

EVENT PERMIT

Ordinance 14-15

THE BROOKS HEART WALK

PERMIT NUMBER: TMP2015-00214

Date(s) of Event: February 6, 2016 between 8:30am and 10:30am

Property Owner: COMMONS CLUB AT THE BROOKS

Applicant: THE AMERICAN HEART ASSOCIATION Contact: NANCY HOLLAND

Description: Walk in support of the American Heart Association, route along Coconut Rd from the Commons Club at the Brooks to Via Coconut Rd and back, vendor tents on private property

Location of event: 9920 9960 COCONUT RD BONITA SPRINGS 34135
LEE COUNTY ROW, Coconut Rd between the Commons Club at the Brooks and Via Coconut Rd ***239-495-4905

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



Lee County
Southwest Florida

Event Application

Special Event

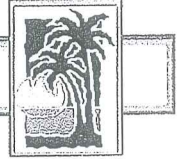
Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

2/16/14
TMP2015-00214

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	The Brooks Heart Walk
Date(s) of Event / Production:	February 6, 2016
Location(s) of Event:	The Brooks Community -private property and along Coconut Rd., Bonita Springs
Name of Applicant:	The American Heart Association
Applicant Address:	28441 Bonita Crossings Blvd Bonita Springs, FL 34135
Applicant Phone Number:	239-495-4905
Contact Person: (If different from applicant)	Nancy Holland
Contact Phone Number: (If different from applicant)	Kelly Goodwien (alternate AHA Contact) 239-340-2407
Email Address:	nancy.holland@heart.org
Estimated Attendance:	500
Event Description: Include each activity, when activities take place, etc.	Walk in support of the American Heart Association. 8:30am-10:30am. Route along Coconut Rd from the Commons Club at the Brooks to Via Coconut Rd and back.. Other activities such as sponsor tents will be on the Brooks private property at the Commons Club at the Brooks.
Hours of Operation:	8:30am-10:30am
STRAP # of Parcel:	104125E3U21271991
Owner of Premises*:	The Commons Club at The Brooks - Cathy Moschetto-Dir. of Operations, Fitness and Spa 239-949-3871

*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? Residential

Are any temporary structures to be installed for the event? Yes No Type: Tents on private property

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: Marsh 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?

Yes No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

Yes No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

Yes No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

Will be provided on private property using the private club kitchen

Type of Food being Served: Likely coffee, juice and light breakfast rolls; fruit, ice cream

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: American Heart Association

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

Name of Charity: no solicitation in the right-of way

Address of Charity: 28441 Bonita Crossings Blvd., Bonita Springs, FL 34135

Phone Number: 239-495-4905 or 239- 340-2407

Non-profit certificate/registration number: 501C3 will be submitted Employer ID 13-5613797

(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

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- TV Movie or Special, TV Series / Pilot, TV Commercial, Still Photos, Public Service Announcement, Industrial / Documentary, Other: NO FILMING

Will any of the following be needed or included*?

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

* For any marked Yes, provide further details below:

Empty rectangular box for providing details for marked 'Yes' items.

Special Parking Requirements:

Empty rectangular box for special parking requirements.

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

Empty rectangular box for city or county services required.

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.

Form fields for: Number in Cast, Number in Crew, Number of locals hired, Total budget, Estimate amount spent in Lee County, Hotel room nights, Number of shooting days.

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.

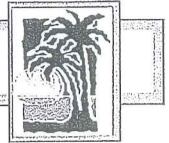
For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and 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.

Nancy Holland
Signature of Applicant

Laurie J Mahoney
Witness

Nancy Holland Heart Walk Specialist
Print Name of Applicant and Title

Laurie J Mahoney
Print Name of Witness

7/28/15
Date

7/28/2015
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?):

Two (2) deputies. Three (3) VOICE members. Shadow Wood, Spring Run and Light House Bay entrances along with Via Coconut Turn-around and the Commons Club at the Brooks which is the starting point. If VOICE members are not available then Deputies will be required.

Fee for Services:

Special Arrangements:

Participants are to stay within marked lane (cones) at all times except while crossing drives and subdivision accesses where Deputies are provided for safety.

Print Name: Capt. Scott Lucia
Signature: *Capt. Scott H. Lucia*
Title: Detail Unit Commander
Date: 24 August 2015

LCSO Details Main Phone Number: 239-477-1199		
Vendor Information		
Business Name: <u>The American Heart Association</u>		
Street: <u>28441 Bonita Crossings Blvd</u>		
City: <u>Bonita Springs</u>	State: <u>FL</u>	Zip Code: <u>34135</u>
Business Contact: <u>Nancy Holland</u>		Phone: <u>239-495-4905</u>
Email Address: <u>nancy.holland@heart.org</u>		
Event Information		
Detail Location: <u>The Brooks and vicinity</u>		
Street: _____		
City: <u>Bonita Springs</u>	State: <u>FL</u>	Zip Code: <u>34135</u>
Contact During Event: <u>Nancy Holland</u>		Phone: <u>239-495-4905</u>
Event Date: <u>2/6/16</u>	Event Time: <u>0730-1130</u>	
Anticipated Crowd Size : <u>500</u>	Type of Event: <u>Walk</u>	
Additional Security Working Detail: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, how many? _____		
Permits Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Alcohol Served: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Detail Information		
Security <input type="checkbox"/>	Traffic <input checked="" type="checkbox"/>	Prisoner Transport <input type="checkbox"/>
Escort <input type="checkbox"/>	Holiday <input type="checkbox"/>	Funeral Escort <input type="checkbox"/>
Last Minute <input type="checkbox"/>	Stand-by <input type="checkbox"/>	
Marked Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unmarked Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Uniformed Deputy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Plain Clothes Deputy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Detail Description: 5 traffic deputies for traffic control at Shadow Wood, Spring Run & Light House Bay entrances along with Via Coconut turn around and the Commons Club at the Brooks. Deputies will be out of their vehicles actively directing traffic and assisting participants across intersections.		



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000



Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

The current detail rates are:

Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

*Details are charged a \$15 per deputy vehicle rate.
All boat details are charged a \$20 per hour boat rate.*

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed unarmed security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. **Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.**

LEE COUNTY SHERIFF'S OFFICE USE ONLY			
Total Deputy(s) <u>5</u>	Total Hours <u>4/each</u>	Rate per Hour <u>\$50</u>	Vehicle Rate <u>\$15</u>
Total Cost for Detail <u>\$1,075</u>			
Vender Signature _____		Date _____	



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?)

None Requested

Fee for Services:

NA

Flammable Vegetation:

NA

First Aid Equipment:

CALL 9-1-1 FOR ALL EMERGENCIES

Fire Extinguishing:

NA

Special Arrangements:

NORTH LANE OF COCONUT ROAD CLOSED FROM COMMONS CLUB TO VIA COCONUT.

Print Name: PHILLY GREEN
Signature: *Philly Green*
Title: Fire Marshal
Date: 11/17/15

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:

N/A

Medical Personnel:

N/A

Medical Supplies / Equipment:

N/A

Safety Requirements:

N/A

Fee for Services

Pl. billed at time of service

Special Arrangements:

call 9-1-1 for emergencies

Print Name:

SCOTT TUTTLE

Signature:

[Handwritten Signature]

Title:

Deputy Director

Date:

8/17/15

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
- USE OF COUNTY PROPERTY PERMIT
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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 event 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 (LCSO) for assistance with traffic control. Lane closures on Coconut Road shall be limited to one lane, and the MOT Plan shall be done by a certified Traffic Control Specialist. All signs, cones, barricades, and VMB's shall be placed in accordance with the FDOT 600 Standards and Manual on Uniform Traffic Control Devices (MUTCD). The lane closure shall be re-opened to traffic as soon as practicable and under the direction of the LCSO. All measures shall be taken to protect by the participants traveling within the rights-of-way, and the motoring public.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2015.11.05 15:02:38 -05'00'

Title: Senior Project Manager

Date: November 5, 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:

- 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:

Parking Areas:

Special Arrangements:

This Walk is on private property. It will not be in a park, as is the Lee Walk

Print Name: Alise Flanjoek
Signature: Alise Flanjoek
Title: Deputy Director
Date: Aug. 14, 2015

Heart Walk at Brinkley Community
2/6/15

Lee County Event Permit Application



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


Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
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- FILM PERMIT

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

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: September 18, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/21/2015

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 Marsh USA, Inc. 4400 Comerica Bank Tower 1717 Main Street Dallas, TX 75201-7357 010207-All-GAWXP-15-16	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED American Heart Association, Inc. Greater Southeast Affiliate 28441 Bonita Crossings Blvd Bonita Springs, FL 34135	INSURER A : Zurich American Insurance Company NAIC # 16535	
	INSURER B : American Guarantee & Liability Ins Co 26247	
	INSURER C : Axis Insurance Company 37273	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES	CERTIFICATE NUMBER: HOU-002689404-01	REVISION NUMBER: 2
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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:			GLO 8376157-20	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP-8376159-20	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			AUC 9300308-14	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 8376109-20	07/01/2015	07/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Property			MCB787839-15	07/01/2015	07/01/2016	Limit: 145,131,225

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: The Brooks Heart Walk - 02/06/2016 - Bonita Springs, FL
Certificate Holder is an Additional Insured, except on Worker's Compensation and Property, as Owner of premises leased or gratuitously offered for the American Heart Association, Inc. off premises events, but only as respects to operations of the American Heart Association, Inc.

OK MR 09/18/15

CERTIFICATE HOLDER Lee County Board of Commissioners PO Box 398 Ft Myers, FL 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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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:

[Empty box for Special Arrangements with a diagonal line drawn through it]

Other:

[Empty box for Other with a diagonal line drawn through it]

Print Name: Nancy Holland
Signature: Nancy Holland
Title: Health Walk Specialist
Date: 1/28/15

CINCINNATI OH 45999-0038

In reply refer to: 0248121964
Jan. 16, 2015 LTR 4168C 0
13-5613797 000000 00
00020616
BODC: TE

AMERICAN HEART ASSOCIATION INC
NATIONAL CENTER
% SUNDER JOSHI EVP CFO
7272 GREENVILLE AVE
DALLAS TX 75231-5129



012902

Employer Identification Number: 13-5613797
Person to Contact: Ms. Mitchell
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 08, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in July 1949.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

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AMERICAN HEART ASSOCIATION INC
NATIONAL CENTER
% SUNDER JOSHI EVP CFO
7272 GREENVILLE AVE
DALLAS TX 75231-5129

If you have any questions, please call us at the telephone number shown in the heading of this letter.

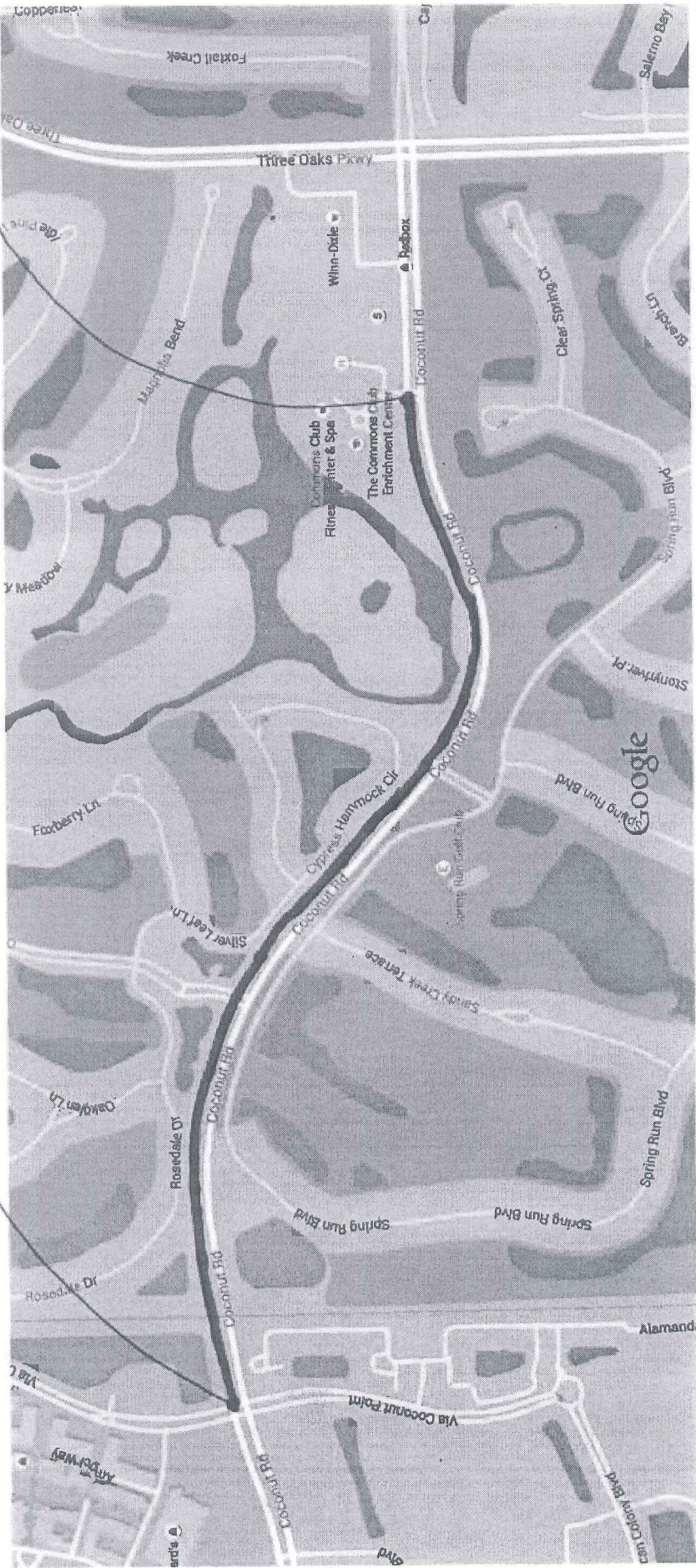
Sincerely yours,

Doris P. Kenwright

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

Google Maps TURNAROUND POINT

START ↑
FINISH



Map data ©2015 Google 500 ft

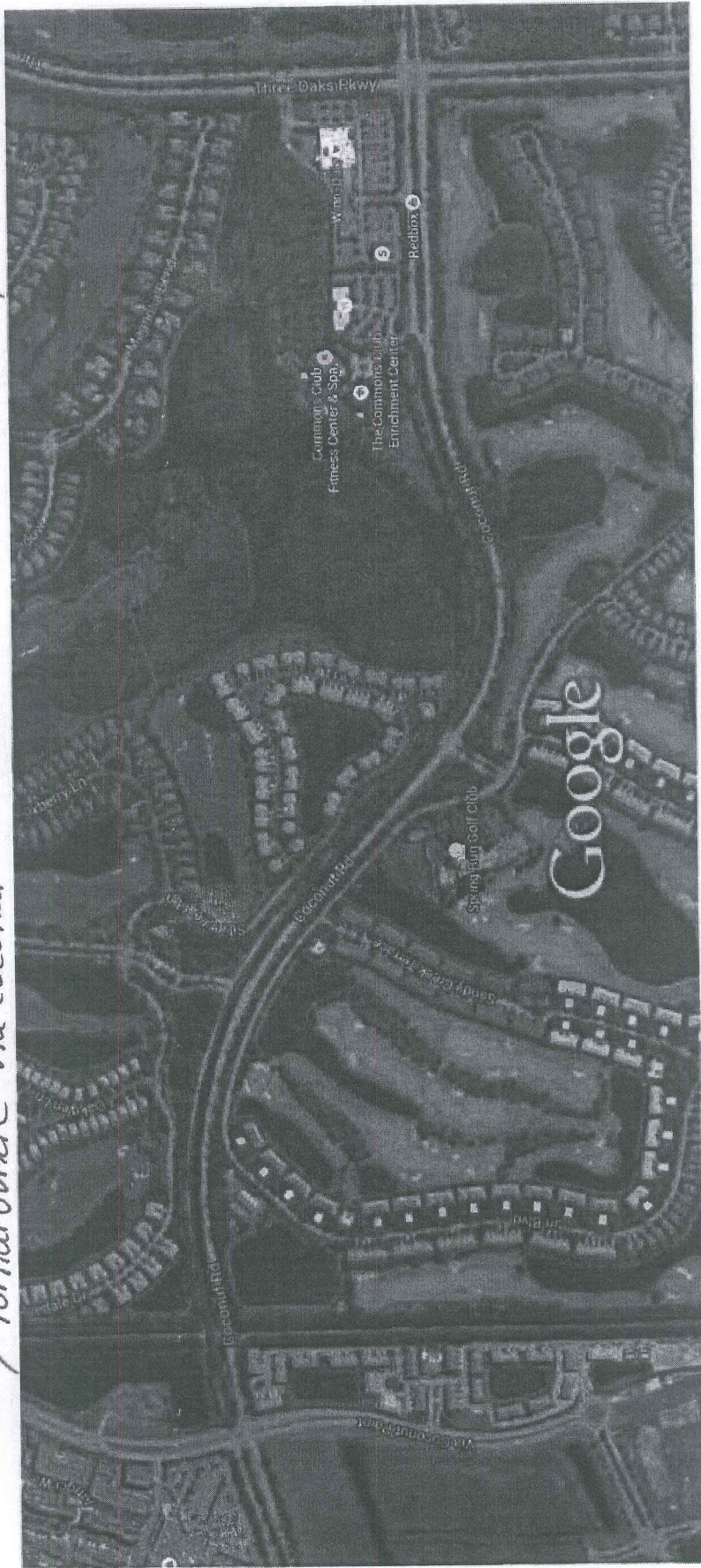
- Proposed Route - 2016 Brooks Heart Walk



Google Google Maps

Turnaround @ Via Coconut

Commons Club =
START +
FINISH POINT



Imagery ©2015 Google, Map data ©2015 Google 500 ft

— PROPOSED ROUTE OF 2016 BROOKS HEART WALK