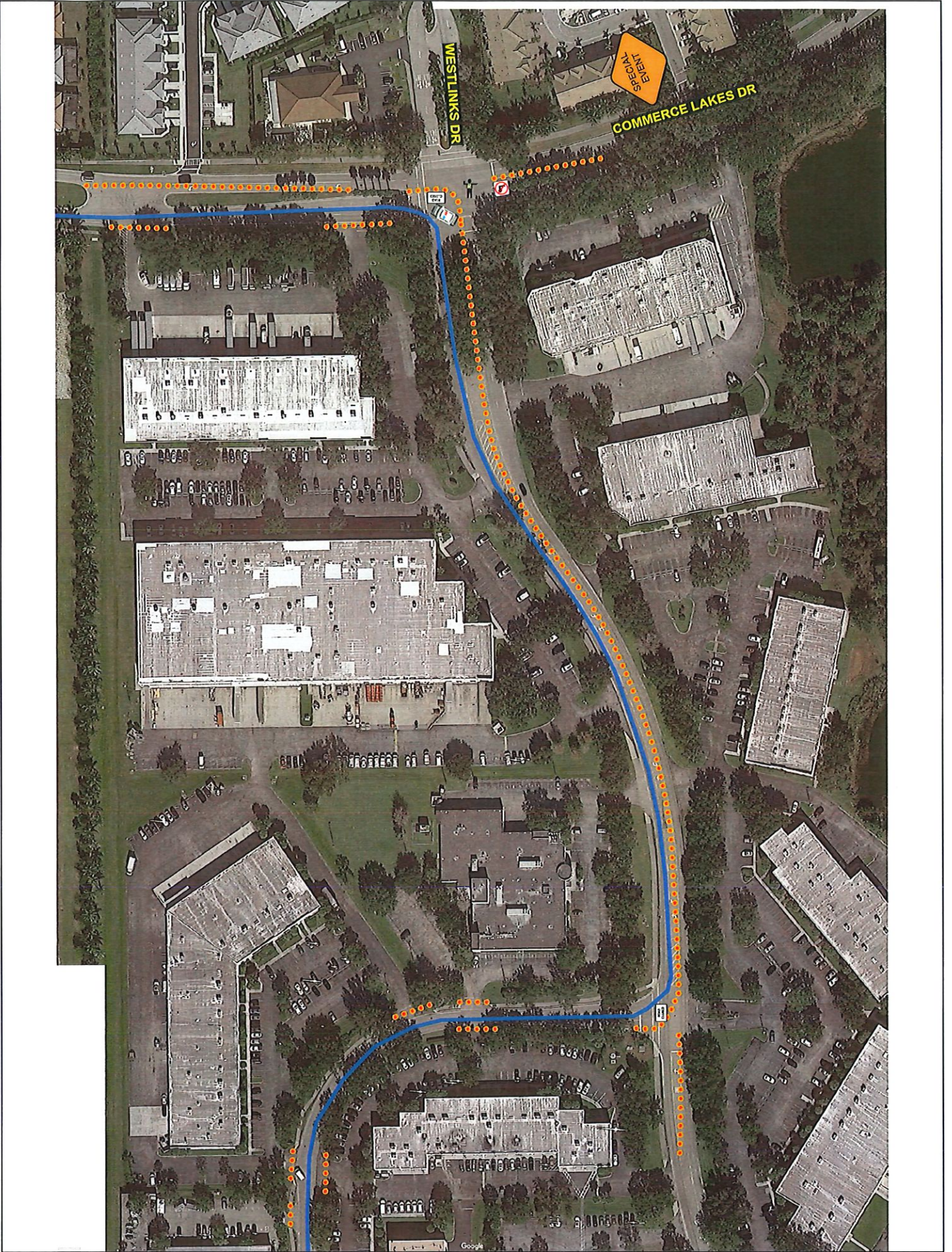


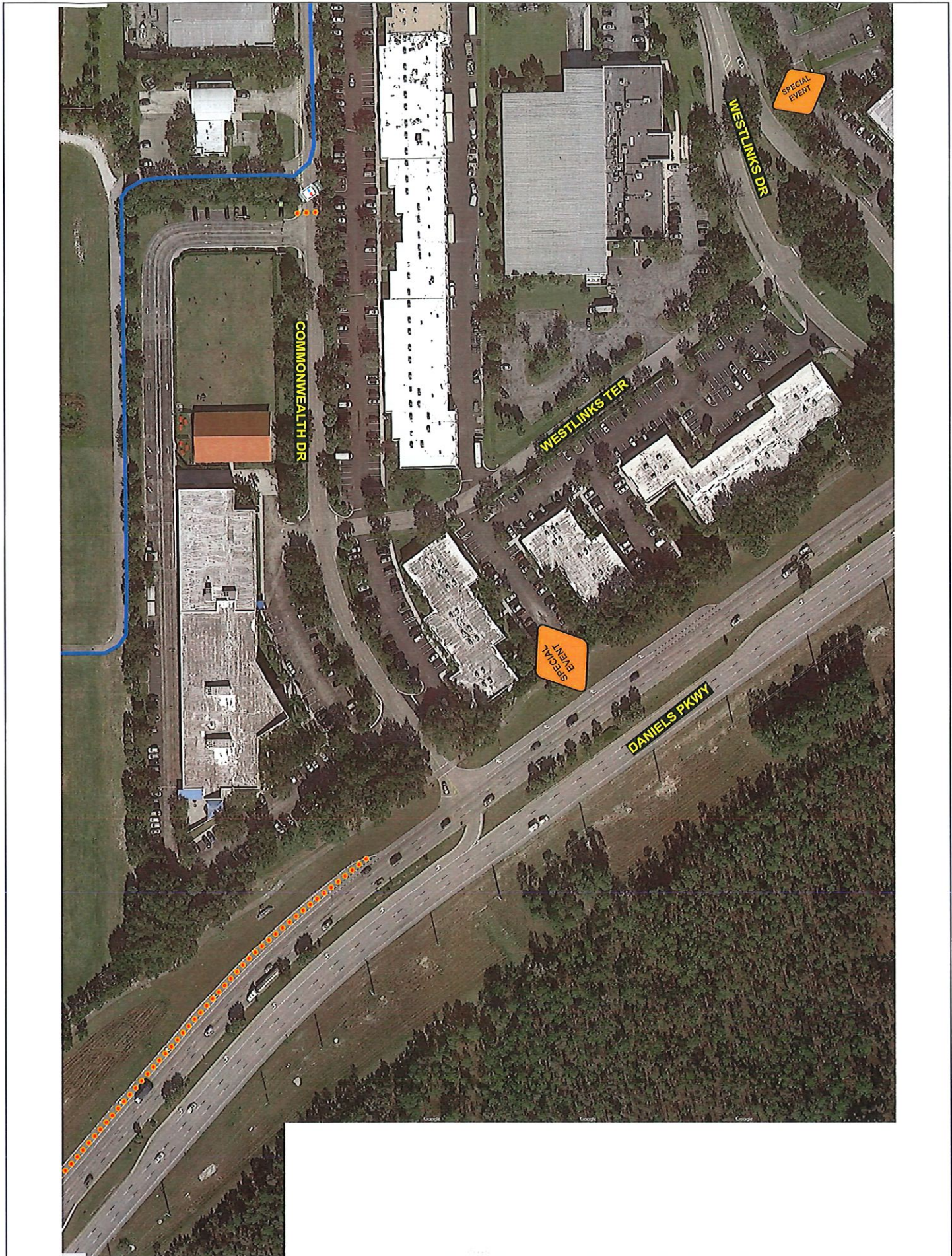
TURN AROUND POINT

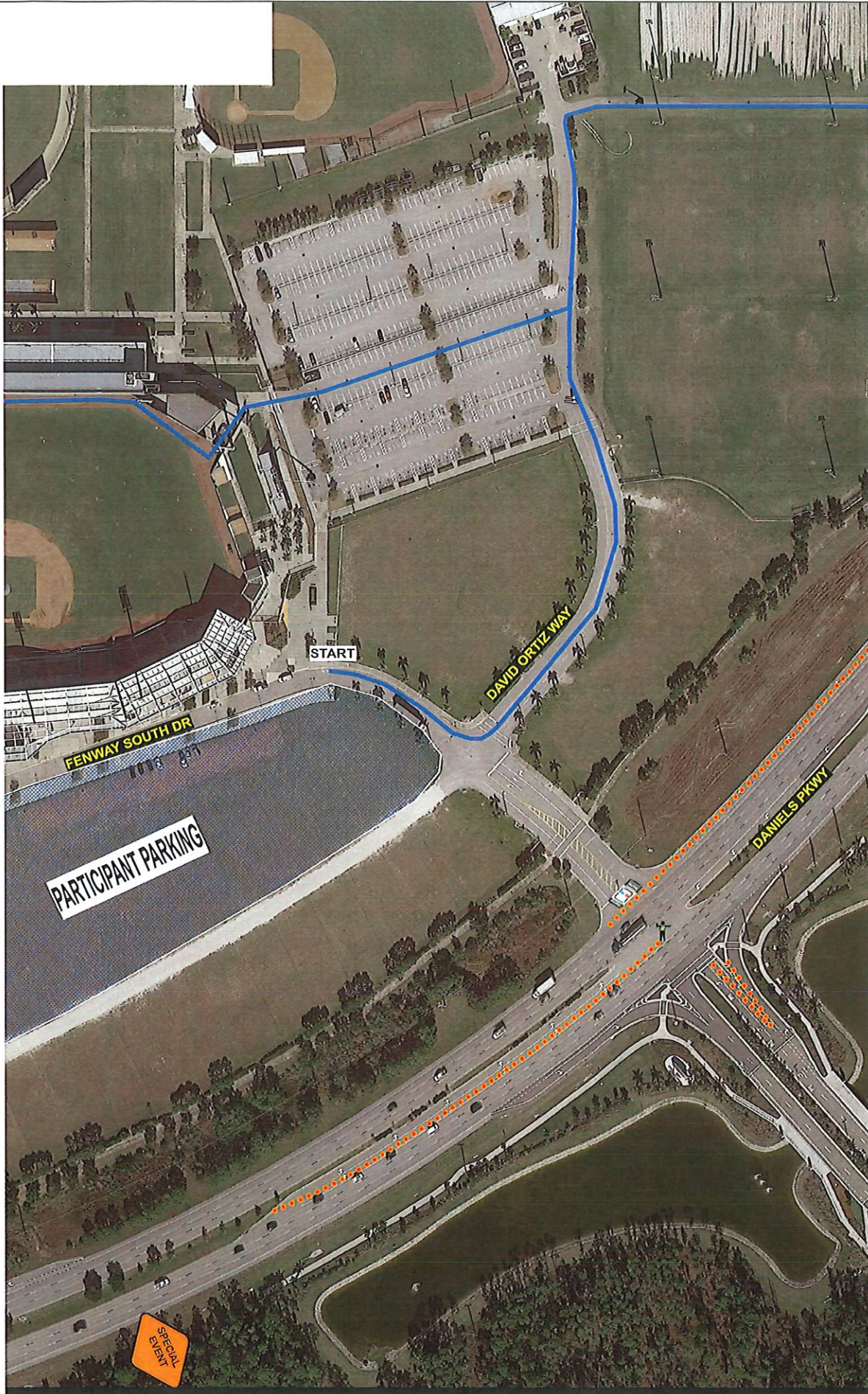
COMMERCE LAKES DR

SPECIAL EVENT
ARBOR TRACE DR









PARTICIPANT PARKING

FENWAY SOUTH DR

START

DAVID ORTIZ WAY

DANIELS PKWY

SPECIAL
EVENT



STAFF
& VOLUNTEER
PARKING

FINISH