

EVENT PERMIT



Ordinance 14-15

LOCAL 1826 BOOT DRIVE FOR MDA

PERMIT NUMBER:

TMP2016-00060

Date(s) of Event:

March 18-20, 2016, from 7:00am until 7:00pm, Rain dates March 25-27,

2016

Property Owner:

FDOT ROW

Applicant:

ERIN RANDALL

Contact: ERIN RANDALL

Description:

Solicitation of donations by local fire fighters to benefit MDA

Location of event:

SOUTH POINTE & COLLEGE ROW

Various ROW as listed in application.

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



Event Application

Special Event

Use of County Property Alcohol within Lee "County Facilities

Film, Video & Photography Local 1826 Lee County Firefighters 2016 Boot Drive March 28th, 19th & 20th Rain Dates: March 25th, 26th & 27th

Safety Plan:

- 1. All solicitations will be within daylight hours.
- 2. Each participant in the specific locations will be wearing orange vests to ensure visibility by the traffic.
- 3. Proper Signage shall be posted at least 500 feet prior to each of the locations to notify vehicles that the event is underway.
- 4. Each participant will be 18 years of age and older with picture identification at all times.
- 5. Participants should not physically impede the flow of traffic at any intersection.
- 6. Fire fighters will approach vehicles only after the traffic light has turned red.
- 7. Water should be accessible to ensure proper hydration of the participants and to avoid any heat-related issues.
- 8. Event Coordinator:

Ryan Gagnon (239) 247-1669

Billy Galewski (239) 246-3834

MDA Liaison: Erin Randall (239) 222-3502

Adam Zimmerman (704) 960-0537

2016 Local 1826 Boot Drive Intersections:

Intersection:	Department:
Colonial Blvd & Fowler Street	City of FM
Treeline Ave & Terminal Access Road	CFR
Southpointe Blvd & College Parkway	Iona McGregor
US 41 & Crystal Drive	South Trail
US 41 & Six Mile Cypress	South Trail
US 41 & Sanibel Blvd	San Carlos
Ben Hill Griffen & Gulf Center Drive	San Carlos
Buckingham Road & Palm Beach Blvd	Ft. Myers Shores
Palm Beach Blvd & I-75 on ramp	Tice
State Rd 31 & Palm Beach	Ft. Myers Shores
Bayshore & I-75	Bayshore
Bayshore & US 41	North Ft. Myers
Estero Blvd & San Carlos	Ft. Myers Beach
Six Mile Cypress/Ortiz Avenue @ Colonial Blvd	EMS
US 41 & Coconut Road	Estero
Corkscrew Road & Ben Hill Griffen Parkway	Estero
Gunnery Road & Lee Blvd	Lehigh Acres
Pine Island Road & Stringfellow Road	Pine Island



Event Application

Check the	appropriate	box(es	below:

SPECIAL EVENT PERMIT
S USE OF COUNTY PROPERTY PERMIT
PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIE
FILM PERMIT

Section I - GENERAL INI	FORMATION (All Permit Types)	Addition
Title of Event / Name of Production	Local 1826 Boot Drive for MDA/Southwest Florida Professional Fire Fighters	
Date(s) of Event / Production:	3/18/15-3/20/15 Rain Dates: 3/25/15-3/27/15	9
Location(s) of Event:	See attachment for list of intersections	
Name of Applicant:	Erin Randall	who well a second
Applicant Address:	6315 Presidential Court Suite 140 Fort Myers, FL 33919	
Applicant Phone Number:	239-437-6900	
Contact Person: (If different from applicant)		
Contact Phone Number: (If different from applicant)		
Email Address:	erandall@mdausa.org	
Estimated Attendance:	8-10 fire fighters per intersetion	w. apone and in the control of the c
Event Description: Include each activity, when activities take place, etc.	Lee county fire fighters will solicit at designated intersections to raise crucial funds for our Florida MDA families	Southwest
Hours of Operation:	7am-7pm	2
STRAP # of Parcel:		5 g
Owner of Premises*:		

^{*}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	X No
* For a 'Special Event' and 'Use of Cour indentified, including all parking areas.	ity Property' permit, submit a site plan v	vith all proposed fa	cilities and activities
Insurance Company Insuring the Event:	Muscular Dystrophy Association		a x gwl
Note: Certificate of Insurance must be submitted	d at time of application		
Surety Company Bonding this Event (Na	ame and Address):		\$1. E
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	2	ic Beverages be ned at this Event?
∵Yes ⊠ No	☐ Yes 🔀 No	☐ Yes	No No
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.		lity coverage must be ertificate of insurance.
Name & Address of Organization Providing Food:		3	
Type of Food being Served:			
Section II - USE OF COUNTY P	the setting of parties of set	ers i sai i	1 m 12 m
Fill out this portion for applications for	· · · · · · · · · · · · · · · · · · ·	ıy:	A Angelon
Name of Charity: Muscular Dystrophy As	ssociation		X.
Address of Charity: 6315 Presidential Co.	urt, Ste 140 Fort Myers, FL 33919		
Phone Number: 239-437-6900		ę *	
Non-profit certificate/registration num	ber: 131665552		, ,
(Proof of registration with the Dept. of Agriculture & C	Consumer Services §496.405 or proof the organization	is exempt from this requ	irement, §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES F	PERMIT	
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.			ζ No
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	per:		
Please note: A permit from the State of Florida I further details	Division of Alcoholic Beverages and Tobacco may	also be required; pleas	e call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Produc	ction (choose all that	apply):								
TV Movie o	or Special	TV Se	eries / Pilot		TV Comme	rcial		Still Photos	- 0	
Public Servi	ice Announcement	☐ Indus	trial / Documenta	ry 🗀	Other:					
Will any of the	following be needed	d or include	ed*?							
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;1	Traffic / Crowd Conti	rol	MARY TO BE A STATE OF	is the second	Yes	П	No			
*F	Fire or Burning				Yes		No			
: E	Explosives or Pyroted	chnics	ŕ		Yes	Г.	No		u	
P	Animals, Large or Sm	all			Yes		No			
C	Construction of Any I	Kind			Yes	Г	No		Sor	
· L	arge and/or Numero	ous Vehicle	es		Yes	Г	No		d for	
ŀ	Helicopters, Boats, e	tc.			☐ Yes	. []	No			
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,c	Other		3 and		Yes		No			
Special Parkir	ng Requirements:			•••		·····				_
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City or Count	y Services Required:	(Personn	el, equipment, fac	cilities, et	c.)					
_	information is requ If exact figures are r						to tra	ick the econ	omic imp	oact o
Number in Cas	st:		Number in Crew:		Num	ber of I	ocals	hired:		
Total budget:			Estimate amount	spent in Le	ee County: _					
Hotel room nig			Number of shooti	ng days:						
	number of rooms x nu	ımber of night	S							

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 car, at its sole discretion, terminate and cancel its permit to use bee County properly at any time without prejudice. Applicant further agrees to waive, release, save and hold barmless the County from any and all claims, demands or cause of actions based upon the 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 triell.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of

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his/her knowledge.	
Signature of Applicant	Eln Drandaul WIRARESE
Catherine Roin	enn Randaul
Print Name of Applicant and Title	Brint Name of Walness
3/12/16	2/18/16
There bear	Pi, sylvas



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

Check the appropr	iate box(es) b	elow:
⊠ SPECIAL E	VENT PERMIT DUNTY PROPERT	Y PERMIT
☐ PERMIT TO		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APP	E APPLICATION, LICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION IPLY WITH FOR THEIR EVENT.
Parking:	In authorized parl	king areas. Flow of traffic must not be impeded.
Deputies (How Many?):	None required.	
Fee for Services:		
Special Arrangements:	Participants must	not interfere with flowing traffic.
,	Print Name:	Capt. Scott Lucia
	Signature:	Lucia, Scott Deputy rapins by Lack Sept. A DV device of white-finish process Constant Constant Sept. A process of the sept. Sept.
	Title:	Special Events, Permits and Details
	Date:	12 February 2016



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.

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Fee for Services:						Age (many left as the second s
Flammable Vegetation:						
First Aid Equipment:					,,4	
Fire Extinguishing:						
Special Arrangements:						
	Print Name: Signature: Title: Date:	David Dans Zire	D Dur DD Ed Chief 116	oca w	- -	



FIRE DEPARTMENT

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Title: Fire Chief Date: 02/16/2016		Print Name:	Lawrence Nisbe	et				
		Signature:						
		Title:	Fire C	hief			-	
Page 7		Date:	02/16	12016	9	· ·	-	
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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 appropri	ate box(es) below:			
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First Aid Equipment:				
Fire Extinguishing:			**************************************	
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}				
	Print Name: Deniel W Duncan Signature: Audustus	for "		
	Date: 2/17/2016	7/1		



FIRE DEPARTMENT

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Please see User's Guide for contact information and Fire District Map.

Check the appropriat		ow:						×	
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Specialitinangement				,				**	
) .	Print Name:	Ted Ross		2				* 40	
	Signature:	Fire Chief	el 1	lon				٠	141
	Title: Date:	Feb 17, 201	6						



FIRE DEPARTMENT

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Check the approp	riate box(es) below:	£
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	Print Name: MAVISTI B 16. 0. WALL	
	Charles The Control of the Control o	-
	Signature: Child K. Kubicke	
	Title: Fire Inspector	- t
	Date: 2/18/110	

Page | 7



FIRE DEPARTMENT

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Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

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USE OF CO	UNTY PROPERTY	PERMIT	
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		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR Y WITH FOR THEIR EVENT.	ORGANIZATION
Fire Guards (How Many?)	Not Required	·	111
Fee for Services:	\$35,00 (Policy state	s Fire Board approval to waive fee, next meeting is March 1, 2016).	7.00 V. 1.00 V. 1.00 V
Flammable Vegetation:	N/A	:	
First Aid Equipment:	Not required		
Fire Extinguishing:	Not required		,
Special Arrangements:	None		
	Print Name: Signature: Title: Date:	Thomas May Thomas Muy Interim Fire Chief February 17,2016	



FIRE DEPARTMENT

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Check the appropr	iate box(es) be	elow:	
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	E COMMING CHARACTER C. MINER		
	Print Name:	RICH Dickbrigan	·
	Signature:	24 Rle	
	Title:	FIRE CHIEF	
	Date:	2-15-16	



FIRE DEPARTMENT

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Check	the	appro	priate	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.

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i .		
		^
	Print Name:	John R. Wayne
	Signature:	
	Title:	Fire Chief - Lehigh Acres Fire Control & Rescue District
	Date:	February 11, 2016
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Check the appropr	riate box(es) be	rlow:		
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First Aid Equipment:	0			
Fire Extinguishing:	0			
Special Arrangements:	0			
	Print Name:	John Meredith		
	Signature:	John Meredith	Digitally signed by John Meredith Date: 2016.02.12 13:40:49 -05'00'	
	Title:	Assistant Chief		
	Date:	02/12/2016		



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Check the appropria	te box(es) belou	/;			
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Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

None		
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None		
None		
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rews will wear tra	ffic vests.	
Print Name:	Scott A. Vanderbrook	
	and the second s	
Signature:	The state of the s	
Signature: Title:	Fire Chief	
1	CANT TO COMP None None Ione	None None

South Trail Fire

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 approp	riate box(es) below:
	OUNTY PROPERTY PERMIT MIT
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	
Fee for Services:	
Flammable Vegetation:	
First Aid Equipment:	
Fire Extinguishing:	
Special Arrangements:	Only permitted intersections will be utilized by STFO personnel and all participants will follow. accepted mot and traffic safety best practices Times and lacetions per most pamit Print Name: Sense Ragers Signature: Sense Russ Title: Division Chief- Date: 2-17-16



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.

SPECIAL E	DUNTY PROPERTY PERMIT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	
Fee for Services:	
Flammable Vegetation:	
First Aid Equipment:	
Fire Extinguishing:	
Special Arrangements:	ONLY PERMITTED INTERSECTIONS WILL BE USED WITH SAFETY VESTS AND HELMETS
	Print Name: MARC MASCARE LLI" Signature: Ma Mascare Title: BATTALION CHIEF Date: 2/17/16



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 E USE OF CO	DUNTY PROPERTY PERMIT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	ONE ENGINE
Fee for Services:	J
Flammable Vegetation:	None
First Aid Equipment:	T3/_5
Fire Extinguishing:	YESS
Special Arrangements:	PERSONNER WILL WORK SAFETY NEST
I.	Print Name: JANIS HOWER Signature: ALL STITLE: FIRE CHIEF Date: 2/17/16



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

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

		EASE INDICATE BELOW WHAT ARRANGEMENTS Y WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.		, .
Safety Requirements:	No additional preca	utions necessary.	
Fee for Services	Not applicable.		
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To arrange special event coverage	, contact our office at
	Print Name:	Benjamin Abes	
	Signature:	Benjamin Abes Digutify tigned by Integran Aber Digutify tigned by Integran Aber	
	Title:	Chief	,
	Date:	2/10/2016	



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

Check the approp	riate box(es) b	elow:	
₩ USE OF C		TY PERMIT ISUME ALCOHOLIC BEVERAGES WITHIN LEE COUN	TY FACILITIES
AFTER REVIEWING TH WILL REQUIRE THE APP	E APPLICATION, PLICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMEN IPLY WITH FOR THEIR EVENT.	TS YOUR ORGANIZATIOI
Parking:	No event parking	on Lee County maintained road rights-of-way.	
Ingress and Egress:	Use all establishe	d means of ingress and egress.	. *
Special Arrangements:	responsible for im Conditions for Col Roadways" attach approaches as par	neriff's Office for assistance with traffic control, if necessary, plementing the Traffic Safety Plan, the min. requirements a lection of Donations in County Rights-of-way and Un-incored as conditions of permit. (Refer to List of Approved Count of the general permit conditions). Note: Lee County does colicitations on roads which are maintained by others.	are detailed in the "permit porated Lee County ty Right-of-way intersection
	Print Name: Signature:	Bryan Miller Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2016.02.12 12:02:45 -05'00'	
	Title: Date:	Senior Project manager February 12, 2016	



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

Check the approp	riate box(es) b	elow:	
SPECIAL E	VENT PERMIT		
USE OF C	OUNTY PROPERT	TY PERMIT	
PERMIT T	O SELL AND CON	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUN	TY FACILITIES
FILM PER	MIT	•	
AFTER REVIEWING TH WILL REQUIRE THE API	E APPLICATION, PLICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENT IPLY WITH FOR THEIR EVENT.	'S YOUR ORGANIZATION
Illumination:	N/A		And work of the Control of the Contr
Parking Areas:	N/A		
Special Arrangements:	Event is not on Pa programs.	rks and Recreation property and should not interfere with a	any Parks operations or
	3		
	Print Name:	Alica Flaniack	
			,
	Signature:	Alise Flanjack	_
	Title:	Deputy Director	
	Date:	Feb 11, 2016	



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

Check the approprie	ite box(es) below:
SPECIAL EV	ENT PERMIT
USE OF COL	JNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	
2 2 8	
AFTER REVIEWING THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT 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 applicants use of aforementioned event within Lee County.
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.
	Subject to proof of insurance.
	Print Name: Mike Figueroa
	Signature:
	Title: Risk Program Manager
	Date: CFebruary 10, 2016

ACORD.

CERTIFICATE OF LIABILITY INSURANCE ID: SC

DATE (MM/DD/YYYY) 02/10/16

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 ADDITIO the terms and conditions of the policy, certain poli endorsement(s).	NAL INS cies may	URED, the policy(ies require an endorse	s) must be endorsed ment. A statement o	d. If SUBROGATION I on this certificate doe	S WAIVED, subje s not confer righ	ect to ts to the certificate holder in li	eu of such
PRODUCER			CONTACT	Vicki Negbee			
USI of So Cal Insurance Services, In	DHONE	PHONE 740 4044 FAX					
2375 E. Camelback Road, Suite 250 Phoenix, AZ 85016-3424 Phone: 602-395-9111 Fax: 602-395-0222			E-MAIL ADDRESSS: VIC	ki.negbee@usi.bi	Z		
			PRODUCER	PRODUCER			
Thorie: 002-333-3111 Tax: 002-333	J-UZZZ	-	CUSTOMER ID#	INSURE	R(S) AFFORDIN	IG COVERAGE	NAIC #
INSURED			INSURER A:	Philadelphia Inc			18058
Muscular Dystrophy Association, Inc			INSURER B:	Timadelpina inc	activity tribut	ance company	10000
222 South Riverside Plaza, #1500 A			INSURER C :				
Chicago IL 60606			INSURER D :				
903-0			INSURER E :				
				USI CA Resident I	ic #0351162		
COVERAGES CEF	RTIFICA	TE NUMBER:	moon.	oor or recondent	210 # 000 1 102	REVISION NUMBE	R·
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUESTIFICATE MAY BE ISSUED OR MAY PERCENCIUSIONS AND CONDITIONS OF SUCH IN	UIREME RTAIN, T POLICIE	NT, TERM OR CON THE INSURANCE A S. LIMITS SHOWN	IDITION OF ANY C FFORDED BY THE	ONTRACT OR OTH	ER DOCUMENT BED HEREIN IS	ABOVE FOR THE POLICY P	ERIOD THIS
TYPE OF INSURANCE	ADDL INSR	SUBR WVD POL	ICY NUMBER	POLICY EFF MM/DD/YYYY	POLICY EXP MM/DD/YYYY	LIMITS	
A GENERAL LIABILITY		Р	HPK1312017	04/01/2015	04/01/2016	EACH OCCURRENCE	\$1,000,000
X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$ 20,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	
GEN'L AGGREGATE LIMIT APPLIES PER:							\$2,000,000
POLICY PROJECT X LOC						PRODUCTS-COMP/OPS AGG	\$2,000,000
AUTOMOBILE LIABILITY				+		COMPINED CINICIE LIMIT	\$
ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
ALL OWNED AUTOS						BODILY Injury (Per person)	\$
SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
NON-OWNED AUTOS						(si assiasiny	\$
							\$
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
EXCESS LIAB MADE						AGGREGATE	\$
DEDUCTIBLE							\$
RETENTION \$							\$
WORKERS COMPENSATION						WC STAT- TORY LIMITS -ER	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A					E.L. EACH ACCIDENT	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE -EA EMPLOYEE	
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
			**************************************			ELE BIOLINE I GLIOT ENVIII	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach	ACORD 101, Addition	al Remarks Schedule	, if more space is requ	ired)		
See attached Additional Remarks Sch				,	,		
ERTIFICATE HOLDER			C	ANCELLATION			
ee County ee County Board of County Commissione O Box 398 t. Myers, FL 39-335-2221	ers		B	EFORE THE EXPIRATION OF THE SERVICE OF T	ATION DATE THE THE POLICY	ERIBED POLICIES BE CANCELEREOF, NOTICE WILL BE DO	
			1.	11/1/200-	- /2/	P. life I	

_	
ACC	ORD
	·
AGENCY	

ADDITIONAL REMARKS SCHEDULE

CUSTOMER ID: sc 2

of

Page _

USI of So Cal Ins Services, Inc.

NAMED INSURED
Muscular Dystrophy Association, Inc.

ADDI'	TIONAL	REMARKS	

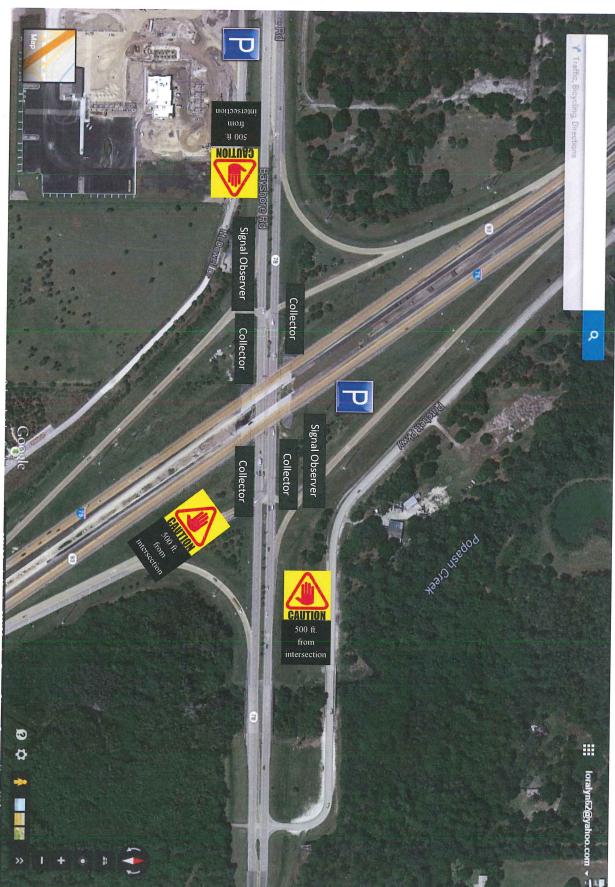
Additional Insured – State or Governmental Agency or Subdivision or Political Subdivision – Permits or Authorizations Endorsement CG2012 (0509)

The Certificate Holder is added as additional insured as respects to their interest in the Local 1826 Fill-the-Boot taking place 03/20/15-03/22/15 & 03/18/16-03/20/16 and 03/25/16-03/27/16 at various locations in the Lee County/Ft. Myers, Florida area.

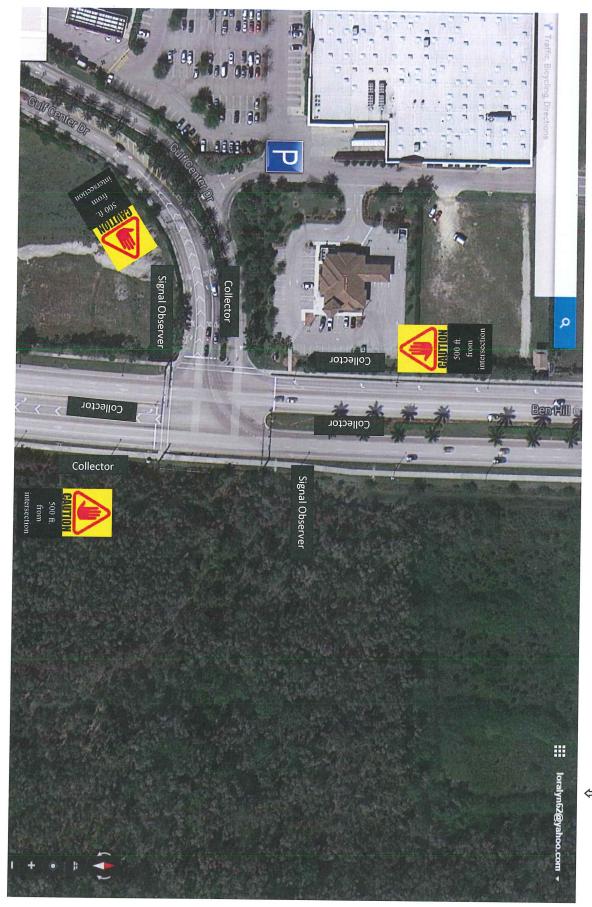
Bayshore & I-75

ס

Parking



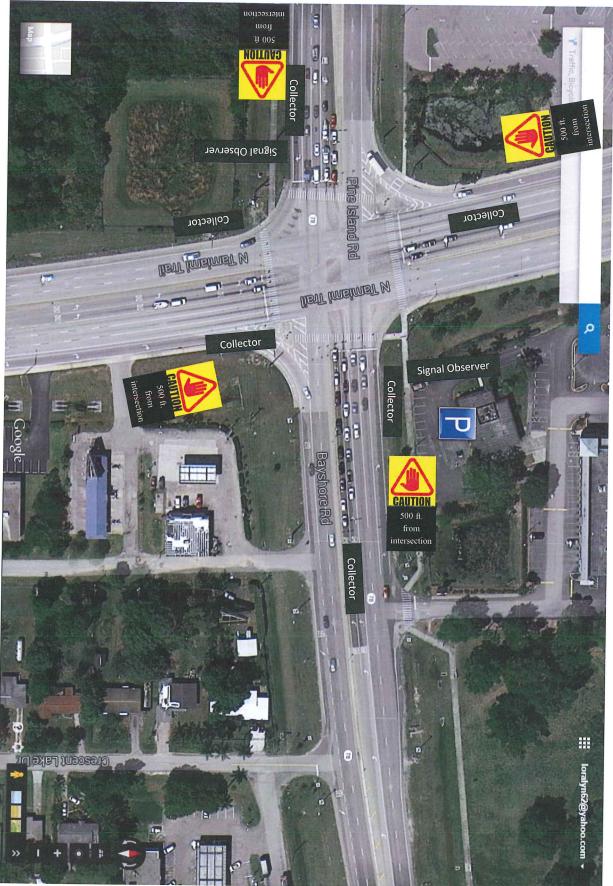






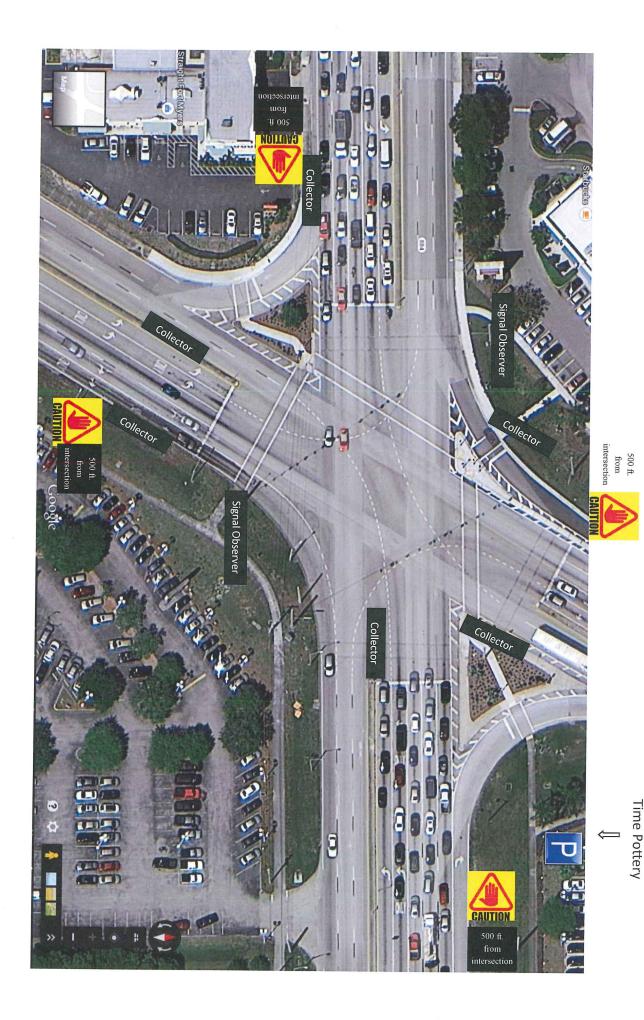








Colonial Blvd. & Fowler St.



Parking at Old