

# EVENT PERMIT

Ordinance 14-15

## 4TH ANNUAL REDFISH SHOOTOUT

**PERMIT NUMBER:** TMP2016-00142

**Date(s) of Event:** May 21, 2016 from 7:00am until 6:00pm

Property Owner: LEE COUNTY

Applicant: WOUNDED WARRIOR ANGLERS OF A Contact: JUDY SOUDERS

Description: Fishing Tournament

Location of event: 4577 PINE ISLAND RD NW MATLACHA 33993  
MATLACHA COMMUNITY PARK/\*\*\*423-620-9104

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

 5-11-16  
County Manager Date



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP2016-00142



# 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	Wounded Warrior Anglers / Annual Redfish Shootout
Date(s) of Event / Production:	5/21/16
Location(s) of Event:	Matlacha Community Park 4577 Pine Island Rd. NW Cape Coral, FL 33993
Name of Applicant:	Wounded Warrior Anglers of America Inc
Applicant Address:	1490 NE Pine Island Rd Cape Coral, FL 33909
Applicant Phone Number:	239-257-3410
Contact Person: (If different from applicant)	Judy Souders
Contact Phone Number: (If different from applicant)	423-620-9104
Email Address:	judy@woundedwarrioranglers.org
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	Fishing Tournament
Hours of Operation:	7Am - 6Pm
STRAP # of Parcel:	24442800000060000
Owner of Premises*:	County, Lee

\*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? Lee County Park

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: Tents

Do you have the appropriate permits for the temporary structures? ☒ Yes ☐ No

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Riser Commercial Agency

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

<p>Will Vehicles be Used as Part of This Event?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, automobile coverage must be included on the certificate of insurance.</p>	<p>Will Food be Available at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, products liability coverage must be included on the certificate of insurance.</p>	<p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p>
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Name & Address of Organization Providing Food: Mission BBQ

Type of Food being Served: Bar BBQ

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Wounded Warrior Anglers of America Inc

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

Name of Charity: Wounded Warrior Anglers of America Inc

Address of Charity: 1490 NE Pine Island Rd. Cape Coral, FL 33909

Phone Number: 239-257-3410

Non-profit certificate/registration number: 85-8016045314C-3

(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: 85-8016045314C-3  
(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



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.

Judy Souders  
Signature of Applicant

Judy Souders VP  
Print Name of Applicant and Title

4/24/16  
Date

Ally Hall  
Witness

Ally Hall  
Print Name of Witness

4/21/2016  
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 spaces 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: 21 April 2016

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:

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Fire Guards (How Many?)

0

Fee for Services:

0

Flammable Vegetation:

0

First Aid Equipment:

First Aid kit on site, 3.4 miles to Ambulance

Fire Extinguishing:

Extinguishers on site, 3.4 miles to Fire station

Special Arrangements:

0

Print Name: Christi Bullock

Signature: Quaker R. Bullock

Title: Fire Inspector

Date: 5/2/16

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:	None necessary.
Medical Personnel:	None necessary.
Medical Supplies / Equipment:	None necessary.
Safety Requirements:	No additional precautions necessary.
Fee for Services	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes  
DN: cn=Benjamin Abes, o=Lee County Public Safety, ou=Division of Emergency  
Medical Services, email=benjamin.abes@leegov.com, c=US  
Date: 2016.04.21 16:01:41 -0400

Title: Chief

Date: 04/21/2016



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

**Parking:**

Park in designated areas. No event parking on 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: 2016.04.21 14:14:59 -04'00'

**Title:** Senior Project Manager

**Date:** April 21, 2016



**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 Event during daylight hours

Parking Areas:

Parking area on lawn will be flagged off by county staff. Wounded Warriors will need to supply staff to park cars and monitor area.

Special Arrangements:

Alcohol area will need to be contained and roped off by Wounded Warriors. Wounded Warriors will need to arrange for a Lee County Sheriff Deputy to be on site during event. as well as arrange for a sufficient number of portable toilets to be on site during event. All pop up tents will need to be sufficiently anchored. Any music should not be amplified. Fishing tournament participants are not allowed to moor vessels to boat ramp docks or fishing pier. Additional trash cans should be supplied. All trash in event area needs to be picked up and disposed of in park dumpster. Any equipment, tables and pop-up tents brought into the park need to be removed at completion of event. Portable toilets, tent, chairs, tables rented for event need to be picked up by 5pm on Monday May 23.

Print Name: Steve Cox Alise Playank  
 Signature: Steven L Cox Alise Playank  
 Title: As Supervisor Deputy Director  
 Date: 4/25/16 4/25/16

**Lee County Event Permit Application**



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

*Check the appropriate box(es) below:*

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

**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.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afford under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

**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: April 22, 2016



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/16

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 **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).

<b>PRODUCER</b> KISER COMMERCIAL AGENCY INC PO Box 647 Riviera Beach, MD 21123	<b>CONTACT NAME:</b> SHANNEONKOEHLERSCHMIDT	
	<b>PHONE (A/C, No, Ext):</b> (800)433-5473 <b>FAX (A/C, No):</b> (410)439-3110	
	<b>E-MAIL ADDRESS:</b> OUTFITTERSGUIDESERVICES@YAHOO.COM	
<b>INSURED</b>  WOUNDED WARRIOR ANGLERS OF AMERICA, INC 1490 NE PINE ISLAND ROAD CAPE CORAL, FL 33909	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> ARCH INSURANCE COMPANY	11150
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	A		MOPK08929300	03/22/16	03/22/17	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB.</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
	<b>LIQUOR LIABILITY</b>			MOPK08929300	03/22/16	03/22/17	Each Common \$1,000,000 Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS SCHEDULED AS ADDITIONAL INSURED WITH RESPECTS TO THE LIABILITIES ARISING OUT OF THE OPERATIONS OF THE NAMED INSURED WHILE UTILIZING PREMISES OWNED BY CERTIFICATE HOLDER

06 MF 04/22/16

<b>CERTIFICATE HOLDER</b> LEE COUNTY BOARD OF COUNTY COMMISSIONERS P.O BOX 398 FORT MYERS, FL 33902	<b>CANCELLATION</b> 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 
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Lee County Event Permit Application



LEE COUNTY VISITOR & CONVENTION BUREAU  
2201 SECOND STREET, SUITE 600  
FORT MYERS, FLORIDA 33901  
(239) 338-3500

*Check the appropriate box(es) below:*

☐ FILM PERMIT ONLY

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

Special Arrangements:

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Other:

--

Print Name: \_\_\_\_\_

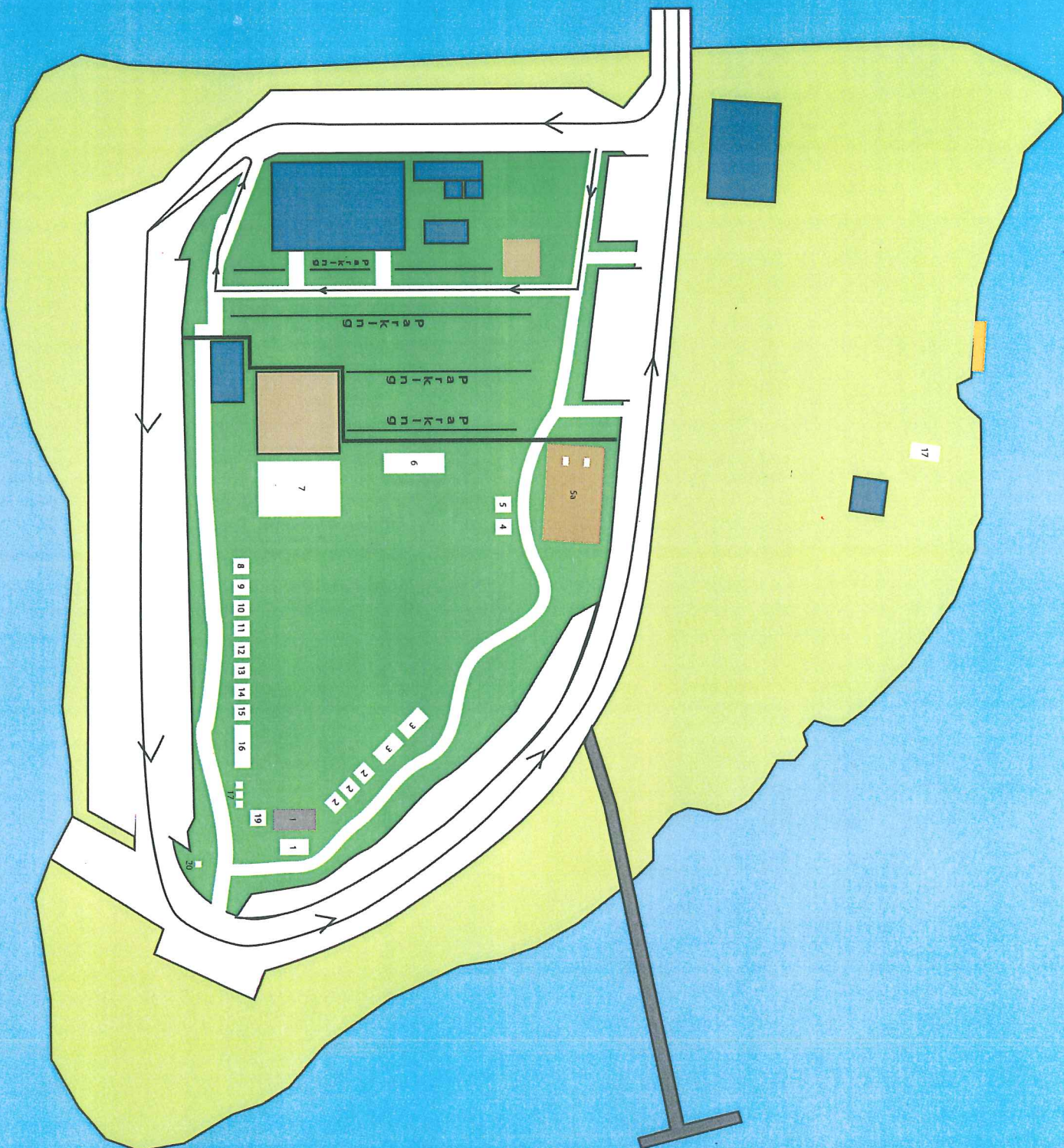
Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



1. Stage & Weigh Master
2. Wounded Warrior Anglers
3. Budwaiser
4. Beaver tail Boats
5. American Tackle
- 5a. American Tackle
6. Mercury Marine
7. Event Tent 40' x 60'
8. TowBoat US
9. Tournament Sponsor
10. Tournament Sponsor
11. Tournament Sponsor
12. Tournament Sponsor
13. Wounded Warrior Anglers
14. Wounded Warrior Anglers
15. Wounded Warrior Anglers
16. Costa Mechanical
17. Porta Johns
18. Estero River Outfitters
19. DJ
20. Generator







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PRODUCER KISER COMMERCIAL AGENCY INC PO Box 647 Riviera Beach, MD 21123	CONTACT NAME: SHANNEONKOEHLERSCHMIDT PHONE (A/C, No, Ext): (800)433-5473 FAX (A/C, No): (410)439-3110 E-MAIL ADDRESS: OUTFITTERSGUIDESERVICES@YAHOO.COM
INSURED WOUNDED WARRIOR ANGLERS OF AMERICA, INC 1490 NE PINE ISLAND ROAD CAPE CORAL, FL 33909	INSURER(S) AFFORDING COVERAGE INSURER A: ARCH INSURANCE COMPANY NAIC # 11150 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MOPK08929300	03/22/16	03/22/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						OCCUR CLAIMS-MADE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						Y/N N/A

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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## CERTIFICATE HOLDER

## CANCELLATION

COMMUNITY DEVELOPMENT &  
PUBLIC WORKS BUILDING  
PERMITTING SECTION  
1500 MONROE STREET  
239-533-8329

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

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