

#### **EVENT PERMIT**



Ordinance 14-15

#### 4TH ANNUAL TEN OR TOY

**PERMIT NUMBER:** 

TMP2016-00266

Date(s) of Event:

November 19, 2016 from 1:00pm until 9:00pm

Property Owner:

FISCHER FL PROPERTIES

Applicant:

SAVAGE 4X4 INC

Contact: LINDA THOMPSON

Yes

Description:

Truck and motorcycle show including live entertainment, food/merchandise vendors,

truck tug-of-war

Location of event:

9501 THUNDER RD FORT MYERS 33913

SIX BENDS HARLEY DAVIDSON/\*\*\*239-689-1428

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? No

Will there be alcohol consumed or sold at the event? Yes

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) below:

X	SPECIAL EVENT PERMIT
Γ	USE OF COUNTY PROPERTY PERMIT
$\Gamma$	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	4th Annual Ten or Toy
Date(s) of Event / Production:	November 19, 2016
Location(s) of Event:	Six Bends Harley Davidson 9501 Thunder Rd., Fort Myers, FL 33913
Name of Applicant:	Savage 4x4, Inc
Applicant Address:	5770 Enterprise Pkwy Ft. Myers, FL 33905
Applicant Phone Number:	239-689-1428   239-896-2640 (cell)
Contact Person: (If different from applicant)	Linda Thompson or James Thompson
Contact Phone Number: (If different from applicant)	
Email Address:	savage4x4-acc@hotmail.com
Estimated Attendance:	<b>\$</b> 000
<b>Event Description:</b> Include each activity, when activities take place, etc.	2 p.m 8 p.m. Truck and Motorcycle show and live entertainment, food/merchandise vendors 2 p.m 5 p.m. Truck tug-of-war
Hours of Operation:	1 p.m 9 p.m.
STRAP # of Parcel:	22-45-25-23-00000.0010 394535L304000010, 394535L324000000
Owner of Premises*:	Jeffery Scott Fischer

<sup>\*</sup>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 insta	alled for the event? Tes 🔀 No	Type:
Do you have the appropriate permits for	r the temporary structures?	⊤ Yes
indentified, including all parking areas.	ty Property' permit, submit a site plan wi	ith all proposed facilities and activities
Insurance Company Insuring the Event:	Accord (see attached)	
Note: Certificate of Insurance must be submitted		
Surety Company Bonding this Event (Na	ime and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
▼ Yes	▼ 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 Providing Food:	100ter's, Hogtastic BBQ \$ BBQ & pizza	Tet's pieza & I More
Type of Food being Served: Wings	& BBQ & PIZZ9	
Section II - USE OF COUNTY PI		
Organization Sponsoring the Event: Sav	vage 4x4, Inc.	
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	y:
Name of Charity: Children's Advocacy C	enter of SW Florida, Inc.	
Address of Charity: 3900 Broadway, Suit	e B1, Fort Myers, FL 33901	
Phone Number: 877-829-5500		
Non-profit certificate/registration num	ber: 65-0007620	
(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/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	PERMIT
Is alcohol being sold/consumed on Coul If Yes, then a "Lee County Alcohol Permit" is required.  Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	Only non-profit organizations can sell alcohol on Count	Yes ; y Property.

**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



#### Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

pe of Production (choose all tha	t apply):					,	/
TV Movie or Special	TV Series / Pilot	Г	TV Commercia	ıl	Γ	Still Photos	
Public Service Announcement	☐ Industrial / Documentary	Г	Other:				
ll any of the following be neede	ed or included*?				,		
Street Closure			├ Yes	X	No		
Traffic / Crowd Con	trol		┌─ Yes	X	No		
Fire or Burning			☐ Yes	X	No		
Explosives or Pyrote	echnics		☐ Yes	X	No		
Animals, Large or Sr	mall		┌ Yes	X	No		
Construction of Any	Kind		┌ Yes	X	No		
Large and/or Nume	rous Vehicles		Yes	X	No		
Helicopters, Boats,	etc.	/	├ Yes	X	No		
Stunts			┌─ Yes	X	No		
Other		/	┌─ Yes	X	No		
For any marked Yes, provide fu	urther details below:						
	urther details below:						
For any marked Yes, provide fo	urther details below:						
	urther details below:						
Special Parking Requirements:	d: (Personnel, equipment, facili	ties, et	rc.)				
Special Parking Requirements:		ties, et	cc.)				
Special Parking Requirements:		ties, et	cc.)				
Special Parking Requirements:		ties, et	rc.)				
Special Parking Requirements:  City or County Services Require		s on pr	oduction in Flor	rida	totr	rack the econo	mic impa
Epecial Parking Requirements:  City or County Services Require  The following information is receive industry. If exact figures are	d: (Personnel, equipment, facili	s on pr	oduction in Flor		\		mic impa
Special Parking Requirements:  City or County Services Require  The following information is rec	d: (Personnel, equipment, facili	s on pr as clos	oduction in Flor ely as possible.		\		mic impa

#### **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

Signature of Applicant

Linda Thompson

Print Name of Applicant and Title

916 2016

P- 16-2016



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

Check the appropri	ate box(es) belo	ow:
1	UNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:		rking areas only. No parking will be allowed on any shoulders, right-of-way areas not authorized by property owners.
Deputies (How Many?):		wo located at Intercom Lane and Treeline. Two located at Intercom Drive mmerce Parkway. Two located at Jet[port Commerce Parkway and Daniels
Fee for Services:		
Special Arrangements:	In the event part be required.	king and traffic interfere with normal flow of local traffic, more deputies may
	manaret procedure and the control of	
	Print Name: Signature:	Capt. Scott K. Lucia
	Title:	Special Events, Permits and Details
	Date:	5 October 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 appropr	iate box(es) bei	low:		
SPECIAL E	VENT PERMIT			
Season 11 to 1	OUNTY PROPERTY	PERMIT		
FILM PERM	ΛIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	4 certified crowd m	anagers		
Fee for Services:	55.00 inspection fe	e per tent over 900 sq ft.		
Flammable Vegetation:	cleared from aroun	d tents		
First Aid Equipment:	see special arrange	ments		
Fire Extinguishing:	compliant, all propa	ane kept 10 feet away form	ooking tents , food trucks and tra tents and secured as to not tip o times around the event and Buil	over. 20 feet Fire
Special Arrangements:	Contact Division Cl	nief Rogers for Coverage, 2	39-433-0080	
	Print Name:	James Tanner		
	Signature:	James Tanner	Digitally signed by James Tanner Date: 2016.11.04 09:27:25 -04'00'	
	Title:	Fire Marshal, South Trail F	ire District	
	Date:	Nov 4, 2016		•
				•



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

Check the appropriate box(es) below:

⊠ SPECIAL EV ⊠ USE OF CO ☐ FILM PERM	OUNTY PROPERTY P	ERMIT
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	· ·
Medical Personnel:	See Special Arrange	ments below.
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	utions necessary.
Fee for Services	As allowable by esta	blished fee manual.
Special Arrangements:		nend special event coverage due to the anticipated attendance. To arrange special tact our office at 239 533-3911.
	Print Name:	Benjamin Abes
	Signature:	Benjamin Abes Date: 2016.09.20 19:56:21 -04'00'
	Title:	Chief
	Date:	09/20/2016



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

Check the appropri	ate box(es) be	low:
SPECIAL EV	ENT PERMIT	
formu	UNTY PROPERTY	
*quarray		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERM	/II I	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Park in designated	areas. No event parking on Lee County maintained road rights-of-way.
	7	
Ingress and Egress:	Use all established	means of ingress and egress.
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control as needed.
<i>1</i> 0		
	Print Name:	Druge Miller
		Bryan Miller  Digitally signed by Bryan D. Miller
	Signature:	Bryan D. Miller  Date: 2016.09.20 11:36:36 - 04'00'
	Title:	Senior Project Manager
	Date:	September 20, 2016

### Aflanjacka leegov. com





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

Check the appropria	te box(es) below:
☐ SPECIAL EVE ☐ USE OF COU ☐ PERMIT TO ☐ FILM PERM	JNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	N/A
Parking Areas:	N/A
Special Arrangements:	Event will not affect parted and Recreation programs or operations.
·	
	Print Name: Alise Flan ack  Signature: Alise Flank  Title: Deputy Director  Date: Sept- 13, 2016
16 BENDS -	Ten or Toy Page 110



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

Check the appropria	te box(es) below:
SPECIAL EVE	NT PERMIT
USE OF COU	NTY PROPERTY PERMIT
No.	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Τ
	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: September 23, 2016



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2016

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.

REPI	RESENTATIVE OR PRODUCER, AI	VD T	HE C	ERTIFICATE HOLDER.						
If SU	RTANT: If the certificate holder BROGATION IS WAIVED, subject certificate does not confer rights t	to th	ie tei	rms and conditions of th	e polic	y, certain po	olicies may ı			
PRODUC	ER Allied Cassialty Incurrence I				CONTA NAME:	CT				
Allied Specialty Insurance, Inc. 10451 Gulf Blvd					PHONE (A/C, No	E-1). 1-800-	237-3355	FAX (A/C, No):		
	Treasure Island, FL 33706-	4814	l		E-MAIL ADDRE					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•		7,007,12		URER(S) AFFOR	DING COVERAGE		NAIC#
					INCUR	RA: T.H.E. I				12866
INSURED						***************************************	indianie ou	TIPOTO Y		
5105.120	Savage 4x4, inc				INSURE					
	5770 Enterprise Parkway				INSURE					
	Ft. Myers FL 33905				INSURE					
					INSURE					
					INSURE	RF:				
				NUMBER:	· · · · · · · · · · · · · · · · · · ·	N IONIED TO		REVISION NUMBER:	E DOL	IOV DEDICE
INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	QUIF PERT POLI	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	of an Ed by	Y CONTRACT THE POLICIE REDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	T TO I	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	1	
AX	COMMERCIAL GENERAL LIABILITY			CPP0105752-00		11/19/2016	11/20/2016		s 1,0	00,000
	CLAIMS-MADE X OCCUR			011010010200		1111012010	1112012010	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100	0,000
									s EX	CLUDED
									s 1,0	000,000
CE	IN'L AGGREGATE LIMIT APPLIES PER:									000,000
GE	T BPO								<del></del>	000,000
_									\$ 1,0	100,000
A11	OTHER: TOMOBILE LIABILITY							COMBINED SINGLE LIMIT	<u>*</u> \$	.,,,
1	ANY AUTO							(Ea accident)	\$	
· -	OWNED SCHEDULED								\$ \$	
_	AUTOS ONLY AUTOS NON-OWNED								·	
<u> </u>	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
									\$	
ļ	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$								\$	
	RKERS COMPENSATION D EMPLOYERS' LIABILITY			·		and the same of th		PER OTH- STATUTE ER		
AN'	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
(Ma	FICER/MEMBEREXCLUDED? Indatory in NH)	" "				***************************************		E.L. DISEASE - EA EMPLOYEE	\$	
If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
						-				
						name of the second				
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORD	101, Additional Remarks Schedu	ie, may b	e attached if mor	e space is requir	ed)		
Event D	Date(s): 11/192016									
	Truck Tug of War and Static Car Sho	w								
	nal Insured: Lee County Board of Co	ounty	Com	missioners is listed as an a	addition	al insured wit	h respects to	the operations of the nam	ed insu	ıred only,
pertaini	ng to the general liability.									
				1 1						
		1	1_	MF 09/23/16						
				011-31.5						
CERTI	FICATE HOLDER				CAN	CELLATION				
Lee Co	ounty Board of County Commiss	ione	rs		SHC	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCELI	LED BEFORE
PO Bo					THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL E		
Fort M	yers FL 33902							Y PROVISIONS.		
					AUTHO	RIZED REPRESE		0		
					1	niel	10	Ania		
I						UMM	1/1	11/A 6 TR		



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

Check the appropria	te box(es) below:
FILM PERMI	T ONLY
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Special Arrangements:	
Other:	
	Print Name:  Signature:  Title:  Date:

# FISCHER FLORIDA PROPERTIES, LLC 12271 Towne Lake Drive Fort Myers, FL 33913 239.690.4647

August 30, 2016

#### Re: Lee County Event Application

lam the property owner for Six Bends located at 9501Thunder Road, Fort Myers, FL 33913. Savage 4x4 will be holding the  $4^{th}$  Annual Ten or Toy Event on Saturday, November 19..

This event will be held at Six Bends. Restroom facilities will be provided by the third party. I have given my permission for this event.

Sincerely,

Jeffery Scott Fischer

Property Owner

Sworn and subscribed before me this 3th day of August 2016, by Jeffery Scott Fischer, who is personally known to me.

LUCIA SHERMAN

Notary Public - State of Florida
Commission # FF 236359

My Comm. Expires Sep 26, 2019
Bonded through National Notary Assn.

Lucia Sherman

Notary Public

State of Florida



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/06/2016

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(les) must have ADDITIONAL INSURED provisions or 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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER Allied Specialty Insurance, Inc.						CONTACT NAME:					
10451 Gulf Blvd					PHONE   FAX   (A/C, No, Ext): (A/C, No):						
Treasure Island, FL 33706-4814						E-MAIL ADDRESS:					
						INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A: T.H.E. Insurance Company				12866	
INSURED											
SAVAGE 4X4, INC				INSURER B:							
5770 ENTERPRISE PARKWAY FT. MYERS FL 33905					INSURER C:						
11.101 = 30300						INSURER D:					
						INSURER E:					
COVERAGES CER			TIEICATE MUMDED.			INSURER F : REVISION NUMBER:					
									BOLIC	V BEDIOD	
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 BE						POLICY EEE   POLICY EYP					
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(YYYY)	(MM/DD/YYYY)	LIMITS			
I '`	ERCIAL GENERAL LIABILITY	ĺ		CPP 0105752 00		11/19/2016	11/20/2016	DAMAGE TO DENTED	1,000		
	AIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	100,0	00	
				•				MED EXP (Any one person) \$	N/A		
								PERSONAL & ADV INJURY \$	1,000	,000	
GEN'L AGGR	REGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000	,000	
POLICY	PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	1,000	,000	
OTHER	•							\$			
AUTOMOBIL	E LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
ANY AL					ĺ			BODILY INJURY (Per person) \$			
OWNED AUTOS	ONLY AUTOS							BODILY INJURY (Per accident) \$			
HIRED AUTOS	ONLY NON-OWNED AUTOS ONLY		ÌÌ					PROPERTY DAMAGE (Per accident) \$			
								\$			
UMBRE	LLA LIAB OCCUR							EACH OCCURRENCE \$			
EXCES	CLAIMS-MADE							AGGREGATE \$			
DED	RETENTION \$							\$			
	OMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT \$			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A			j			E.L. DISEASE - EA EMPLOYEE \$			
If yes, describ	e under N OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
								LIL, DIOL, IOL - POLIOT LIBERT		:	
DESCRIPTION OF C	PERATIONS / LOCATIONS / VEHICL	ES (A	CORD	101. Additional Remarks Schedu	le may he	attached if more	snace is require	d)			
							o passo io roquiio	~,			
RE: Truck Tug of War and Static Car Show - 11/19/2016  Motorsports of Flort Myers, LLC, Fischer Florida Properties I, LLC and Fischer Entertainment, LLC are listed as additional insureds as respects to the general											
liability operations of the named insured only.											
OFFICIATE HOLDER											
CERTIFICATE HOLDER						CANCELLATION					
Motorsports of Fort Myers, LLC						CHOULD ANY OF THE ADOVE DECCRIPED BOLIGIES BE CANOELLED BEFORE					
9501 Thunder Road					THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
Fort Myers, FL 33913						ACCORDANCE WITH THE POLICY PROVISIONS.					
<u> </u>											
						AUTHORIZED REPRESENTATIVE					

off-site parking



