

# Event Permit

**Event Name:**

Jazz on the Green

**Applicant:**

Gil Gibson, Marty Hall

**Contact:**

239-275-4647, 828-238-1648

**Location:**

Six Bends Harley-Davidson, 9501 Thunder Road

**Valid only for the Following date(s):**

February 21, 2015

**Valid only for the Following time(s):**

3:00pm — 10:00pm



**Permit Number**

TMP2015-00053

## Permit Type

- ☒ Special Event
- ☐ Use of County Property
- ☒ Sell & Consume Alcohol
- ☐ Consume Alcohol only
- ☐ Film Permit

## 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.
- This permit is to be readily available for inspection during the entire event.
- County-issued alcohol permits: Alcoholic beverages must not be sold/consumed 1½ hours prior to the conclusion of the event & vacating the facility.

Board of County Commissioners

Lee County, Florida

A handwritten signature in purple ink, likely of the County Manager.

County Manager

2-16-15

Date



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography



# 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)

<b>Title of Event / Name of Production</b>	Jazz on the Green
<b>Date(s) of Event / Production:</b>	February 21, 2015
<b>Location(s) of Event:</b>	Six Bends Harley-Davidson, 9501 Thunder Road, Fort Myers, FL 33913
<b>Name of Applicant:</b>	Gil Gibson
<b>Applicant Address:</b>	9501 Thunder Road Fort Myers, FL 33913
<b>Applicant Phone Number:</b>	239-275-4647
<b>Contact Person:</b> (If different from applicant)	Marty Hall
<b>Contact Phone Number:</b> (If different from applicant)	828-238-1648
<b>Email Address:</b>	martyh@sfe-us.com
<b>Estimated Attendance:</b>	1500
<b>Event Description:</b> Include each activity, when activities take place, etc.	The event will include a concert as well as food and beverage vendors
<b>Hours of Operation:</b>	<del>5-9PM</del> 3pm-10pm
<b>STRAP # of Parcel:</b>	22-45-25-23-00000.0040
<b>Owner of Premises*:</b>	Fischer Florida Properties, I LLC

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

## Lee County Event Permit Application



**Fill out the following questions for all permit types:**

What is the Zoning Classification of the premises? Commercial

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: stage and tents

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: Great American E & S Insurance Company

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

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

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

Type of Food being Served: Each restaurant will be serving their signature dish

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: \_\_\_\_\_

**Fill out this portion for applications for Solicitation in the County Rights-of-Way:**

Name of Charity: \_\_\_\_\_

Address of Charity: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Non-profit certificate/registration number: \_\_\_\_\_

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

### 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: 201970897

(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



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

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 type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input 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:

Special Parking Requirements:

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

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

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





## **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.

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.

Marty Hall

Signature of Applicant

Jennifer Ferraro

Witness

Marty Hall - Director Marketing

Print Name of Applicant and Title

Jennifer Ferraro

Print Name of Witness

2-10-15

Date

2-10-15

Date



Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
☐ USE OF COUNTY PROPERTY PERMIT  
☐ 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.

Illumination:

N/A

Parking Areas:

Event is not on County property and will not affect County Parks, Recreation programs or operations.

Special Arrangements:

N/A

Print Name:

Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

2/11/15

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Jazz on Green @ 6 Bands 2/21/15



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?)

2 Certified crowd managers required per Fire Marshal Tanner

Fee for Services:

\$55.00 Inspection fee required for any tent over 900 sq. ft.

Flammable Vegetation:

Clear away from all tents

First Aid Equipment:

ALS medical coverage being provided by STFB and Lee County EMS personnel

Fire Extinguishing:

2A 10 BC port. F/E in all tents NFPA 96 Compliant - All propane bottles 10ft from any tent and shall be tip proof

Special Arrangements:

STFB will be requiring 1 personnel from STFB on-site at this event paid for by event promoter as per email to Jennifer Ferraro

Print Name:

Gene Rogers

Signature:

Gene Rogers

Title:

Division Chief

Date:

2-12-15

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY  
14752 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FL 33912  
(239) 533-3911

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.

Treatment Facilities:

MA

Medical Personnel:

MA

Medical Supplies /  
Equipment:

MA

Safety Requirements:

MA

Fee for Services

(1) EMS Car + @ \$100.00 per hour

Special Arrangements:

call 9-1-1 as needed for emergencies

Print Name:

Signature:

Title:

Date:

SM  
Scott M. Smith  
Deputy Director  
2/11/15



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  
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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 on County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control, as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
DN: cn=Bryan D. Miller, o=LCDOT, ou=Traffic, email=millerb@leegov.com,  
c=US  
Date: 2015.02.12 09:22:36 -0500

Title: Senior Project Manager

Date: February 12, 2015

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  
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☐ 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 parking areas only.

Deputies (How Many?):

Six traffic (one sergeant and five deputies) & three security. 1600-2200 hours

Fee for Services:

Special Arrangements:

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott H. Lucia*

Title: Detail Unit Commander

Date: 12 February 2015



Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
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☐ 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.

Insurance Requirements: 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 the applicants use of aforementioned event on Lee County property.

Special Arrangements: A certificate of insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

February 11, 2015

## INSURED MEMBER GENERAL LIABILITY DECLARATIONS CERTIFICATE

Insurance Company: GREAT AMERICAN E&S INSURANCE COMPANY

Address: RICHMOND, VA

Policy Number: PL1945260

Certificate Number: 0019-B

Policyholder: Outdoor & Recreation Insurance Program. A Risk Retention  
Purchasing Group Filed Under The Risk Retention Purchasing Group Act  
Of 1986.

Address: 333 W. Wacker Drive, Ste. 300 Chicago, IL 60606

### INSURED MEMBER AND ADDRESS

Fischer Entertainment, LLC

Motorsports of Fort Myers LLC DBA Six Bends Harley-  
Davidson

12271 Towne Lake Drive

Fort Myers, FL 33913

Insured Operations: Concerts

Coverage Effective Date: 11/01/14

Coverage Expiration Date: 11/01/15

Both At 12:01 AM At The Address Of  
The Insured Member.

Location: Various

\$2,000,000	General Aggregate Per Participating Member
\$2,000,000	Products-Completed Operations Aggregate Limit
\$1,000,000	Each Occurrence Limit
\$1,000,000	Personal And Advertising Injury Liability Limit
\$ 100,000	Damage to Rented Premises
\$ 5,000	Medical Expense Limit Any One Person
\$ 0	Deductible Each Claim
\$1,000,000	Liquor Legal - \$1,000,000 OCC/\$2,000,000 AGG

The Coverage Afforded Is Subject To Policy Limits, Terms And Conditions. The Above Is A Recitation,  
And Does Not Provide Separate, Increased Or Additional Limits. This Certificate Evidences That  
Coverage Exists For The Insured Operations.

Additional Insured: Lee County  
2115 Second Street  
Fort Myers, FL 33901

This Endorsement/Certificate Is Issued At The Request Of: Arthur J. Gallagher & Co.

Dated At Richmond, Virginia  
02/10/2015

John W. Frazier

John W. Frazier, Authorized Representative

Page 1 of 2

oc LF  
2/11/15





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2015

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

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

<b>PRODUCER</b> Stewart & Sons Insurance, Inc.  P.O. Box 60029 Fort Myers FL 33906		<b>CONTACT NAME:</b> <b>PHONE A/C, No, Ext):</b> 239-936-8844 <b>FAX A/C, No):</b> 239-275-4446 <b>E-MAIL ADDRESS:</b> info@stewartandsonsinsurance.com	
<b>INSURED</b> Y K Food Design, LLC DBA CRU 13499 South Cleveland Ave. #241 Fort Myers FL 33907		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FCCI Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 10178	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		GL00133813	03/18/14	03/18/15	EACH OCCURRENCE	\$ 1000000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 50000	
	MED EXP (Any one person)						\$ 5000	
	PERSONAL & ADV INJURY						\$ 1000000	
	GENERAL AGGREGATE						\$ 2000000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2000000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	BODILY INJURY (Per person)						\$	
	BODILY INJURY (Per accident)						\$	
	PROPERTY DAMAGE (Per accident)						\$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 10000			UMB00141643	03/18/14	03/18/15	EACH OCCURRENCE	\$ 3000000
	AGGREGATE						\$ 3000000	
							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				WC STATUTORY LIMITS	OTHER
	E.L. EACH ACCIDENT						\$	
	E.L. DISEASE - EA EMPLOYEE						\$	
	E.L. DISEASE - POLICY LIMIT						\$	

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

Special Event Feb. 21, 2015. Certificate holder is named as additional insured.

**CERTIFICATE HOLDER****CANCELLATION**

Motorsports of Fort Myers Fisher Florida  
Properties 1, LLC, Six Bends  
9501 Thunder Road  
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