

# **EVENT PERMIT**



Ordinance 14-15

## GRAHAM/WEEKS WEDDING

PERMIT NUMBER:

TMP2016-00269

Date(s) of Event:

December 18, 2016, 3:00pm-5:00pm at Lighthouse, 5:00pm-11:59pm at

Crowninshield Community House

Property Owner:

LEE COUNTY

Applicant:

MATTHEW GRAHAM

Contact: MATTHEW GRAHAM

Description:

Wedding Ceremony and Reception

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

CROWNINSHIELD HOUSE BOCA GRANDE\*\*\*386-882-4396

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

10-13-14



# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



#### **Event Application**

Check	the	appro	priate	box(es	) below.

- F SPECIAL EVENT PERMIT
- ▼ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Graham/Weeks Wedding
Date(s) of Event / Production:	12/18/2016
Location(s) of Event:	Crowninshield Community House
Name of Applicant:	Matthew Graham
Applicant Address:	4893 SW 64th Rd, Gainesville Fl 32608
Applicant Phone Number:	386-882-4396
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	mattg@ufl.edu
Estimated Attendance:	125
Event Description: Include each activity, when activities take place, etc.	Wedding Ceremony and Wedding Reception  3pm - 11・69pm per Parks と pec・
Hours of Operation:	3p-5p @ lighthouse, 5pm - 1am @ Crowninshield Community House
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County Government

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.

Thank you for catching the time. Parks and Recreation will not authorize the event to take place past 12:00 am. The time for the wedding and the permit to end should be changed to end at 11:59 pm.

Thanks, Alise

Alise Flanjack
Lee County Parks and Recreation
Deputy Director
3410 Palm Beach Blvd
Ft. Myers, FL 33916
Desk 239-533-7451
Cell 239-229-0488

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure. Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

----Original Message----

From: Hall, Allyson

Sent: Tuesday, October 11, 2016 10:37 AM

To: Wier, Joseph; Flanjack, Alise

Subject: FW: FW: Event Application for Graham/Weeks Wedding

Good morning, guys! Before I approve this event permit at the Crowninshield House (attached), just wanted to confirm that you are good with the times, 5pm-1am.

Thank you!

Ally Hall
Permit Support Supervisor
Lee County Department of Community Development
1500 Monroe Street
Fort Myers, FL 33901
Phone: (239)533-8330
Fax: (239)485-8340



#### Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? Public Facility	
Are any temporary structures to be installed for the event?   Yes   No Ty	/pe:
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 indentified, including all parking areas.	all proposed facilities and activities
Insurance Company Insuring the Event: Italiano Insurance Services	
Note: Certificate of Insurance must be submitted at time of application	
Surety Company Bonding this Event (Name and Address):	
Will Vehicles be Used as Part of This Will Food be Available at this Event?  Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌ Yes                        No	▼ Yes
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:  Loose Caboose	
Type of Food being Served: Dinner and Cake	
Section II - USE OF COUNTY PROPERTY PERMIT	
Organization Sponsoring the Event:	, APACON
Fill out this portion for applications for Solicitation in the County Rights-of-Way:	* *
Name of Charity:	
Address of Charity:	
Phone Number:	
Non-profit certificate/registration number:	* *
(Proof of registration with the Dept. of Agriculture & Consumer Services \$496,405 or proof the organization is e	
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PE	RMIT
Is alcohol being sold/consumed on County Property?  If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.	🔀 Yes 📗 No
Non-profit certificate/registration number: (Required if alcohol is to be <u>SOLD</u> at the event)	
<b>Please note:</b> A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may als further details	o be required; please call (239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

ype of Production (choose all that apply):	•					•
TV Movie or Special TV Serie	es / Pilot	Г	TV Comme	rcial	П	Still Photos
Public Service Announcement   Industria	al / Documentary	Γ	Other:	·····	···	•
ll any of the following be needed or included	*?			*		
Street Closure			┌ Yes	[	No	
Traffic / Crowd Control			┌ Yes		No	
Fire or Burning			厂 Yes	Г	No	
<b>Explosives or Pyrotechnics</b>			「 Yes	Г	No	:
Animals, Large or Small			├ Yes	Γ.	No	
Construction of Any Kind			┌ Yes	Г	No	
Large and/or Numerous Vehicles			┌── Yes	Г	No	
Helicopters, Boats, etc.			Yes	Г	No	.∵
Stunts			<b>yes</b>	Γ.:	No	
Other			T Yes		No	
pecial Parking Requirements:						
City or County Services Required: (Personnel,	equipment, faciliti	es, et	c.)	- Advances		
he following information is required for local he industry. If exact figures are not available,	and state records of please estimate as	n pro	duction in F ly as possib	lorida le.	to tra	ack the economic impa
Number in Cast: N	lumber in Crew:		Num	ber of	locals	hired:
otał budget: E:	stimate amount sper	nt in Le	ee County:			
	umber of shooting d	ays:				
number of rooms x number of nights						
	Page   3					

#### 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 tha	t any and all information is accurate to the best of
his/her knowledge.	OLM.
Signature of Applicant	Witness
Matthew Grehem	Jacob Galoriel
Print Name of Applicant and Title	Print Name of Witness
9-20-16	9/20/16
Date	Date



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

Check the appropri	ate box(es) bei	'ow:		
┌─ SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAC	SES WITHIN LEE COUNTY	FACILITIES
FILM PERM	IIT			
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, F ICANT TO COMF	PLEASE INDICATE BELOW PLY WITH FOR THEIR EVEN	WHAT ARRANGEMENTS T.	YOUR ORGANIZATION
Parking:	Parking in authoriz	ed parking areas only		
Deputies (How Many?):	None			
m:	N			
Fee for Services:	None			
			and the second s	
Special Arrangements:	None			
	·			
	,			
	Print Name:	Capt, Scott Lucia	,	
			Digitally signed by Capt, Scott Lucia	
	Signature:		Date: 2016.09.21 11:15:00 -04'00'	•
	Title:	Special Events, Permits and D	etails	
	Date:	21 September 2016		
		1		



#### 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
- IX 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.

Fire Guards (How Many?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:		
		None
Fire Extinguishing:		
		None
Special Arrangements:	<del>T T T T T T T T T T T T T T T T T T T </del>	
		In case of emergency - Dial 911
	Print Name:	C.W. Biosser
	Signature:	CAL
·	Title:	Fire Chief
	Date:	09/21/2016

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# 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 PERM	MIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			V WHAT ARRANGEMENTS NT.	YOUR ORGANIZATIO
Treatment Facilities:	None necessary.		THE RESERVE OF THE PROPERTY OF	AAMILLA
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional preca	utions necessary,		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To	o arrange special event coveraç	je, contact our office at
				· · · · · · · · · · · · · · · · · · ·
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2016.09.23 10:25:20 -04'00'	<u></u>
	Title:	Chief		_
	Date:	09/23/2016		_



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

Check the appropri	ate box(es) be	low:		
☐ SPECIAL E\	ENT PERMIT			
I⊠ USE OF CC	UNTY PROPERTY	Y PERMIT		
R PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEV	ERAGES WITHIN LEE COUN	ITY FACILITIES
FILM PERN	<b>TIT</b>			
AFTER REVIEWING THE WILL REQUIRE THE APPI			OW WHAT ARRANGEMEN VENT.	TS YOUR ORGANIZATION
Parking:	Park in designated is prohibited.	l areas. No event parking o	on Lee County maintained road	rights-of-way where parking
Ingress and Egress:	Use all established	l means of ingress and eg	ress.	
	1	169 - Office for a scient		
Special Arrangements:	Use Lee County Sn	eriit's Office for assistance	e with traffic control, as needed	•
		÷ .	•	
				,
		-	*	
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by 8ryan D. Miller Date: 2016.10.03 14:28:38 -04'00'	
	Title:	Senior Project Manager		namenta
	Date:	October 3, 2016		



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

Check the appropri	iate box(es) bei	low:			
SPECIAL EV	VENT PERMIT				
USE OF CO	OUNTY PROPERTY	PERMIT			
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BI	EVERAGES WIT	HIN LEE COUNTY FACILIT	TIES
FILM PERM	ΛÍΤ				
` '					
AFTER REVIEWING THE WILL REQUIRE THE APP				ARRANGEMENTS YOUR (	ORGANIZATION
Illumination:	No open flames ald	oud on premises. Any a	additional lighting	g must be provided by perm	t holder.
<b>.</b>	lla Canana in 11		victing parking at	the Boca Grande Community	Park and Center
Parking Areas:	Use Community in	ouse parking for and ex	asung parking at	the Boca Grande Community	y raik and Center
Special Arrangements:				rovided by the Community H	louse or a
	*Must provide insu	rented by permit hold trance with Lee County	BOCC being add	litionally insured and adhere	to all rules and
		n by the Loise DuPont ( contained inside of the			•
	- Lee County Parks already granted at	& Recreation Director the Boca Grande Com	or Deputy Directo munity Park) by s	or approves this alcohol perm igning below.	nit (2 - permits
	1	en e		·	
	Print Name:	Alise Flam	ynik	Joe Wier	
	Signature:	Alvi Fla	sek_		
	Title:	Deputy Direc	for	Supervise	
	Date:	9/22/16		9/22/16	
		1 '			



# 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
IX: USE OF COU	NTY PROPERTY PERMIT
PERMIT TO S	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	г
	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.
	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: October 10, 2016



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/6/2016

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 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 ITALIANO INSURANCE SVCS INC					CONTACT NAME:								
1		ALM		KANC	SE SVCS INC	,			PHONE (A/C, No, Ext):	9419640400	)	FAX (A/C, No):	(409)	722-2905
			ANDE	, FL 3	33921				E-MAIL ADDRESS:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
94	1196	64040	0	•					71DD11de01	INSURER(S) AFFORDING COVERAGE				
ĺ									INSURER A:	United States Fire Insurance				21113
IN:	SURE	:D	SPOR	TS AND	RECREATION PRO	VIDER.	S ASSO	CIATION (PURCHASING GROUP) AND	INSURER B:	Other State	25 111 2 1110 4	141100		
""		_			PATING MEMBERS			<b>-</b>						
l na	atth	ow G	rahar	••					INSURER C:		<del></del>			
	Matthew Graham 4893 SW 64th Rd								INSURER D :					
	Gainesville, FL 32608							INSURER E :						
<u> </u>									INSURER F:			·		
C	OVE	RAGE	S		CE	RTIF	ICAT	E NUMBER: USS320476			REVISION	NUMBER:		
     	VDIC HIS ERM	CERTI	NOT FICATE	WITHS	TANDING ANY BE ISSUED O	REC R MA	QUIRE AY PE SUCH	JRANCE LISTED BELOW HAVE MENT, TERM OR CONDITION RTAIN, THE INSURANCE AFF POLICIES. LIMITS SHOWN MAN	OF ANY CONTRA ORDED BY THE F HAVE BEEN REDU	ACT OR OTHE POLICIES DESC JOED BY PAID	R DOCUME CRIBED HE	NT WITH RESI	PECT T	O WHICH
INSF			TYPE O	F INSUR	ANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Г	GE	NERAL	LIABILI	ГҮ							GENERAL A	GGREGATE	\$1,00	0,000.00
	Х	COMME	RCIAL GE	NERAL LI	ABILITY						PRODUCTS	- COMP/OP AGG	\$1,000,000.00	
	CLAIMS-MADE X OCCUR								12/18/2016	12/19/2016	PERSONAL	& ADV INJURY	\$1,000,000.00	
Α	A					X		SRPG-101-0716	12/18/2016 12:01 AM	12:01 AM	EACH OCCU	RRENCE	\$1,000,000.00	
						,2107740	,=	FIRE DAMAG	GE (Any one fire)	\$300,000.00				
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (A	ny one person)	\$0.00				
	Х	POLICY		PRO- JECT	LOC									
	AU	томов	ILE LIAE	SILITY							COMBINED SIN (Ea accident)	IGLE LIMIT	\$	
		ANY AU				1					BODILY INJU	JRY (Per person)	\$	
		ALL OW AUTOS	NED		AUTOS					·		JRY (Per accident)	\$.	
	L.	HIRED A	UTO		ION-OWNED JUTOS						PROPERTY DA (Per accident)	MAGE	\$	
L						<u> </u>								
		UMBRI	ELLA LIA	ив	OCCUR						EACH OCCU		\$	
		EXCES	CESS LIAB CLAIMS-MADE		1					AGGREGATI	E	\$		
		OED	RE	TENTION	\$									.,,,
											EACH OCCU		\$	
							<u> </u>				GENERAL A	GGREGATE	\$	
											EACH OCCU		\$	
							<u> </u>				GENERAL A	GGREGATE	\$	
Le Lia	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Lee County, a political subdivision & Charter County of the State of Florida, its agents, employees, and public officials are Additional Insured on the General Liability as required by written contract.  Covered Activity: Wedding													
CI	RT	IFICA	TE HC	LDEF	₹				CANCELLATIO	N				
1	Lee County Board of County Commissioners PO Box 398						BEFORE THE EX	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCOUNTS AND THE THE POLICY PROVISIONS.						

ACORD 25 (2010/05) v141120.001

Fort Myers, FL 33902

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Italiano Insurance Svcs Inc

AUTHORIZED REPRESENTATIVE



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/6/2016

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).

ITALIANO INSURANCE SVCS INC	NAME:					
441 PALM AVE	PHONE (A/C, No, Ext):	C, No, Ext): (A/C, No): (T		(409)	722-2905	
BOCA GRANDE, FL 33921	E-MAIL ADDRESS:					
9419640400	71DDTTLOOT	INSURER(S) AF	FORDING COVERAGE	NAIC #		
	INSURERA:	United State	ates Fire Insurance		21113	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AI	ND INSURERB:	INSURER B:				
ITS PARTICIPATING MEMBERS:		INSURER C:				
Matthew Graham		INSURER D:				
4893 SW 64th Rd		INSURERE:				
Gainesville, FL 32608						
	INSURER F:	NOT TO DESCRIPTION OF THE PROPERTY OF THE PROP				
COVERAGES CERTIFICATE NUMBER: USS32047			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITIC THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE A TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN M	ON OF ANY CONTRA FFORDED BY THE P IAY HAVE BEEN REDU	CT OR OTHER OLICIES DESC ICED BY PAID (	R DOCUMENT WITH RESP RIBED HEREIN IS SUBJE	PECT T	O WHICH	
NSR TYPE OF INSURANCE ADDL SUBR INSR WVD POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	-		
GENERAL LIABILITY			GENERAL AGGREGATE \$1,00		0,000.00	
X COMMERCIAL GENERAL LIABILITY			PRODUCTS - COMP/OP AGG \$1,00		0,000.00	
CLAIMS-MADE X OCCUR	12/18/2016	12/19/2016 12:01 AM	PERSONAL & ADV INJURY \$1,00		0,000.00	
A X   SRPG-101-0716	12:01 AM		EACH OCCURRENCE			
GEN'L AGGREGATE LIMIT APPLIES PER:			FIRE DAMAGE (Any one fire)		\$300,000.00	
		-	MED EXP (Any one person)	\$0.00	)	
X POLICY JECT LOC	2		COMBINED SINGLE LIMIT			
AUTOMOBILE LIABILITY  ANY AUTO		-	(Ea accident) BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED			BODILY INJURY (Per accident)	\$		
AUTOS AUTOS HIRED AUTO NON-OWNED			PROPERTY DAMAGE	\$		
AUTOS			(Per accident)	Ψ		
UMBRELLA LIAB OCCUR			EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE			AGGREGATE	\$		
DED RETENTION \$		_				
			EACH OCCURRENCE	\$		
			GENERAL AGGREGATE	\$		
		_	EACH OCCURRENCE	\$		
			GENERAL AGGREGATE	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remark Lee County, a political subdivision & Charter County of the State of Florida, its Liability as required by written contract.  Covered Activity: Wedding			īcials are Additional Insure	ed on ti	he General	
CERTIFICATE HOLDER	CANCELLATIO	M				
CERTIFICATE HOLDER	CANCELLATIO	14				
Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33902	BEFORE THE EX	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 REPRE	SENTATIVE				
		Italiano Insurance Svcs Inc				

