

EVENT PERMIT



Ordinance 14-15

PERFECT GAME SELECT BASEBALL

PERMIT NUMBER:

TMP2016-00222

Date(s) of Event:

September 4, 2016 from 7:00pm-11:00pm

Property Owner:

LEE COUNTY

Applicant:

PERFECT GAME INC

Contact: BEN FORD

Yes

Description:

PERFECT GAME SELECT BASEBALL FESTIVAL

Baseball game to be played in the stadium

Location of event:

11500 FENWAY SOUTH DR FORT MYERS 33913

JETBLUE STADIUM***319-360-8825

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

Will a bond be posted for this event?

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)	belo	w:
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X	SPECIAL EVENT PERMIT
X	USE OF COUNTY PROPERTY PERMIT
Г	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	FILM PERMIT

Section I - GENERAL INFO	ORMATION (All Permit Types)
Title of Event / Name of Production	Perfect Game Select Baseball Festival
Date(s) of Event / Production:	September 4th, 2016
Location(s) of Event:	JetBlue Park, 11500 Fenway South Drive, Ft Myers, FL 33913
Name of Applicant:	Perfect Game, Inc Ben Ford
Applicant Address:	850 Twixt Town Road NE, Marion, IA 52402
Applicant Phone Number:	319-360-8825
Contact Person: (If different from applicant)	Ben Ford
Contact Phone Number: (If different from applicant)	319-360-8825
Email Address:	benford@perfectgame.org
Estimated Attendance:	1,500 to 3,000
Event Description: Include each activity, when activities take place, etc.	Play a baseball game in the stadium.
Hours of Operation:	Game Time 7:00pm, game will last 2-3 hours
STRAP # of Parcel:	24452502000060000
Owner of Premises*:	Lee County BOCC

^{*}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? MPD	
Are any temporary structures to be insta	alled for the event? Yes X No	Туре:
Do you have the appropriate permits for	the temporary structures?	Yes No
 For a 'Special Event' and 'Use of Couning and Indentified, including all parking areas. 	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	American Specialty Insurance & Risk Service	es, Inc see attached
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	me and Address): Perfect Game, Inc. , 850	Twixt Town Road NE, Marion, IA 52402
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	🔀 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.
Name & Address of Organization Ar Providing Food:	amark, 11500 Fenway South Drive, Ft Myers	, FL 33913
-	ula foods	
Type of Food being Served: ball park sty		
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: Pe	rfect Game Baseball	
	Solicitation in the County Rights-of-Wa	y:
Name of Charity: Golisano Children's Ho	ospital of Southwest Florida	
Address of Charity: 16451 S. HealthPark	Commons Dr., Suite 200 Fort Myers, FL 339	08
Phone Number: 239-343-6950		
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization	
	ION OF ALCHOLIC BEVERAGES F	
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.		Yes No y Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

773 / 8 /	noose all that apply):							
TV Movie or Speci		ies / Pilot	TV Comme	ercial		Still Phot	os	
Public Service Ann	ouncement Industr	ial / Documentary	Cother:					
ill any of the followi	ng be needed or included	J*?						
Street C	losure		☐ Yes	E	No			
Traffic /	Crowd Control		Yes	Е	No			٠
Fire or I	Burning		Yes	Г	No			
Explosiv	es or Pyrotechnics		Yes	Е	No			
Animals	, Large or Small		[Yes	С	No			
Constru	ction of Any Kind		☐ Yes		No			
Large a	nd/or Numerous Vehicles	i	☐ Yes		No			
Helicop	ters, Boats, etc.		☐ Yes		No			
Stunts			☐ Yes		No			
Other			Yes	П	No			
Special Parking Req	uirements:							
	uirements: ces Required: (Personne	el, equipment, facili	ties, etc.)					About a minute of the control of the
City or County Servi	ces Required: (Personne	al and state records	s on production in		to tra	ack the e	conomic	impac
City or County Servi	ces Required: (Personne	al and state records	s on production in		to tra	ack the e	conomic	impac
City or County Servi	ces Required: (Personne	al and state records	s on production in as closely as possi				conomic	impac
City or County Servi The following inform the industry. If exact Number in Cast:	ces Required: (Personne	al and state records e, please estimate	s on production in as closely as possi	ole.			conomic	impact
The following inforn	ces Required: (Personne	al and state records e, please estimate Number in Crew:	s on production in as closely as possi Nui ent in Lee County:	ole.			conomic	impact

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

Benjamin Ford FL Director

Print Name of Applicant and Title

Date

Witness

Witness

Witness

Print Name of Witness

Date



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

Check the appropri	ite box(es) bei	ow:		
SPECIAL EV	ENT PERMIT JNTY PROPERTY	PERMIT		
☐ PERMIT TO ☐ FILM PERM		JME ALCOHOLIC BE\	/ERAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, P	LEASE INDICATE BEI LY WITH FOR THEIR	LOW WHAT ARRANGEMENTS	s your organization
Parking:	Parking in authorize	ed parking areas only.).	
Deputies (How Many?):	Three deputies for 1700-2230hrs.	traffic control at the We	st Gate and Two deputies for traffi	c control at the East Gate
Fee for Services:	\$50/hour per depu	ty plus \$15 vehicle fee p	per deputy	
Special Arrangements:	None.			
	Print Name: Signature:	Capt. Scott Lucia Lucia, Scott	Designably rispend by funcia. Scott Disk of one of confunctional count CCO Users, constants, Scott, enable Succession (enabled one)	
	Title:	Special Events, Permits	Date: 2016.08.29 1442245 -04000	_
	Date:	29 August 2016		_

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 rat	es 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 <u>per deputy</u> 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.

LI	EE COUNTY	SHERIFF'S	OFFICE USE ON	LY		
1 3 ()		5.5 each	Rate per Hour	\$50	Vehicle Rate \$15	-
Total Cost for Detail \$1450 re	evised ————					
Vender Signature		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: Perfect Game, Inc
Street: 850 Twixt Town Road NE
City: Marion State: IA Zip Code: 52402
Business Contact: Ben Ford Phone: 319-360-8825
Email Address: benford@perfectgame.org
Event Information
Detail Location: JetBlue Park
Street: 11500 Fenway South Drive
City: Fort Myers State: FL Zip Code: 33913
Contact During Event: Ben Ford Phone: 319-360-8825
Event Date: 9/4/16 Event Time: 1700-2230
Anticipated Crowd Size : 1500-3000 Type of Event: Baseball game
Additional Security Working Detail: Yes V No 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:
Three uniformed deputies for traffic control at the West Gate and two uniformed deputies for traffic control at the East Gate while baseball game takes place.





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) belo	ow:		
SPECIAL E\	/ENT PERMIT			
USE OF CC	UNTY PROPERTY	PERMIT		
FILM PERN	ИΙΤ			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMPLY	EASE INDICATE BELOV Y WITH FOR THEIR EVE	W WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Fire Guards (How Many?)	4 Certified Crowd M	anagers		
Fee for Services:	N/A			
Flammable Vegetation:	N/A			
First Aid Equipment:	Call 911 if needed o	r make arrangements for N	Medical Coverage if wanted	
Fire Extinguishing:	N/A			
Special Arrangements:	Close Proximity Fire	eworks and regular Firewo	rks display provided by Zambelli	
				,
	Print Name:	James Tanner		
	Signature:	James Tanner	Digitally signed by James Tanner Date: 2016.08.29 09:03:59 -04'00'	
	Title:	Fire Marshal, South Trail F	ire District	
	Date:	Aug 29, 2016		



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

Check the appropri	ate box(es) belov	v:		
⋉ SPECIAL EV	ENT PERMIT			
5	UNTY PROPERTY PE	ERMIT		
☐ FILM PERM	•			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	ASE INDICATE BELOW WITH FOR THEIR EVEN	WHAT ARRANGEMENTS YOU IT.	JR ORGANIZATION
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	itions necessary.		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the arrange special even	e event of an emergency. S It coverage, contact our off	pecial event coverage is strongly re ice at 239 533-3911.	commended. To
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2016.08.08 14:00:47 -04'00'	
	Title:	Chief		
	Date:	08/08/2016		



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

Check the appropri	ate box(es) bel	ow:		
	UNTY PROPERTY		RAGES WITHIN LEE COUNTY	FACILITIES
☐ FILM PERM	IIT			
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOV LY WITH FOR THEIR EV	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking on	Lee County maintained road rig	hts-of-way.
ngress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance v	vith traffic control as needed.	\
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2016.08.09 10:54:40 -04'00'	
	Title:	Senior Project Manager		
	Date:	August 9, 2016		



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

Check the approprie	ate box(es) belo	ow:	
	UNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FAC	CILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PI LICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOU PLY WITH FOR THEIR EVENT.	IR ORGANIZATIÓN
Illumination:	Any additional light	ting needed for security will be provided by the event organizer	•
Parking Areas:	Event organizer mu accesses remain op	ust ensure parking is restricted to designated areas and ensure t ben and clear for emergency vehicles.	hat all emergency
Special Arrangements:	Event organizer mu after the event. Fir of the Fire Marshall	ust provide adequate staff to clean up all trash and debris from t reworks display must be completed by 11:00 pm and supervised I / Inspector.	he parking/event area under the direction
	Print Name: Signature: Title: Date:	Alise Flanjack Ave Flaysek Deputy Director August 8, 2016	



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

Check the appropriat	te box(es) be	low:		
SPECIAL EVE	NT PERMIT			
IX USE OF COU	NTY PROPERTY	PERMIT		
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES		
FILM PERMIT	Г			
,				
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY 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 In Board of County additional insure	nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an ed.		
	Subject to proof	of insurance.		
	Print Name:	Mike Figueroa		
	Signature:	<u></u>		
	Title:	Prisk Program Manager		
	Date:	August 5, 2016		

	T	C	FRTIFICATE	OF LIABILI	TY INSURANCE	08/05/2016
THIS CE	RTIFICATE IS ISSUE				ON THE OFFICIATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRM	MATIVELY OR NEGATIVELY
AMEND, I	EXTEND, OR ALTER	THE COVERAGE AFFORDED TIVE OR PRODUCER, AND TH	BY THE POLICIES BE	ELOW. THIS CERTIFIC	ON THE CERTIFICATE HOLDER. THIS GERTING A CONTRACT BETWEEN CATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN	THE ISSUING INSURER(S),
MPORTA	NIT: If the Certificate	holder is an ADDITIONAL INSUI	RED, the policy(les) mu	ust be endorsed. If SUBI	ROGATION IS WAIVED, subject to the terms and conditions of the policy, ce	rtain policies may require an
endorsem PRODU		his certificate does not confer rig	his to the certificate ho	ider in lieu of such endo	orsement(s).	
America	an Specialty Insi	urance & Risk Services,	Inc.			
	/, Jefferson Blvd					8
	ayne, IN 46804 D INSURED					
	Game, Inc.				MOURENCE AFFORDING COVERAGE	NAIC#
	ixt Town Road N	√E			INSURER(S) AFFORDING COVERAGE INSURER A: Greenwich Insurance Company	22322
wanon,	, IA 52402				INSURER B:	
					INSURER C:	
					INSURER D:	
					INSURER E:	
					INSURER F:	
COVE	RAGES				CERTIFICATE NUMBER: 1001340951	
THIS IS T	O CERTIFY THAT T	HE POLICIES OF INSURANCE	LISTED BELOW HAVE	E BEEN ISSUED TO TH	IE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NO FO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE CORD NOT DESCRIBE, LIMITS SHAPING MAY LAYE BEEN PERIODED BY	T WITHSTANDING ANY INSURANCE AFFORDED BY
REQUIRE THE POL	EMENT, TERM OR C LICIES DESCRIBED F	HEREIN IS SUBJECT TO ALL T	HE TERMS, EXCLUSION	ONS AND CONDITION	S OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY	PAID CLAIMS.
INSR	INSURANCE		POLICY	POLICY	LIMITS	
LTR	TYPE	POLICY NUMBER	EFFECTIVE	EXPIRATION	General Aggregate Per Event	5,000,000
	GL	ASG089840101	01/01/2016	01/01/2017	Products-Completed Operations Aggregate	5,000,000
Α			12:01 a.m.	12:01 a.m.	Personal and Advertising Injury	1,000,000
					Each Occurrence Damage to Premises Rented to You (Any One Premises	
					Medical Expense Limit (Any One Person)	Excluded
1				-		
						1\
	DIDTION OF O	PERATIONS/LOCATIO	NS/VEHICLES (A	Additional Remar	rks Schedule may be attached if more space is require	ea)
DESC	SKIP HON OF U					fions of Form GXAL 431
		r shall be an Additional Insur esignated Person or Organi	red, but only with re zation Written Cont	spect to the operation ract or Written Agree	ons of the Named Insured, and subject to the provisions and limitat rement, but only with respect to PERFECT GAME EVENTS from A	ions of Form Gaal 451
- The		r shall be an Additional Insur esignated Person or Organi	red, but only with re zation Written Cont	spect to the operatic ract or Written Agree	ons of the Named Insured, and Subject to the provisions and initial in	ions of Form Gaal 451
- The	e Certificate Holder ditional Insured - D	r shall be an Additional Insu esignated Person or Organi	red, but only with re zation Written Cont	spect to the operatic ract or Written Agres	ins of the Named Insured, and Subject to the provisions and initial initial sement, but only with respect to PERFECT GAME EVENTS from Ar	ions of Form Gaal 451
- The	e Certificate Holder ditional Insured - D	r shall be an Additional Insu lesignated Person or Organi	red, but only with re zation Written Cont	spect to the operatic ract or Written Agres	ins of the Named Insured, and Subject to the provisions and finited in the provisions and finite in the provision and	ions of Form Gaal 451
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- The	e Certificate Holder ditional Insured - D	r shall be an Additional Insur lesignated Person or Organi	red, but only with re ization Written Cont	spect to the operatic ract or Written Agree	the Mt Ob/05/16	ions of Form Gaal 451
- The Add Dec	e Certificate Holder ititional Insured - D cember 31, 2016.	lesignated Person or Organi	zation written Conti	spect to the operatic ract or Written Agree	CANCELLATION	ugust 05, 2016 through
- The Add Dec	e Certificate Holder ititional Insured - D cember 31, 2016.	lesignated Person or Organi	zation written Conti	spect to the operatic ract or Written Agree	CANCELLATION SHOULD ANY OF THE ABO CANCELLED BEFORE THE	ve described Policies be
CERT LEE C	e Certificate Holder ditional Insured - D comber 31, 2016. IFICATE HOLD COUNTY BOARI OX 398	ER D OF COMMISSIONERS	zation written Conti	spect to the operatic ract or Written Agree	CANCELLATION SHOULD ANY OF THE ABO CANCELLED BEFORE THE	ugust 05, 2016 through
CERT	e Certificate Holder ititional Insured - D cember 31, 2016.	ER D OF COMMISSIONERS	zation written Conti	spect to the operatic ract or Written Agree	CANCELLATION SHOULD ANY OF THE ABO CANCELLE BEFORE THE NOTICE WILL BE DELIVER	ve described Policies be
CERT LEE C	e Certificate Holder ditional Insured - D comber 31, 2016. IFICATE HOLD COUNTY BOARI OX 398	ER D OF COMMISSIONERS	zation written Conti	spect to the operatic ract or Written Agree	CANCELLATION SHOULD ANY OF THE ABO CANCELLED BEFORE THE NOTICE WILL BE DELIVERE POLICY PROVISIONS. AUTHORIZED REPR	VE DESCRIBED POLICIES BE EXPIRATION DATE THEREOF, ED IN ACCORDANCE WITH THE
CERT	e Certificate Holder ditional Insured - D comber 31, 2016. IFICATE HOLD COUNTY BOARI OX 398	ER D OF COMMISSIONERS	zation written Conti	spect to the operatic ract or Written Agree	CANCELLATION SHOULD ANY OF THE ABO CANCELLE BEFORE THE NOTICE WILL BE DELIVERE POLICY PROVISIONS.	VE DESCRIBED POLICIES BE EXPIRATION DATE THEREOF, ED IN ACCORDANCE WITH THE

ADDITIONAL REMARKS SCHEDULE

ADDITIONAL REMARKS	
DATE 08/05/2016	
1001340951	
CERTIFICATE OF LIABILITY INSURANCE NUMBER	
7609 W. Jefferson Blvd., Suite 100 Fort Wayne, IN 46804	Marion, IA 52402
PRODUCER American Specialty Insurance & Risk Services, Inc.	Perfect Game, Inc. 850 Twixt Town Road NE
DRODUCED	NAMED INSURED

ADDITIONAL REMARKS			
THIS ADDITIONAL REMARKS	FORM IS A SCHEDULE TO CERTIF	ICATE OF LIABILITY INSURANC	E NUMBER ABOVE
- Named Insured (continued): Perfect Park, LLC, Perfect Game Softball, LL	ct Game, Inc. dba Perfect Game USA, Pe C; World Amateur Baseball Series, LLC	erfect Game, Inc. dba Umpnation, Per dba The Series	fect Game Foundation, Perfect Game
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LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

e box(es) below:	
ONLY	
	N
Print Name: Signature: Title: Date:	
T	Signature: Title:

