

EVENT PERMIT



Ordinance 14-15

COCKTAIL'S & WEDDING RECEPTION

PERMIT NUMBER:

TMP2016-00076

Date(s) of Event:

May 29,2016 4:30pm-11:00pm

Property Owner:

LEE COUNTY

Applicant:

JOAN SCHUMACHER

Contact: JOAN SCHUMACHER

Description:

COCKTAIL PARTY / WEDDING RECEPTION May 29th 2016, 6-11pm.

Cocktails and Hors d'oeuvres on Banyan Street 6-7pm. Crowninshield House

Wedding Reception 7-11pm

Location of event:

131 1ST ST W BOCA GRANDE 33921

BANYAN STREET RIGHT-OF-WAY CROWNINSHIELD HOUSE***513-505-6012

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?

Yes

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

| Check the appropriate box(es) below: |
|--------------------------------------|
|--------------------------------------|

| Γ | SPECIAL EVENT PERMIT |
|---|--|
| Γ | USE OF COUNTY PROPERTY PERMIT |
| Γ | PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| Г | FILM PERMIT |

| Section I - GENERAL INF | ORMATION (All Permit Types) |
|--|--|
| Title of Event / Name of Production | COCKTAIL PARTY & WEDDING RECEPTION |
| Date(s) of Event / Production: | SUNDAY, MAY 29TH, 2016 |
| Location(s) of Event: | BANYAN STREET AND THE LOUISE DUPONT CROWNINSHIELD HOUSE IN BOCA GRANDE |
| Name of Applicant: | JOAN E. SCHUMACHER - MOTHER OF THE BRIDE |
| Applicant Address: | 7131 YANKEE ESTATES DR. LIBERTY TOWNSHIP, OH 45044 |
| Applicant Phone Number: | 1-513-505-6012 |
| Contact Person: (If different from applicant) | SAME |
| Contact Phone Number: (If different from applicant) | N/A |
| Email Address: | MRSJSCHU@AOL.COM |
| Estimated Attendance: | 100 GUESTS |
| Event Description: Include each activity, when activities take place, etc. | BANYAN STREET - HORS D'OEUVRES/COCKTAILS: APPROXIMATELY 4-7:30 pm (Guests present 6-7:00 pm CROWNINSHIELD HOUSE - WEDDING RECEPTION 7:00-11:00 pm |
| Hours of Operation: | 4:00-11:00 pm |
| STRAP # of Parcel: | 14432001000050010 |
| Owner of Premises*: | LEE COUNTY GOVERNMENT |

^{*}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 I | oremises? PUBLIC FACILITY / D.O.T RIGHT | OF WAY |
|--|---|---|
| Are any temporary structures to be insta | alled for the event? Tyes No | Type: TABLES & CHAIRS |
| Do you have the appropriate permits for | the temporary structures? | ☐ Yes ☐ No |
| * For a 'Special Event' and 'Use of Count indentified, including all parking areas. | y Property' permit, submit a site plan w | vith all proposed facilities and activities |
| Insurance Company Insuring the Event: | | |
| Note: Certificate of Insurance must be submitted | at time of application | |
| Surety Company Bonding this Event (Na | me and Address): N/A | |
| 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 ☐ 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. | If yes, liquor liability coverage must be included on the certificate of insurance. |
| S | LIE'S CATERING SOUTH BENEVA ROAD, SARASOTA, FLORID | A 34232 |
| Type of Food being Served: HOR'S DOEV | RES, DINNER AND CAKE | |
| | | |
| Section II - USE OF COUNTY PR | OPERTY PERMIT | |
| Organization Sponsoring the Event: N/A | | |
| Fill out this portion for applications for | Solicitation in the County Rights-of-Wa | у: |
| Name of Charity: | | |
| Address of Charity: | | |
| Phone Number: | - 2, - 1 | · / · · · · · · · · · · · · · · · · · · |
| Non-profit certificate/registration numb | er: | |
| (Proof of registration with the Dept. of Agriculture & Co | onsumer Services §496.405 or proof the organization | is exempt from this requirement. §316.2045) |
| Section III - SALE/CONSUMPTION | ON OF ALCHOLIC BEVERAGES P | PERMIT e |
| Is alcohol being dd/consumed on Country Alcohol Permit" is required. Co | | Yes No |
| Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event) | er: | |
| Please note: A permit from the State of Florida D further details | ivision of Alcoholic Beverages and Tobacco may | also be required; please call (239) 344-0885 for |



| Section IV - FILE | M / VIDEO / PHOT | TOGRAPHY PERM | Т | N/ | | | | |
|---------------------|-------------------------|---|---|---------------|-------------------------------|--|------------|------------|
| ne of Production (c | hoose all that apply): | | | Λ | | | | |
| TV Movie or Spec | | Series / Pilot | Г | TV Comme | rcial | ┌ St | ill Photos | |
| | | ustrial / Documentary | _ | Other: | | | * * | |
| | ring be needed or inclu | * | | | | 8 2 | | 9 - · · |
| | | ided : | | □ Vos | _ | No | | |
| | Closure | | | Yes | - | No | | |
| | / Crowd Control | | | Yes | | No | | |
| | Burning | | | Yes | | No | | |
| | ves or Pyrotechnics | | | Yes | 4 | No | | |
| | s, Large or Small | | | Yes | | No | | |
| | uction of Any Kind | _ | | Yes | Г | No | | |
| | and/or Numerous Veh | cles | | Yes | | No | | |
| | oters, Boats, etc. | · · · · · · · · · · · · · · · · · · · | | Yes | | No | | |
| Stunts | | | | Yes | | No | | |
| Other | | | | Yes | | No | | |
| * | | | | | | | | |
| Special Parking Rec | quirements: | | | | ē | 2 | | |
| 4 | | | Maria de Maria da America de Maria de M | * | ON GRADOS PARIL AS CONTRACTOR | THE STATE OF THE S | | |
| City or County Serv | vices Required: (Perso | nnel, equipment, facili | ties, e | tc.) | | auto en Venanco en Constanten en mar sono | | |
| | | | | | | | | |
| | | local and state records lable, please estimate | | | | to trac | k the eco | nomic impa |
| Number in Cast: | v. 2.1 | Number in Crew: | | Nun | nber of | locals hi | red: | **** |
| Total budget: | | Estimate amount sp | ent in | Lee County: _ | | | | |
| Hotel room nights: | | Number of shooting | days: | _ | | | | |



Fill out the following questions for all permit types:

further details

| What is the Zoning Classification of the | premises? PUBLIC FACILITY / D.O.T RIGHT (| OF WAY |
|--|--|---|
| Are any temporary structures to be insta | alled for the event? Yes No | Type: TABLES & CHAIRS |
| Do you have the appropriate permits for | r the temporary structures? | Yes No |
| * For a 'Special Event' and 'Use of Counindentified, including all parking areas. | ty Property' permit, submit a site plan wi | th all proposed facilities and activities |
| Insurance Company Insuring the Event: | | |
| Note: Certificate of Insurance must be submitted | d at time of application | |
| Surety Company Bonding this Event (Na | me and Address): N/A | |
| 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 ☐ 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. | If yes, liquor liability coverage must be included on the certificate of insurance. |
| | LLIE'S CATERING SOUTH BENEVA ROAD, SARASOTA, FLORIDA | 34232 |
| Type of Food being Served: HOR'S DOEV | RES, DINNER AND CAKE | |
| Section II - USE OF COUNTY PROGRAMMENT OF STREET OF STRE | and the state of t | |
| | Solicitation in the County Rights-of-Way | <u> </u> |
| Name of Charity: | , , | |
| Address of Charity: | | |
| Phone Number: | a grant and grant | |
| Non-profit certificate/registration numb | per: | |
| (Proof of registration with the Dept. of Agriculture & C | onsumer Services §496.405 or proof the organization is | exempt from this requirement. §316.2045) |
| Section III - SALE/CONSUMPTION | ON OF ALCHOLIC BEVERAGES PE | ERMIT e |
| Is alcohol being wid/consumed on Coun f Yes, then a "Lee County Alcohol Permit" is required. C | ty Property? CONSUMED ONLY | ☐ Yes ☐ No |
| Non-profit certificate/registration numb Required if alcohol is to be <u>SOLD</u> at the event) | er: | |
| Please note: A permit from the State of Florida D | ivision of Alcoholic Beverages and Tobacco may al | so be required: please call (239) 344-0885 for |

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

Joan E Schumacher

Print Name of Applicant and Title

3/1/16 Date

3/1/16

e

PLEASE SEE ATTACHED SIGNED AGREEMENT

e



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

| Check the appropri | ate box(es) be | low: | |
|--|---|---|--------------------|
| SPECIAL EV | ENT PERMIT | | |
| Na Control of the Con | UNTY PROPERTY | | |
| | | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY | FACILITIES |
| FILM PERM | 11T | | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | APPLICATION, F LICANT TO COME | PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT. | YOUR ORGANIZATION |
| | | | |
| Parking: | In authorize | d parking areas only. | |
| | | | |
| | | A. W | |
| Deputies (How Many?): | Two deputie | es are required to block both ends of Bar | nyan St. while the |
| | 1 | akes place in order to provide safety to tl | |
| 1. J. S. | v y V | | |
| Fee for Services: | | | |
| ree for Services. | x 22 Y x 1 | | |
| x * v | , | | . * . |
| Special Arrangements: | Street must | be opened as soon as possible following | the ceremony. |
| | | | |
| * * * * | × × ∞ · · · · · · · · · · · · · · · · · | K. M. | |
| | | | |
| e Peg | | | 3 |
| | | | |
| | Print Name: | Capt. Scott Lucia | |
| | Signature: | Cupt. Scott K. Quin | * * |
| | Title: | Special Events, Permits and Details | |
| | Date: | | |
| | | 4 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.

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

| | 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: | Tables chairs to Sides of Street. (Reale Plan |
| | To move rood obstructions in case of emergency. Our damage to BGFD vehicles while making access to Emergency will be the responsibility of the Permit holder. In case of omergency. DIAL 91 |
| | Print Name: M. W Blosser |
| | Signature: Title: Title: |
| w - 3 | Date: 3/18/16 |

Page 7



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

| Check the appropri | ate box(es) belo | w: |
|----------------------------------|--------------------------------------|---|
| SPECIAL EV | 'ENT PERMIT | |
| USE OF CO | UNTY PROPERTY P | ERMIT |
| FILM PERM | 1IT | |
| | | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION / WITH FOR THEIR EVENT. |
| Treatment Facilities: | None necessary. | |
| rediffere racincles. | None necessary. | |
| | | |
| Medical Personnel: | None necessary. | |
| | * | |
| Medical Supplies / Equipment: | None necessary. | |
| Safety Requirements: | No additional precau | utions necessary. |
| | | |
| , j - 8. | | |
| Fee for Services | Not applicable. | |
| | 9 | |
| 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 Dash (person from the control of the |
| 2 | Title: | Chief |
| | Date: | 02/05/2016 |



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

| Check the appropri | ate box(es) be | low: | | | | |
|-----------------------|---------------------|---------------------------------|-----------------------|-----------------|---------------------------------------|--------|
| SPECIAL EV | ENT PERMIT | (5) FG #6 | е ж | | | |
| USE OF CO | UNTY PROPERTY | PERMIT | | | | |
| PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEVE | RAGES WITHIN | LEE COUNTY | Y FACILITIES | |
| FILM PERM | 1IT | | | | | |
| | | | | | | |
| AFTER REVIEWING THE | | | | ANGEMENTS | YOUR ORGANI | ZATION |
| WILL REQUIRE THE APPI | ICANT TO COME | YLY WITH FOR THEIR EV | ENT. | | | |
| | | | | | 8 | |
| Parking: | | areas. No event parking on | County maintain | ed road rights- | -of-way where park | ing is |
| | prohibited. | y 9 | ¥ 29 | | | |
| | | * * * * | | | | |
| Ingress and Egress: | Use all established | means of ingress and egres | SS. | | | |
| | | | | | | |
| | | | | | | |
| | L | | | | | |
| Special Arrangements: | Use Lee County Sh | eriff's Office for assistance w | vith traffic control | as needed. | | |
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| | | | | | | |
| | | | | | | |
| | | | | | e F | e • . |
| | I | | | | | |
| | | | | | | |
| | Print Name: | Bryan Miller | | | | |
| | Signature: | Bryan D. Miller | Digitally signed by I | | | |
| | Signature. | Dryan D. Miller | Date: 2016,01,28 15 | 07:27 -05'00' | | |
| | Title: | Senior Project Manager | . 1 | 9 9 9 | | |
| | Date: | January 28, 2016 | | | | |
| | | | | | | |



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

| Check the appropri | ate box(es) be | low: | | | |
|---|---------------------------------|--|---------------------------------|--|---|
| C SPECIAL EV | ENT PERMIT | | | | |
| fan enwi | UNTY PROPERTY | V PERMIT | | | |
| Canad | | SUME ALCOHOLIC BEV | FRAGES WITHIN | LEE COUNTY | ' FACILITIES |
| FILM PERM | | ,0,,,2,,,00,,,00,000 | | | * |
| FILIWITE ETT | . 1 | | * * * | | 4 |
| AFTER REVIEWING THE WILL REQUIRE THE APP | APPLICATION, I LICANT TO COM | PLEASE INDICATE BELI PLY WITH FOR THEIR I | OW WHAT ARRA | ANGEMENTS | YOUR ORGANIZATION |
| | | | | | ¥ |
| Illumination: | | | 2 | | |
| | | oud on premises. Any add trees or bushes On Bany | | ust be provided | by permit holder. |
| yes | TWO III GITTING COLOT OF | Telecis of Busiles of Bully | , , , , | | , in 1° |
| Parking Areas: | | 1 | | | |
| arking Arcas. | | 1 | | | |
| | Use Community F | louse parking lot and exist | ting parking at the | Boca Grande C | ommunity Park and Center |
| | * | | | | |
| | Marat Fallery all B | anyan Street guidelines se | t forth by LEE COLL | NTY D O T repr | econtative Guests must |
| Special Arrangements: | stay on County pr | operty at all times | | | |
| | - Deputies require | d entire duration of cockt into two 90 gallon garbag | ail party if alcohol i | s approved by I | OOT on Banyan Street |
| * ; | - Must provide ins | urance with Lee County B | OCC being addition | nally insured ar | d adhere to all rules and |
| | guidelines set fort | th by the Loise DuPont Cro contained inside of the Lo | owninshield House | representative. | during the recention |
| | - Lee County Park | s & Recreation Director or | Deputy Director ap | proves this alco | shol permit (2 - permits |
| * * | la lua e abutamenta al ar | edha Daza Cuda da Casayan | <u>neitu Dauli) leuraisea i</u> | a mille a la communicación de la communicación | полития и менениция по управления на учения в свейдник де 5-и водина по настранова на подава на настранова на |
| | | | | | * |
| | Print Name: | AlisE Flange | k | Joe Wier | |
| | Signature: | Hise Flight | е, | Joseph | R Wier |
| | Title: | Deprty Director | * | Supervisor | * |
| | Date: | 2/4/16 | | 10/13/15 | |
| | | | 7 | 3 2 | |



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

Check the appropriate box(es) below:

| ☐ SPECIAL EVI | ENT PERMIT |
|------------------------|--|
| □ USE OF COU | JNTY PROPERTY PERMIT |
| ▼ PERMIT TO | XXX AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | |
|) TIENTI ENIVE | |
| AETED DEV/IE/A/ING THE | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION |
| | ICANT TO COMPLY WITH FOR THEIR EVENT. |
| | ASSESSED BY WITH SHAME VENEZO |
| | |
| nsurance 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 |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured. |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured. |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured. |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured. |
| Special Arrangements: | Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured. |
| Special Arrangements: | 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. |
| Special Arrangements: | 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 |
| Special Arrangements: | 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: |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/23/2016

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 | CONTACT Janet Gaub | 44.7 | | |
| W.P. Dolle, LLC | PHONE (A/C, No. Ext): (513) 421-6515 FAX (A/C, No): (513) 421-0130 | | | |
| 201 E. Fifth Street | E-MAIL ADDRESS: | 0 7 2 2 | | |
| Suite 1000 | INSURER(S) A | FFORDING COVERAGE NAIC # | | |
| Cincinnati OH 45202 | INSURER A: The Travele | | | |
| INSURED | INSURER B : | | | |
| Fred J. & Joan Schumacher | INSURER C: | | | |
| 7131 Yankee Estates Dr. | INSURER D : | | | |
| | INSURER E : | | | |
| Liberty Township OH 45044-9813 | INSURER F: | | | |
| COVERAGES CERTIFICATE NUMBER:CL1622304 | | REVISION NUMBER: | | |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA | | | | |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAV | OF ANY CONTRACT OR OTH ED BY THE POLICIES DESCR | ER DOCUMENT WITH RESPECT TO WHICH THIS IBED HEREIN IS SUBJECT TO ALL THE TERMS. | | |
| INSR ADDLISUBRI | POLICY EFF POLICY E | XP | | |
| GENERAL LIABILITY INSR WYD POLICY NUMBER | (MM/DD/YYYY) (MM/DD/YY | EACH OCCURRENCE \$ 1,000,000 | | |
| COMMERCIAL GENERAL LIABILITY | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | | |
| A CLAIMS-MADE OCCUR 9322655414001 | 5/29/2016 5/29/20 | | | |
| x Special Events Policy | | PERSONAL & ADV INJURY \$ | | |
| V STORES TOLES | | GENERAL AGGREGATE \$ 1,000,000 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | PRODUCTS - COMPIOP AGG \$ | | |
| POLICY PRO- LOC | | FRODUCTS - COMPTOP AGG \$ | | |
| AUTOMOBILE LIABILITY | | COMBINED SINGLE LIMIT | | |
| | | (Ea accident) \$ BODILY (NJURY (Per person) \$ | | |
| ANY AUTO ALL OWNED SCHEDULED | - 6 | BODILY INJURY (Per accident) \$ | | |
| AUTOS AUTOS NON-OWNED | | PROPERTY DAMAGE \$ | | |
| HIRED AUTOS AUTOS | | (Per accident) | | |
| WERE LAVING TO THE TOTAL PROPERTY OF THE TOT | | \$ | | |
| UMBRELLA LIAB OCCUR | | EACH OCCURRENCE \$ | | |
| EXCESS LIAB CLAIMS-MADE | | AGGREGATE \$ | | |
| DED RETENTION \$ WORKERS COMPENSATION | | WC STATU- OTH- | | |
| AND EMPLOYERS' LIABILITY | * | WC STATU- OTH- TORY LIMITS ER | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | E.L. EACH ACCIDENT \$ | | |
| (Mandatory in NH) | | E.L. DISEASE - EA EMPLOYEE \$ | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | E.L. DISEASE - POLICY LIMIT \$ | | |
| | | | | |
| | " " | | | |
| | | | | |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remark Lee County, a political subdivision & Charter County public officials are Additional Insured on the Gener | of the State of Flo | rida, its agents, employees, and ired by written contract. | | |
| Location - Banyan Street | | 25 1 | | |
| | 11 10 - 1 | | | |
| | ou Mit | 02/26/16 | | |
| CERTIFICATE HOLDER | CANCELLATION | | | |
| Lee County Board of County Commissioners | | VE DESCRIBED POLICIES BE CANCELLED BEFORE THEREOF, NOTICE WILL BE DELIVERED IN OLICY PROVISIONS. | | |
| P.O. Box 398 Ft. Myers, FL 33902 | AUTHORIZED REPRESENTATIVE | | | |
| | Mai | ET Rund | | |
| ACOPD 25 (2040/05) | 4, 1 | | | |



SPECIAL EVENT INSURANCE POLICY

New Business Declarations

INSURED AND AGENT INFORMATION

Named Insured & Mailing Address Joan Schumacher 7131 Yankee Estates Dr. Liberty Township, OH 45044

Agent Information W P DOLLE LLC 312 WALNUT ST STE 3200 CINCINNATI, OH 45202

POLICY INFORMATION

Policy No: 9322655414001

Policy Period:

Your Insurer:

PL-13105 Ed. 7-10

The Standard Fire Insurance Company

For Policy Service call: 1 888-342-5977

For Claim Service call: 1 800-252-4633

TOTAL POLICY PREMIUM This Is Not A Bill

\$425.00

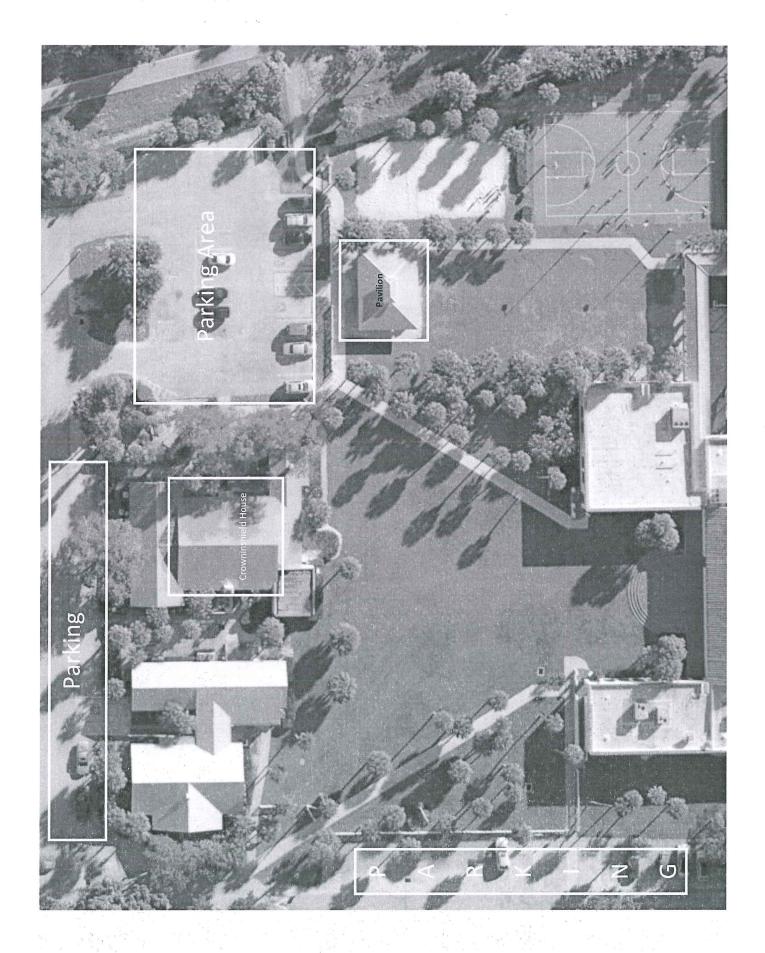
POLICY COVERAGES & LIMITS OF LIABILITY

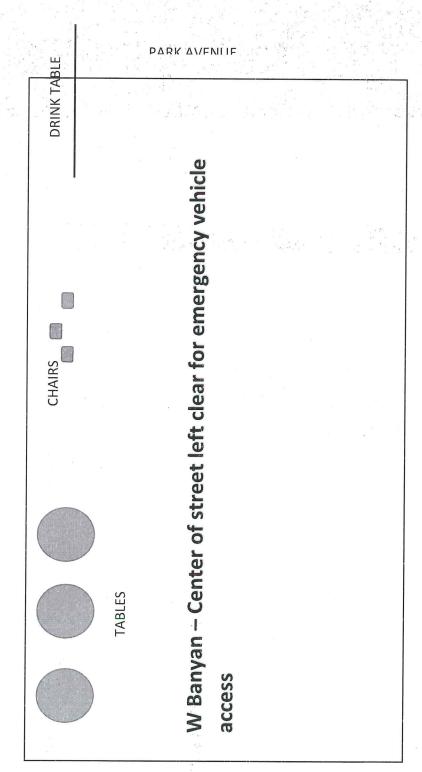
| SPECIAL EVENT COVERAGES | LIMIT OF LIABILITY | PREMIUM |
|---------------------------------|--------------------|----------------|
| A - Cancellation / Postponement | \$15,000 | |
| B - Additional Expense | \$3,000 | elle v . y e v |
| C - Event Photographs / Video | \$2,000 | |
| D - Event Gifts | \$1,500 | |
| E - Special Attire | \$2,000 | |
| F - Special Jewelry | \$1,500 | |
| G - Lost Deposits | \$1,500 | |
| Special Event Coverage Premium | | \$210.00 |
| | | |

OPTIONAL ENDORSEMENTS & COVERAGES

| ENDORSEMENTS | LIMIT OF LIABILITY | PREMIUM |
|--|---|----------|
| Special Event Liability: Coverage effective 48 hours prior to 12:01 am standard time on the Event Date: 05-29-2016 until 2:00 am standard time on 05-30-2016 | \$1,000,000 per occurrence \$1,000,000 general aggregate | \$165.00 |
| Property Damage Liability Sublimit | \$25,000 | |
| Liquor Liability Coverage (Number of Guests: 51 - 100) | | \$50.00 |

INSURED COPY Page 1 of 2





GILCHRIST AVENUE

Mike Scott Office of the Sheriff



State of Florida County of Lee

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 | 222 |
|-----|---------|--------|-------|------|
| lne | current | aetan | 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 <u>unarmed</u> 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 SHE | RIFF'S OFFICE USE ONLY | |
|-----------------------------|----------------|--|---------------------|
| Total Deputy(s) 2 | Total Hours 8 | Rate per Hour | Vehicle Rate Waived |
| Total Cost for-Detail \$400 | | ************************************** | |
| Jam E Dhinadh | | February 8, 2016 | |
| Vender Signature | 100 | Date | |



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

| LCSO Details Main Phone Number: 239-477-1199 | | |
|---|--|--|
| Vendor Information | | |
| Business Name: Joan E Schumacher | | |
| Street: 7131 Yankee Estates Drive | | |
| City: Liberty Township State: OH Zip Code: 45044 | | |
| Business Contact: Joan E Schumacher Phone: 513-505-6012 | | |
| Email Address: mrsjschu@aol.com | | |
| | | |
| Event Information | | |
| Detail Location: Banyan Street | | |
| Street: | | |
| City: Boca Grande State: FI Zip Code: | | |
| Contact During Event: Joan Schumacher Phone: 513-505-6012 | | |
| Event Date: 5/29/16 Event Time: 1530-1930 | | |
| Anticipated Crowd Size : Type of Event: Wedding Event | | |
| Additional Security Working Detail: Yes Vo If Yes, how many? | | |
| Permits Attached: Yes No Alcohol Served: Yes No | | |
| Detail Information | | |
| Security Traffic Prisoner Transport | | |
| Escort Holiday Funeral Escort | | |
| Last Minute Stand-by | | |
| Marked Vehicle Yes No Unmarked Vehicle Yes No | | |
| Uniformed Deputy Yes No Plain Clothes Deputy Yes No | | |
| Detail Description: | | |
| Road closure for wedding event. Two deputies required to block both ends of Banyan Street while event takes place. Street must be cleared and opened as soon as possible. | | |
| | | |
| | | |
| | | |

