

EVENT PERMIT



Ordinance 14-15

CAPTIVA GOLF CART PARADE

PERMIT NUMBER:

TMP2015-00379

Date(s) of Event:

December 19, 2015 from 2:00pm until 6:00pm

Property Owner:

BRE/SOUTHSEAS RESORT OWNER

Applicant:

DANIEL SMOCK

Contact: DANIEL SMOCK

No

Description:

Golf cart parade staging and judging at SSIR (Chadwick's Square), begins by exiting

SSIR towards Ande Rosse Ln, down to Mucky Duck, and back to SSIR

Location of event:

2800 5640 SOUTH SEAS PLANTATION RD CAPTIVA 33924

SOUTH SEAS ISLAND RESORT & LEE COUNTY RIGHT-OF-WAY/***239-579-1462

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?

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



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

	SP	ECI	AL E	VENT	PE	ERMIT
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- □ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Captiva Golf Cart Parade
Date(s) of Event / Production:	December 19, 2015
Location(s) of Event:	South Seas Island Resort (Chadwick's Square), Ande Rosse Lane, Captiva Drive
Name of Applicant:	Daniel Smock
Applicant Address:	5400 Plantation Road Captiva, FL 33924
Applicant Phone Number:	239-579-1462
Contact Person: (If different from applicant)	Daniel Smock
Contact Phone Number: (If different from applicant)	239-579-1462
Email Address:	dsmock@southseas.com
Estimated Attendance:	<500 people
Event Description: Include each activity, when activities take place, etc.	golf cart parade staging and judging at SSIR (Chadwick's Square) begins at 2pm. At 330pm parade begins by exiting SSIR towards Ande Rosse Lane, down to Mucky Duck, and back to SSIR. Awards by 5pm and event over at 530pm.
Hours of Operation:	2pm - 6pm
STRAP # of Parcel:	
Owner of Premises*:	South Seas Island Resort

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises?	
Are any temporary structures to be inst	alled for the event? Yes No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	⊤ Yes
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ity Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	Burlington Insurance Co	
Note: Certificate of Insurance must be submitte	d at time of application	-
Surety Company Bonding this Event (Na	ame and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
⊤ Yes 🙀 No	⊤Yes 🔀 No	├─ Yes
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food: —		
Type of Food being Served:		
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: So	uth Seas Island Resort	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	70
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services \$496.405 or proof the organization i	s exempt from this requirement. \$316,2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Coul If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	☐ Yes ☐ No Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SQLD</u> at the event)		
	Division of Alcoholic Beverages and Tobacco may a	olso be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

e of Production (choose all th	ат арріу):						
TV Movie or Special	TV Series / Pilot	Г	TV Comm	ercial	Г	Still Photo	S
Public Service Announcemen	t 🗀 Industrial / Documentary	, Г	Other:	W 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			
I any of the following be need	ed or included*?						
Street Closure	property (Millifer)		┌ Yes		No		
Traffic / Crowd Cor	ntrol		┌ Yes	Ė	No		
Fire or Burning	THE THE PARTY OF T	W-8-6	☐ Yes	Ė	No	nggagagag in	
Explosives or Pyrot	echnics		┌─ Yes	T	No	20. 400000, 2000000	
Animals, Large or S	imali	n voor op trade alle one	┌ Yes	Г	No		
Construction of An	y Kind	***************************************	┌ Yes	Г	No		
Large and/or Num	erous Vehicles	9.985/2508**\\$/\$270;	┌ Yes	F	No		
Helicopters, Boats,	etc.		┌ Yes	Г	No		
Stunts	Andrew Control of the	***************************************	┌ Yes	Γ	No	androment	
Other		1000 000 000 000 000 000 000 000 000 00	r Yes	Г	No		
For any marked Yes, provide f	further details below:						
	further details below:	, , , , , , , , , , , , , , , , , , ,		7-14-14			40.
	further details below:			Particular de la constanta de			56.
	further details below:						
Special Parking Requirements:	further details below:	lities, e	tc.)				
Special Parking Requirements:		lities, e	tc.)	NAME OF THE OWNER OWNER OF THE OWNER OWNE			
For any marked Yes, provide for any marked Yes, provide for Exercise Parking Requirements:		lities, e	tc.)				
pecial Parking Requirements:		lities, e	etc.)				
pecial Parking Requirements: City or County Services Require The following information is re	ed: (Personnel, equipment, faci	ds on p	roduction is		a to tra	ack the ec	onomic im
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pecial Parking Requirements: City or County Services Require the following information is re the industry. If exact figures and	ed: (Personnel, equipment, faci quired for local and state record re not available, please estimate	ds on p	roduction ir sely as poss Nu	ible.			onomic im
special Parking Requirements: City or County Services Require The following information is re	ed: (Personnel, equipment, faci quired for local and state record re not available, please estimate Number in Crew:	ds on page as close	roduction ir sely as poss Nu	ible.			onomic im

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 permises 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

Witness

Print Name of Applicant and Title

Print Name of Witness



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropria	te box(es) be	low:
SPECIAL EVI	ENT PERMIT	
IX USE OF COL	JNTY PROPERTY	PERMIT
		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Т	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, FICANT TO COME	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	n authorized parki	ing areas only.
Deputies (How Many?):	Deputies will be pr	rovided by Captiva Island deputies per Sgt, Sawicki.
Fee for Services:		
Special Arrangements:	Nonë.	
	Print Name:	Capt. Scott Lucia
	Signature:	Lucia, Scott Distance significant states Distance significant states Distance significant significa
	Title:	Special Events, Permits and Details
	Date:	14 December 2015



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 appropr	iate box(es) be	low:
* recover	VENT PERMIT DUNTY PROPERTY	DERMIT
FILM PERI		PERIVIT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Fire Guards (How Many?)	An ALS engine com	pany staffed with three crew members will be availible.
Fee for Services:	\$0.00	
Flammable Vegetation:	N/A	
First Aid Equipment:	Advanced Life Supp	ort Capabilities
Fire Extinguishing:	Captiva Fire Engine	181
Special Arrangements:	One crew member v available for emerge	will lead the parade with Santa Clause in the fire districts U-181. E-181 will remain ency calls.
	Print Name:	Shawn Kilgore
	Signature:	Shuun Hilgano
	Title:	Lieutenant/Fire & Life Safety Inspector (Captiva Fire Dist.)
	Date:	12-16-2015



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

Check the appropriate box(es) below:

SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY P	ERMIT		
FILM PERM	111			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMPLY	EASE INDICATE BELOW Y WITH FOR THEIR EVE	/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Treatment Facilities:	None			
Medical Personnel:	None		The state of the s	
Medical Supplies / Equipment:	None			
Safety Requirements:	None			
Fee for Services	None			
Special Arrangements:		ny traffic pattern changes o mmunication center.	r disruptions with the fire depa	irtment, who will share
	Print Name:	Benjamin Abes		_
	Signature:	Benjamin Abes	Deptially express by howyaness shows DB are designant shows, as for Experity due Podest Sahniy, Date 3015 6.2 (3.13 do 2.4 do 2.4 do 2.4 do 2.4 do Date 3015 6.2 (3.13 do 2.4 do	
	Title:	Deputy Chief	A	mara
	Date:	Dec 11, 2015		_



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropri	iate box(es) be	low:		
SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY	Y PERMIT		
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVER	RAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	/IIT			
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, I	PLEASE INDICATE BELOV PLY WITH FOR THEIR EVI	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated	l areas. No event parking on	Captiva Road or areas posted w	vith No Parking regulations
			2 34	
Ingress and Egress:	Use all established	d means of ingress and egres	5\$.	
Special Arrangements:	Use Lee County Sh	periff's Office for assistance w	vith traffic control as needed.	
special Arrangements.	osc ecc county si	icini 3 Office for assistance w	and traine control as needed.	
	I			
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by 8ryan D. Miller Date; 2015.12,15 07:12:09 -05'00'	
	Title:	Senior Project Manager		
	Date:	December 15, 2015		
			A	



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropri	iate box(es) be	elow:		
SPECIAL E	VENT PERMIT			
USE OF CO	UNTY PROPERT	Y PERMIT		
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEV	ERAGES WITHIN LEE COUN	NTY FACILITIES
FILM PERM	/IIT			
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, LICANT TO COM	PLEASE INDICATE BEL PLY WITH FOR THEIR I	OW WHAT ARRANGEMEN EVENT.	TS YOUR ORGANIZATION
Illumination:	N/A			
Parking Areas:	N/A			The second secon
Special Arrangements:	Event is not on Pa	rks and Recreation proper	ty and will not affect parks and	recreation operations.
	Print Name:	Alise Flanjack		
	Signature:	Alise Flanjack	Deptify apped by Alon Florench Dis smokins f florench, budger Eurorip Paris and Reseasons on, mathematical between temperature and of the production on, parish and between temperature and the parish of the parish	
	Title:	Deputy Director		_
	Date:	Dec 11, 2015		



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriat	e box(es) bel	ow:
F SPECIAL EVE	NT PERMIT	
□ USE OF COUI	NTY PROPERTY	PERMIT
F PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	3.7	
* ***		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pre	eral liability insurance with minimum limits of One Million Dollars \$1,000,000 per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:	A Certificate of Ir Board of County additional insure	isurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FI 33902 as the certificate holder and as an d.
	Subject to proof	of insurance.
	·	
	Print Name:	Mike Figueroa
	Signature:	
	Title:	Riek Program Manager
	Date:	December 11, 2015



SPECIAL EVENTS APPLICATION

SIGNATURES ARE REQUIRED. SIGN AT THE END OF THE FRAUD NOTICES SECTION.

FRAUD NOTICES:

PRIOR TO SIGNING THIS APPLICATION, PLEASE REVIEW THE FOLLOWING STATUTORY FRAUD NOTICES AS THEY MAY APPLY TO THE APPLICANT'S DOMICILE.

ARKANSAS:

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

COLORADO:

"IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES."

DISTRICT OF COLUMBIA:

"WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT."

FLORIDA.

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE."

KENTUCKY

"ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME."

LOUISIANA:

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

MAINE:

"IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY, PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS."

MARYLAND:

"ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON."

NEW JERSEY:

"ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES."

NEW MEXICO:

"ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES."

OHIO:

"ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD."

SURPLUS LINES DISCLOSURE

At my direction, States Zorro Insurance Agency has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy. There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Captiva Holiday Village Inc

Named Insured

Signature of Insured's Authorized Representative Date

Name of Excess and Surplus Lines Carrier

Special Events
Type of Insurance

12/18/2015

Effective Date of Coverage

GL Premium Subject to Minimum Premium	GI	Premium	Subject to	Minimum	Premium
---------------------------------------	----	---------	------------	---------	---------

Total GL Coverage part premium \$215.00 is less than the GL minimum premium \$350.00. The General Liability Premium subject to Minimum Premium has been set to the minimum premium.

\$ 215.00

\$ 350.00

Total General Liability Premium

\$ 350.00

POLICY ENDORSEM	ENTS/EXCL	USIONS
BG-I-015	11 14	25% Minimum Earned Premium
IFG-I-0002	08 14	Policy Cover Page
IFG-I-0101	04 14	Common Policy Declarations
IFG-I-0150	03 03	Listing of Forms and Endorsements
IFG-I-0402	1100	Service of Suit Amendment
IL 00 17	1198	Common Policy Conditions
GL ENDORSEMENTS	/EXCLUSIO	NS
BG-G-004	11 13	Exclusion - Lead-Bearing Substance
BG-G-005	11 13	Exclusion - Punitive Damages
BG-G-007	11 13	Exclusion - Asbestos, Silica or Other Toxic Substances
BG-G-039a	11 13	Amendment Of Premium Conditions
BG-G-064	09 08	Contractual Liability Amendment
BG-G-446	02 10	Amendment - Section I Insuring Agreement
CG 00 01	12 07	Commercial General Liability Coverage Form
CG 00 68	05 09	Recording And Distribution Of Material Or Information in Violation Of Law Exclusion
CG 02 20	03 12	Florida Changes - Cancellation and Nonrenewal
CG 21 47	12 07	Employment-Related Practices Exclusion
CG 21 49	09 99	Total Pollution Exclusion Endorsement
CG 21 67	12 04	Fungi or Bacteria Exclusion
CG 21 75	01 15	Exclusion Of Certified Acts Of Terrorism And Exclusion Of Other Acts Of Terrorism
		Committed Outside The United States
IFG-G-0002-DL	05 03	Commercial General Liability Declarations
IFG-G-0190	07 15	Amendment - Aircraft, Auto Or Watercraft Exclusion
IFG-G-0192	07 15	Personal And Advertising Injury Amended
IFG-G-0194	03 15	Exclusion - Confidential, Personal Or Any Other Information Or Data And Computer
		System Or Network Liability
IFG-G-0197	05 15	Amendment - Employer's Liability Exclusion
IL 00 21	09 08	Nuclear Energy Liability Exclusion Endorsement
GL CLASS SPECIFIC	ENDORSE	MENTS/EXCLUSIONS
BG-G-074	12 11	Exclusions and Redefinition Described Hazards (Special Events Liability)
BG-I-026	11 14	Fully Earned Premium
IFG-G-0051	01 09	Exclusion - Liquor Liability
OPTIONAL ENDORS	EMENTS/EX	CCLUSIONS
CG 20 11	04 13	Additional Insured - Managers Or Lessors Of Premises



SOUTH SEASISLAND RESORT

December 10, 2015

To whom it may concern:

This letter serves to authorize Captiva Holiday Village and South Seas Island Resort to use South Seas Island Resort, Chadwick's Square, for the 2015 Captiva Golf Cart Parade. If you have any questions, please do not hesitate to contact me.

RUTH E. THOMPSON NOTARY PUBLIC STATE OF FLORIDA Comm# EE835216

With warm regards,

Daniel Shock

Marketing Manager, South Seas Island Resort

dsmock@southseas.com

239-579-1462

