



EVENT PERMIT

Ordinance 14-15



RELAY FOR LIFE OF FORT MYERS

PERMIT NUMBER: TMP2015-00107

Date(s) of Event: April 18, 2015 from 12:00pm to 11:59pm

Property Owner: LEE COUNTY

Applicant: AMERICAN CANCER SOCIETY
239-936-1113

Contact: EMILY TEACHOUT

Description: Community Fundraiser, team campsites are set up around track, fundraising through bake sales and crafts. Multiple activities take place throughout the event.

Location of event: 7330 GLADIOLUS DR FORT MYERS 33908
LAKES PARK US41 south, right Gladiolus to Lakes Park on right hand side

Will the event be attended by 1000 or more people ? Yes

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

 4-2-15
County Manager Date

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	Relay For Life of Fort Myers
Date(s) of Event / Production:	April 18th, 2015
Location(s) of Event:	Lakes Regional Park, 7330 Gladiolus Dr, Fort Myers, FL 33908
Name of Applicant:	American Cancer Society
Applicant Address:	4575 Via Royale, Suite 110
Applicant Phone Number:	239-936-1113
Contact Person: (If different from applicant)	Emily Teachout
Contact Phone Number: (If different from applicant)	239-980-2777
Email Address:	emily.teachout@cancer.org
Estimated Attendance:	3,500
Event Description: Include each activity, when activities take place, etc.	Relay For Life of Fort Myers is a community based cancer fund-raiser. It brings together residents and businesses from Fort Myers to celebrate cancer survivors, remember loved ones lost, and fight back by fundraising for cancer research. At the event, teams form campsites around the track and fund-raise through bake sales and crafts. Throughout the event, various activities take place. The Grayson Rogers Band will take the stage at 330pm. Suncoast Credit Union will host a 5k run at 6pm. There will be a volleyball tournament from 2pm-6pm. Our traditional ceremonies will take place at 12pm. 9nn
Hours of Operation:	12pm-11:59pm
STRAP # of Parcel:	26-45-24-00-00008.0000
Owner of Premises*:	Lee County Parks and Recreation

*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? park

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

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: Wells Fargo Insurance Services USA, Inc.

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

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

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

Type of Food being Served: barbecue, pastas, italian ice, coffee

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: American Cancer Society

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

Name of Charity: American Cancer Society Relay For Life

Address of Charity: 4575 Via Royale, suite 110

Phone Number: 239-936-1113 ext 3905

Non-profit certificate/registration number: 59-0657320

(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

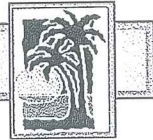
If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(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

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 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.

Emily Teachant
Signature of Applicant

Jamie Powell
Witness

Emily Teachant, Community Mgr
Print Name of Applicant and Title

Jamie Powell, development mgr
Print Name of Witness

03/24/2015
Date

3/24/15
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 parking areas only.

Deputies (How Many?):

One deputy 1300-1700 and one deputy 1900-0100.

Fee for Services:

Special Arrangements:

None.

Print Name: Capt. Scott Lucia

Signature: Capt. Scott W. Lucia

Title: Detail Unit Commander

Date: 31 March 2015

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:

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

Fire Guards (How Many?)

1 certified Crowd Manager

Fee for Services:

55.00 inspection fee per tent over 900 sq ft.

Flammable Vegetation:

Cleared from around tents

First Aid Equipment:

can be provided if requested, otherwise call 911 if needed.

Fire Extinguishing:

minimum 2a10bc extinguisher at all tents, sound control, and stage, cooking tents shall be NFPA 96 compliant, propane tanks need to be 10 feet away from tent and secured as to not tip over.

Special Arrangements:

n/a

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner
DN: cn=James Tanner, o=South Trail Fire District, ou=Fire Marshal,
email=j.tanner@southtrailfire.org, c=US
Date: 2015.03.25 10:34:19 -04'00'

Title: Fire Marshal

Date: 3/25/2015

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
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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.

Treatment Facilities:

N/A

Medical Personnel:

N/A

Medical Supplies /
Equipment:

N/A

Safety Requirements:

N/A

Fee for Services

pt. billed @ time of service

Special Arrangements:

call 9-1-1 for emergencies

Print Name:

SCOTT TATE

Signature:

[Handwritten Signature]

Title:

Deputy Director

Date:

3/24/15

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

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

Parking:

No parking on or within 10 feet of Lee 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, if needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
DN: cn=Bryan D. Miller, o=Lee County, ou=Traffic, email=millerbm@leegov.com,
c=US
Date: 2015.03.26 11:54:37 -0400

Title: Senior Project Manager

Date: March 26, 2015

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:

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

Illumination:

Please see attached

Parking Areas:

Please see attached

Special Arrangements:

Please see attached

Print Name: Mary Beth Krause

Signature:

Mary Beth Krause *Alise Flayjack*

Title:

Lakes Supervisor

Deputy Director

Date:

Mar 20, 2015

3/20/15

Relay for Life 2015 @ Lakes Park

Relay For Life 2015 at Lakes Park

Lee County Parks and Recreation (LCPR) would like to thank everyone for their participation in this upcoming event. Below is the Memo of Understanding, outlining responsibilities and requirements of each organization to help ensure a smooth and successful event.

Lee County Parks and Recreation

- Supply venue
- Limited equipment and resources available for event utilization, (parking vests, parking flags, etc)
- Supply administration staff night of event
 - One of the following
 - Mary Beth Krause
 - Dan Lott
 - Christine Bailey
- Collect event fee of \$750. Parking fee required. The flat parking fee is estimated on 1,000 people. We divide by our multiplier (3.7) people per car. And then multiplied by \$5.00 per car. The total would be \$2100.00. Please make all checks out to Lee County B.O.C.C.
- Changes may occur for future years. We will not change any fee structure for this year's event.

Relay For Life

- Submit Special Event Permit (30 Days In advance)
- You may ask your participants for donations.
- Parking/security
 - Must have staff to direct event traffic
 - Security for all areas of the park (including entrance and parking lots) where Relay For Life will take place
 - Provide dashboard display to event participants
 - Must abide by County Ordinance #06-26
- Event Layout logistics
- Rules and regulations for Relay For Life
 - List 30 days before the event
- Marketing and advertising (approval by Parks and Rec.)
 - Deadline to County by December 1, 2014
- No alcohol, no pets, no swimming in the lake, service animals permitted
- Proof of Insurance with Lee County BOCC as additional insured.
- First Aid
- Staffing and scheduling of committee members
 - Point of Contact

- Escorting of team vehicles for drop off and pick up of tents and related materials
 - 2 hour window for drop off and pick up
- Hours of operation
- Port – o lets
 - 1 restroom for every 100 participants
- Dumpster for trash collection from event (if you would like Parks and Rec to get dumpster, please the additional Fee would be \$700.00.
- Parking
 - Do not block any fire hydrants
- Ticket sales/prices Fees/charges
- Raffles
 - Present to LCPR
 - 60 days prior to event – By __Feb 18th, 2015__
- List of sponsors
- Signage
 - Will provide all signage for this event to include directional and parking signs
 - No large stakes, sidewalk chalk or spray paint
- Golf carts, gas and equipment
- Lighting
 - 10 - 15 Portable light towers
 - Generators allowed on fire-proof mats
- Deliveries – inform LCPR
 - Food/beverage
 - Stage
 - Golf carts
- Provide cardboard garbage/recycling cans for event.
- Site walk through of park 1 week prior to event with site supervisor
- Set up and breakdown dates
 - The night before set up of real estate signs, cones, flag vendor locations, etc
 - Day of – team tents, bounce houses and other items
 - Breakdown after event is over of all items
- A committee member must be available for site walk through the day after the event, once all equipment is gone, to document the condition of the facility and any damages. Any damages caused as a result of this event will be the responsibility of the Relay For Life to repair or replace at their expense. Failure to compensate the County for any damage may result in the future use of the facility being denied.
 - Lodge, shelters C1, B4, A8, amphitheater and Bermuda field must be cleaned up and trash removed from the ground by noon.

We look forward to working with each of you and your organization in making this the most successful Relay For Life. If you have any questions, please do not hesitate to call me at 239-229-0559.

The parties as signed below agree to the outline of responsibilities, and any additions or deletions are to be mutually agrees upon.

A handwritten signature in cursive script, reading "Mary Beth Krause", written over a horizontal line.

Mary Beth Krause, Lakes Park Supervisor
Lee County Parks and Recreation

A solid horizontal line intended for a signature.

Relay For Life Representative

Ennis, Audra

From: Flanjack, Alise
Sent: Wednesday, April 01, 2015 3:44 PM
To: Ennis, Audra
Subject: RE: TMP2015-00107

Yes I am fine with that.

Thanks, Alise

Alise Flanjack
Deputy Director
Lee County Parks & Recreation
Terry Park Administrative Office
3410 Palm Beach Blvd.
Ft. Myers, FL 33916
Office: 239-533-7451
Cell: 239-229-0488
Fax: 239-485-2300
www.leeparks.org
Join our online public forum at www.leecountytownhall.com

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

-----Original Message-----

From: Ennis, Audra
Sent: Wednesday, April 01, 2015 11:40 AM
To: Flanjack, Alise
Subject: RE: TMP2015-00107

Thanks much....can we proceed without the Relay rep signature on the attachment?

Audra Ennis
Supervisor, Permit Support
Lee County Permitting
AEnnis@leegov.com
(239)533-8327
(239)485-8340 (Fax)

-----Original Message-----

From: Flanjack, Alise
Sent: Wednesday, April 01, 2015 11:25 AM
To: Ennis, Audra
Subject: RE: TMP2015-00107

Sorry my morning got away from me.

Thanks, Alise

Alise Flanjack
Deputy Director
Lee County Parks & Recreation
Terry Park Administrative Office
3410 Palm Beach Blvd.
Ft. Myers, FL 33916
Office: 239-533-7451
Cell: 239-229-0488
Fax: 239-485-2300
www.leeparks.org
Join our online public forum at www.leecountytownhall.com

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-----Original Message-----

From: Ennis, Audra
Sent: Wednesday, April 01, 2015 7:47 AM
To: Flanjack, Alise
Subject: RE: TMP2015-00107

Great....thanks.

Audra Ennis
Supervisor, Permit Support
Lee County Permitting
AEnnis@leegov.com
(239)533-8327
(239)485-8340 (Fax)

-----Original Message-----

From: Flanjack, Alise
Sent: Wednesday, April 01, 2015 6:19 AM
To: Ennis, Audra
Subject: Re: TMP2015-00107

She must have sent you the wrong page: I did sign next to her signature like we do with Joe Wier. I will email you the correct page when I get in.

Thanks, Alise

Alise Flanjack
Deputy Director
Lee County Parks and Recreation

3410 Palm Beach Blvd
Ft. Myers, FL 33916
Desk 239-533-7451
Cell 239-229-0488

Sent from iPhone and most written communication to or from county employees regarding county business is public record.

> On Mar 31, 2015, at 4:19 PM, Ennis, Audra <AEnnis@leegov.com> wrote:

>

> Hi Alise,

> Attached is a copy of the Relay for Life permit submitted to our office. A couple of questions....can we accept the application without your signature (it has been signed by Mary Beth Krause) and can we process without the organization signature on the outline of responsibilities? Thanks much!

>

> Audra Ennis

> Supervisor, Permit Support

> Lee County Permitting

> AEnnis@leegov.com

> (239)533-8327

> (239)485-8340 (Fax)

>

>

>

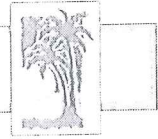
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> <TMP2015-00107.pdf>

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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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: March 25, 2015



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 3/25/2015

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).

PRODUCER Commercial Lines - (404) 923-3700 Wells Fargo Insurance Services USA, Inc. 3475 Piedmont Road NE, Suite 800 Atlanta, GA 30305-2886 INSURED American Cancer Society, Inc. 250 Williams Street Atlanta, GA 30303	CONTACT NAME: Alexander Mortimer PHONE (A/C, No, Ext): 404-923-3732 FAX (A/C, No): 877-362-9069 E-MAIL ADDRESS: alexander.mortimer@wellsfargo.com <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B: Pacific Indemnity Company</td> <td>20346</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Federal Insurance Company	20281	INSURER B: Pacific Indemnity Company	20346	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B: Pacific Indemnity Company	20346														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 8902539 **REVISION NUMBER:** See below

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	ADD'L SUBR INSD LVWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="margin-left: 20px;"> <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: </div>		35943463	9/1/2014	9/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		73563471	09/01/2014	09/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	71741355	09/01/2014	09/01/2015	<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)

Re: Relay for Life of Fort Myers on April 18, 2015 at Lakes Regional Park, 7330 Gladiolus Drive, Fort Myers, FL 33908

Lee County Board of Commissioners is included as an additional insured in accordance with the terms and conditions of the general liability policy.

See MF 03/25/15

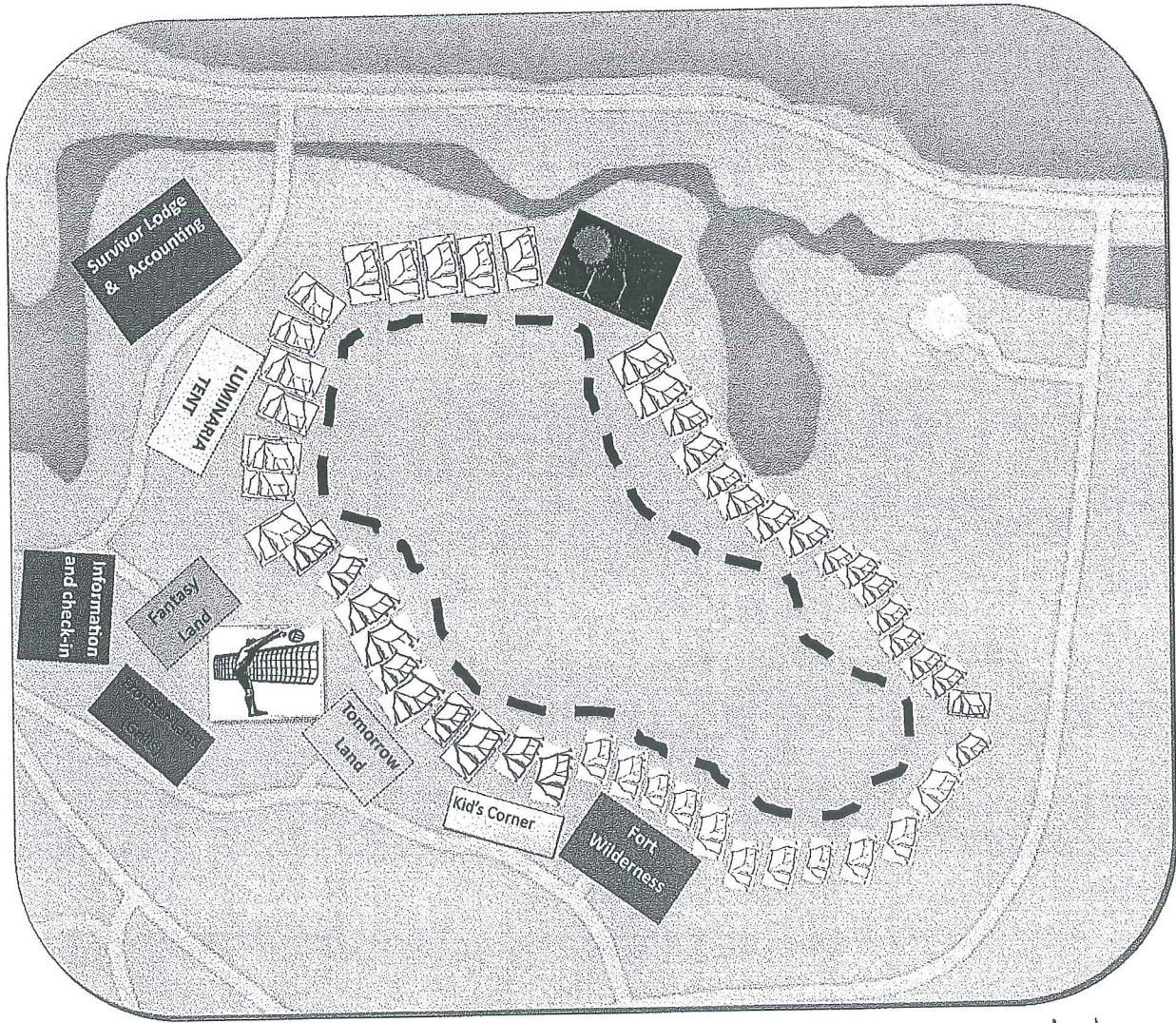
CERTIFICATE HOLDER Lee County Board of Commissioners P.O. Box 398 Fort Myers, Florida 33902	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2014/01)

(This certificate requires certificate #894743 issued on 3/25/2015)



Parking in
Lakes Park parking lot



Event Aerial
Area Photo

