



EVENT PERMIT

Ordinance 14-15



INAUGURAL SNOW DAY 2015

PERMIT NUMBER: TMP2015-00267

Date(s) of Event: October 3, 2015 from 11:00am until 2:00pm

Property Owner: VERWEST REAL ESTATE HOLDING.

Applicant: DR TIM M VERWEST, DMD

Contact: JEFFREY SHAFER

Description: Snow day featuring artificial snow machines and activities including bounce houses, slides, denors with 10x10 spaces, food trucks and character pictures

Location of event: 8016 8034 SUMMERLIN LAKES DR FORT MYERS 33907
DR TIM M VERWEST, DMD/Located near Summerlin Rd and Reflections Pkwy
***239-482-2722 ext 209

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

Will the event be held on County Owned Property ? No

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

IMP2015-00267

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	Pediatric Dentistry of Ft. Myers Inaugural Snow Day 2015
Date(s) of Event / Production:	10/3/15
Location(s) of Event:	8016-8034 Summerlin Lakes Dr. Ft. Myers, FL 33907
Name of Applicant:	Dr. Tim M. Verwest, DMD
Applicant Address:	8016 Summerlin Lakes Dr Ft. Myers, FL 33907
Applicant Phone Number:	239-482-2722 X 209
Contact Person: (If different from applicant)	Jeffrey Shafer Director of Marketing
Contact Phone Number: (If different from applicant)	
Email Address:	communityoutreach@drverwest.com
Estimated Attendance:	1000
Event Description: Include each activity, when activities take place, etc.	The event is scheduled for 10/3/15 from 11 am to 2 pm at 8016-8034 Summerlin Lakes Dr. Snow day features artificial snow machines (faux snow), not chipped ice. There will be activities throughout including bounce houses, slide, denors with 10 x 10 spaces. There will be characters from the movie frozen for pictures, There will be five food trucks also in attendance.
Hours of Operation:	11 am to 2 pm
STRAP # of Parcel:	234524070000000090
Owner of Premises*:	Dr. Tim M. Verwest DMD

*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? Professional Building /19

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 indentified, including all parking areas.

Insurance Company Insuring the Event: Allstate Insurance Co. - Griffin Underwriting Services

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: Kona Ice, Poutine Queen, BurgerQue, Doner Kebek King Karl,

Type of Food being Served: Food Trucks

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Pediatric Dentistry of Ft. Myers, Dr. Tim Verwest, DMD

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

Name of Charity: ACT - Abuse Counseling Treatment, Inc.

Address of Charity: 407 Center Rd #11, Ft. Myers, FL 33907

Phone Number: _____

Non-profit certificate/registration number: B5-8012559255C-7

(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

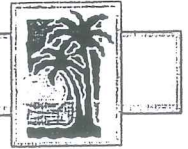
If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

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: _____

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 shooting days: _____	
number of rooms x number of nights		

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.



Signature of Applicant

Jeffrey Shaker, Marketing Dir

Print Name of Applicant and Title

9/28/15

Date



Witness

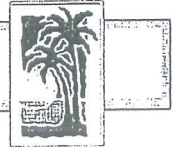
Kasey Gaither

Print Name of Witness

9/28/15

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:

In authorized parking areas only.

Deputies (How Many?):

None required.

Fee for Services:

Special Arrangements:

None

Print Name: Capt. Scott Lucia

Signature: *Capt. Scott H. Lucia*

Title: Special Events, Permits and Details

Date: 24 September 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:

- ☒ 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.

Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

CLEARED FROM AROUND TENTS

First Aid Equipment:

CALL 911 IF NEEDED

Fire Extinguishing:

MINIMUM 2 A 10BC EXTINGUISHER AT ALL TENTS, COOKING TRUCKS MUST BE NFPA 96 COMPLIANT AND INSPECTED PRIOR TO OPENING,

Special Arrangements:

NONE

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=jtanner@southtrailfire.org, c=US
Date: 2015.09.24 10:28:43 -0400

Title: FIRE MARSHAL

Date: Sep 24, 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
☐ 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

Pt. billed at time of service

Special Arrangements:

Call 911 as needed for emergencies

Print Name:

Scott M. [Signature]

Signature:

[Signature]

Title:

Asst. Dir.

Date:

9/22/15

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 or within ten feet of Lee County DOT 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
Date: 2015.09.25 08:05:02 -04'00'

Title: Senior Project Manager

Date: September 25, 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
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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.

Illumination:

N/A

Parking Areas:

Event not on County Parks & Rec. property

Special Arrangements:

Event not on Lee County Parks & Rec. property and will not affect parks operations or programs

Print Name:

Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

9/24/15

Snow Day 2015

Oct 3, 2015

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
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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 28, 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2015

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 Davies Insurance Inc. 390 Pondella Rd Ste 8 North Fort Myers FL 33903		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Dr. Tim M. Verwest DMD 8016 Summerlin Lakes Drive North Fort Myers FL 33903		INSURER(S) AFFORDING COVERAGE INSURER A: Mount Vernon Fire Insurance Co. NAIC # 26522 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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	SOBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			CL2685187	10/03/2015	10/05/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-ECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ Excluded
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (EA accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						
	RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Fla)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Certificate holder is named as additional insured per form CG2011 (04/13)

RE: 8016 Summerlin Lakes Dr, Fort Myers, FL 33907

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER. SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY. Surplus Lines Agent: Van Griffin, PO Box 3867, Bellevue, WA 98009; License #W043778. Retail Producer: Davies Insurance Inc., 390 Pondella Rd Ste 8, North Fort Myers, FL 33903

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of County Commissioners
PO 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

John Griffin

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person(s) Or Organization(s) (Additional Insured):

Effective Date: 10/03/2015 12:00 AM

Lee County Board of County Commissioners

P.O. Box 398

Fort Myers, FL 33902

Designation of Premises (Part Leased To You):

8016 Summerlin Lakes Drive

Fort Myers, FL 33907

Additional Premium: \$

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Snow Day—Oct. 3, 2015 Schematic Plannogram:

Notes: Building is 77' X 76' (approx. size)- Used building as a marker for other items

- *Bounce houses take 30-60 min. each to set up
- * Snow machines will take min. of 1-2 hours to set up
- * Magic SNOW must be pre-mixed using a hose and 5 gallon buckets

*Change time of event from 11-2pm to 11-5pm

*CALL: Robby the Magician

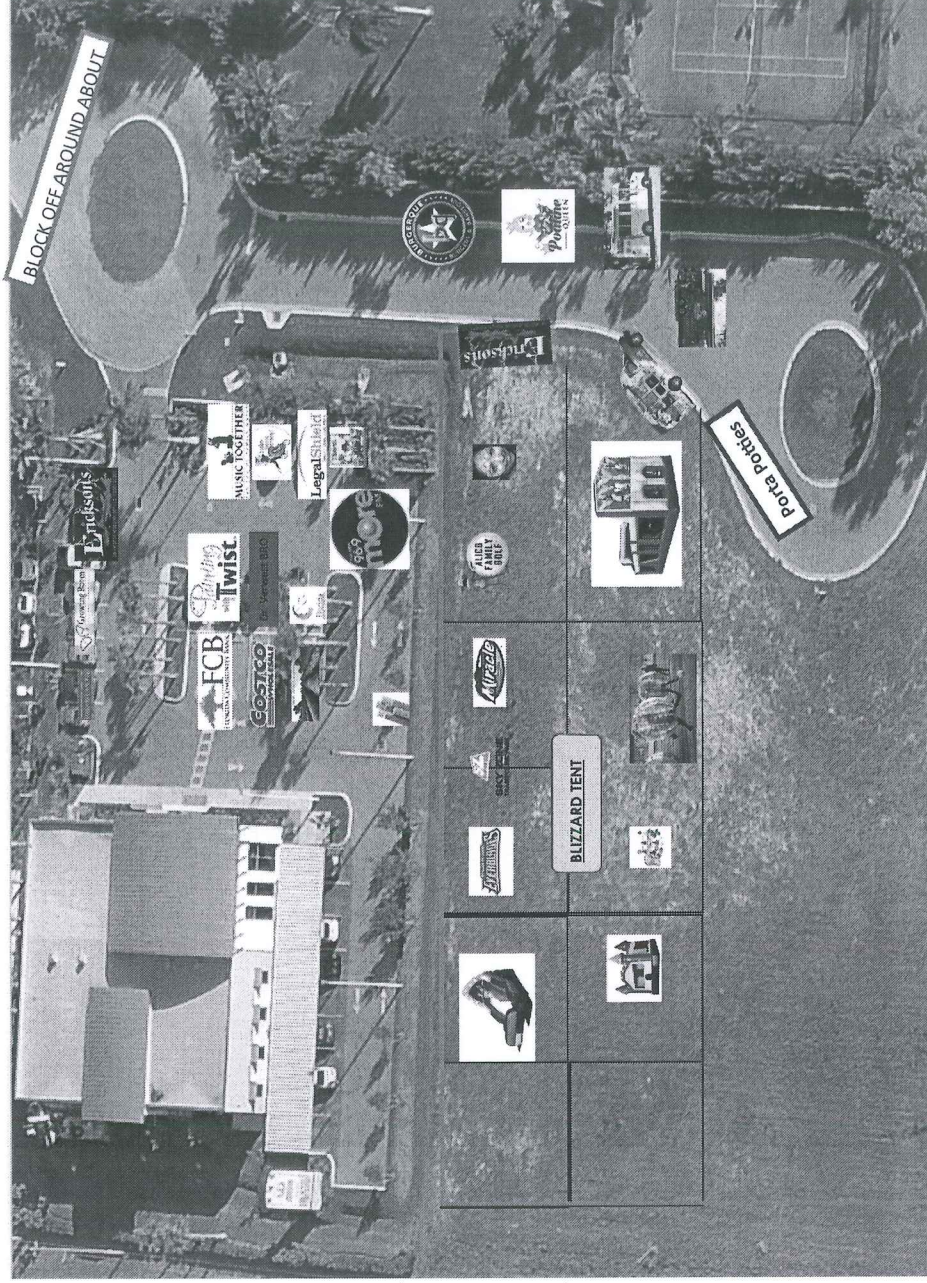
*IMPORTANT: Need to call The Vascular and Vein Center at Gulfcoast Surgeons at 239-334-7061 and ask them about parking on their lot (ask Jeff for help with this)

*IMPORTANT: Need to call Busey Bank and ask them about parking in their lot at 7980 Summerlin Lakes Dr. FM 33907 at 239-790-8000 (ask Jeff for help with this)

1. 30 ft. Obstacle Course—Place in 38' X 38' area
2. 23 ft. X 16 ft. X 13 ft. Dual wet/dry shark slide (will use magic snow at landing area)
3. The medium Castle 2 moonwalk bounce house (approx. 15 ft. X 15 ft.)
4. Small Bell Tower Bounce house (approx. 12 ft. X 12 ft.)
5. ACTUAL Linear Feet for fencing = 510 linear feet

6. Possible—Volunteer Run Obstacle Course (with prizes from ACT for each child that completes the course)
—For this, we need to purchase 12 hoola hoops, 8 small safety cones, 2 jump ropes-On grass area (FREE activity)

7. Chalk Art Station—On parking lot for kids (FREE activity)



Vendors:

- 1.) Florida Community Bank 2.) Daniels Law Firm 3.) Costco 4.) Travel Agency 5.) Painting With A Twist
- 6.) Essential Oils 7.) ACT 8.) S. Ft. Myers High School 9.) 96.9 More FM 10.) Florida Skin Cancer Center
- 11.) Music Time Together 12.) Face Painting area

Food Trucks:

- 1.) BurgerQue 2.) Poutine Queen 3.) Doner Kebab King Karl 4.) KONA Ice 5.) Sizzle Truck 6.) Porkin Out

William D. Cronin
8000 Summerlin Lakes Drive LLC
8000 Summerlin Lakes Drive, Suite 200
Fort Meyers, FL 33907
239-443-3901

September 25, 2015

To whom it may concern,

I, William D. Cronin, authorize Pediatric Dentistry of Ft. Myers, Dr. Tim Verwest, DMD, usage of our parking lot located at 8000 Summerlin Lakes Drive, Ft. Myers, FL 33907 on the day of October 3, 2015 for Snow Day. The pediatric office promises to return the parking lot to the order it was in before the event.

Sincerely,

A handwritten signature in black ink, appearing to read 'William D. Cronin', with a large, stylized loop at the end.

William D. Cronin
Cell: 719-440-3057
bc@hccscoding.com



September 25, 2015

I, Jerry Kimble of Hill, Barth & King, LLC authorize Pediatric Dentistry of Ft. Myers, Dr. Tim Verwest, DMD usage of our parking lot located at 8010 Summerlin Lakes Dr, Ft. Myers, FL 33907 on the day of October 3, 2015 for Snow Day. The pediatric office promises to return the parking lot to the order it was in before the event.

Sincerely,

A handwritten signature in black ink, appearing to read "Jerry Kimble", written over a horizontal line.

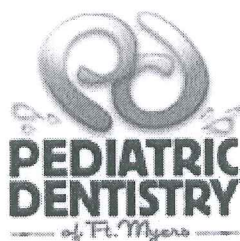
Jerry Kimble

Hall, Allyson

From: communityoutreach@drverwest.com
Sent: Tuesday, September 29, 2015 9:06 AM
To: Hall, Allyson
Subject: RE: TMP2015-00267

Good morning Allyson!

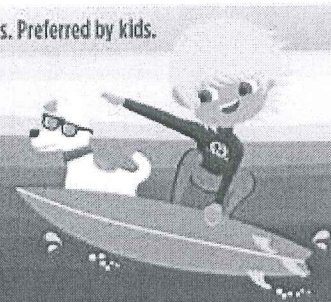
We're going to have volunteers directing the attendees down a path that will be on the opposite side of the street from the parking lots all the way down to our building.



Jeffrey T. Shafer
Marketing Director

Trusted by parents. Preferred by kids.

COMMUNITYOUTREACH@DRVERWEST.COM
P: 239.482.2722 X 209
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From: Hall, Allyson [<mailto:AHall@leegov.com>]
Sent: Tuesday, September 29, 2015 8:42 AM
To: communityoutreach@drverwest.com
Subject: TMP2015-00267

Good morning, Jeff! I think the last question we have is regarding the transport of customers from the parking areas at 8000 and 8010 Summerlin Lakes Dr. We just need to verify that there is a safe way for your attendees to get to/from their cars to the event area.

Please advise – thank you!

Ally Hall

Permit Support Supervisor
Lee County Department of Community Development
1500 Monroe Street
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