

EVENT PERMIT



Ordinance 14-15

BOCA GRANDE ART CENTER

PERMIT NUMBER:

TMP2016-00327

Date(s) of Event:

11/17/16, 1/22/17, 2/19/17, 3/10/17, 3/16/17, 4/6/17, 4/26/17 FROM 5:00PM

UNTIL 7:30PM

Property Owner:

LEE COUNTY

Applicant:

Contact: JOY STROTHER

No

Description:

Art & Photography show with a cocktail reception

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

DISHONG-BOWEN COMMUNITY HOUSE***941-964-1700

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? 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

16. X 11 161

County Manager Date

11-16-16



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below	neck the	the appro	priatè box	(es) below:
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F SPECIAL EVENT PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

 $ot\!p$ Permit to SEXXXX Consume alcholic beverages within Lee county facilities

FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)					
Title of Event / Name of Production	Boca Grande Art Center, - Art & Photography Shows				
Date(s) of Event / Production:	11/17/16, 1/22/17, 2/9/17, 3/10/17, 3/16/17, 4/6/17, 4/26/17				
Location(s) of Event:	Dishong Bowen House: 11/17/16, 2/9/17, 3/10/17, 4/6/17 & 4/26/17 Community House: 1/22/17 &/ 3/16/17				
Name of Applicant:	Joy Strother				
Applicant Address:	236 Banyan Street Boca Grande, Fl 33921				
Applicant Phone Number:	1-941-964-1700				
Contact Person: (If different from applicant)					
Contact Phone Number: (If different from applicant)					
Email Address:	joy@bocagrandeartalliance.org				
Estimated Attendance:	200				
Event Description: Include each activity, when activities take place, etc.	Art and Photography show with a cocktail reception.				
Hours of Operation:	5:00p.m 7:30p.m.				
STRAP # of Parcel:	144320010000500100				
Owner of Premises*:	Lee County Government				

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for allpermit types:

•	•	
What is the Zoning Classification of the	premises? Public Facility	
Are any temporary structures to be inst	alled for the event? Yes 🔀 No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	⊤ Yes 🔀 No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:	Italiano Insurance Company	
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address): N/A	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌─Yes	▼ 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: Type of Food being Served: Finger food		
Section II - USE OF COUNTY P	ROPERTY PERMIT	gerranner (ven) die 10 derekteis aus is 15 desemble Souwerd verster die Frederichte Französische Vieler
Organization Sponsoring the Event: Bo	ca Grande Art Center	CLSP COP, Feb., whospe better see the copy a transform and many derivatives where the common and the color :
······	r Solicitation in the County Rights-of-Way	/:
Name of Charity:		
Address of Charity:		*
Phone Number:		
Non-profit certificate/registration num	nber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization i	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being ***/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	inty Property? . Only non-profit organizations can sell alcohol on County	▼ Yes
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: 85-8012708897C-9	,
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 fo



	TOGRAPHY PERMI	II Najariasins	N/A			0.5500 mg/0.660000 mg/	reinstandky
pe of Production (choose all that apply):							
TV Movie or Special TV	Series / Pilot	Γ	TV Commer	cial	┌── Still Ph	otos	
Public Service Announcement Ind	ustrial / Documentary	Γ	Other:				
II any of the following be needed or inclu	uded*?						
Street Closure			┌ Yes		No	•	
Traffic / Crowd Control			Yes	Г	No		
Fire or Burning			Yes	_ r	٧o		
Explosives or Pyrotechnics	produced and the first the form the two two two to a to a to		┌ Yes	r ,	٧o		
Animals, Large or Small	with an analysis of the same o	1	┌─ Yes	L I	No		
Construction of Any Kind	omi i samuni kasuun kensi akku oli seksi uusi uu kan a	an ng ning ang pan	┌ Yes	Γ. '	No		
Large and/or Numerous Veh	icles .		┌ Yes	r 1	No		
Helicopters, Boats, etc.			Yes	ו דו	No		
Stunts	The same of the sa		┌ Yes		Vo		
Other	Announcement state for the security and an extension of the security of the se	A60 00 A A A A A A A A A A A A A A A A A	┌ Yes	r 1	۷o	£	
						k-	
pecial Parking Requirements:		<u></u>					
		1					
City or County Services Required: (Perso	onnel, equipment, facili	ties, et	c.)				
City or County Services Required: (Perso	onnel, equipment, facili	ties, et	c.)			***************************************	······································
City or County Services Required: (Perso	onnel, equipment, facili	ties, et	c.)			11482	-
he following information is required for	r local and state records	s on pro	oductìon in F		to track the	economic	impa
The following information is required for the industry. If exact figures are not ava	r local and state records	s on pro	oduction in F ely as possib	le.	to track the	economic	impa
City or County Services Required: (Person of the following information is required for the industry. If exact figures are not available of the industry. If exact figures are not available of the industry.	r local and state records ilable, please estimate	s on pro	oduction in F ely as possib Num	le.		economic	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

his/her knowledge.	Coma To host.
Signature of Applicant	Witness
Joy Strother .	Tanya Doherty
Print Name of Applicant and Title	Print Name of Witness
10/28/16	10/28/16
Date	Data



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

-		
Check the appropri	ate box(es) bel	low:
☐ SPECIAL EV	/ENT PERMIT	
⋉ USE OF CO	UNTY PROPERTY	PERMIT
	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	11T	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in authoriz	red parking areas only
•	Tendential	-
Deputies (How Many?):	None	
	no projection and the second s	
	•	·
Fee for Services:	None	
•		
C	None	
Special Arrangements:	None	
•	,	
12		
	Print Name:	Capt, Scott Lucia
	Signature:	Capt. Scott Lucia Digitally signed by Capt. Scott Lucia Date: 2016.11.07 11:12:58 -05'00'
	Tiţle:	Special Events, Permits and Details
	Date:	7 November 2016

Date:



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:

SPECIAL EVENT PERMIT

∏ USE OF CO	UNTY PROPERTY	? PERMIT
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, F	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)	- Charles - Char	None
. Fee for Services:		None .
Flammable Vegetation:		None ·
First Aid Equipment:	- Principal Ann Andread Charles Constitution (Constitution Constitution Constitutio	
Sira Eutinguichies	wayan in manayi isaa ka k	None
Fire Extinguishing:		None
Special Arrangements:		In case of emergency - Dial 911
	Print Name: Signature:	C.W. Blosser
	Title:	Fire Chief 11/03/2016
	Date:	11/03/2010

Page 7



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

Check the appropri	ate box(es) belov	W:		,
SPECIAL EV	ENT PERMIT			
∇ USE OF CO	UNTY PROPERTY P	ERMIT		
FILM PERM	IIT			
			WHAT ARRANGEMENTS	YOUR ORGANIZATION
WILL REQUIRE THE APPL	ICANT TO COMPLY	' WITH FOR THEIR EVER	NT.	
Treatment Facilities:	None necessary.			***************************************
Medical Personnel:	None necessary.			
		•		
Medical Supplies /	None necessary.			
Equipment:	*	•		
Safety Requirements:	No additional precau	itions necessary.		`
	*			
Fee for Services	Not applicable.	•		
			en.	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. T	o arrange special event coverag	e, contact our office at
	239 333-3911.			
•				
	Print Name:	Benjamin Abes		-
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2016.11.03 17:34:29 -04'00'	
	Title:	Chief		_
	Date:	11/03/16		
a .				



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

Check the appropri	iate box(es) be	low:	
F SPECIAL EV	VENT PERMIT		
⋉ USE OF CC	OUNTY PROPERTY	PERMIT	
□ PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERN	ΛIT		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	Park in designated is prohibited.	I areas. No event parking on Lee County maintained road rig	hts-of-way where parking
Ingress and Egress:	Use all established	l means of ingress and egress.	
Special Arrangements:	Use Lee County Sh	neriff's Office for assistance with traffic control as needed.	
		•	÷
*	77 H		
		•	
	1		
	· Print Name:	Bryan Miller	
	Signature:	Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2016.11.03 12:20:13 -04'00'	
	Title:	Senior Project Manager	
	Date:	November 3, 2016	

Boca Grande Art Center - Art Shows - 2016/17 Season

Lee County Event Permit Application



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

Check the appropri	are poyles) nei	OV.			
C SPECIAL EV	ENT PERMIT				
⋉ USE OF CO	UNTY PROPERTY	PERMIT			
	XEXIXAXIX CONS	UME ALCOHOLIC BEVE	RAGES WITHIN L	EE COUNTY FACILITIES	
FILM PERM	NT				
AFTER REVIEWING THE WILL REQUIRE THE APP				NGEMENTS YOUR ORGAN	NOITAZION
Illumination:	Additional lighting prohibited.	must be provided by perr	nit holder and remo	ved after the event. Open fla	mes are
•	gadanan-	a e			
Parking Areas:				Grande Community Park.	
Special Arrangements:	Permit Holder mus consumption must Grande Communit	stay within the designate	er ordinance #95-09 d area discussed wit	(selling and consumption). And the P&R supervisor at the B	All alcohol oca
	Lee County Parks & already granted at	Recreation Director or De the Boca Grande Commu	puty Director appro nity Park) by signing	oves this alcohol permit (2 - pe below.	ermits

	Print Name:	Jesse Lavender		Joe Wier	
	Signature:	Jesse Lavender	Digitally signed by Je Date: 2016,11.07 13:4	Joseph R Wier	
	Title:	Acting Deputy Director	•	Supervisor	
	Date:	Nov 7, 2016			



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

Check the appropriat	e box(es) below:
SPECIAL EVE	NT PERMIT
⋉ USE OF COU	NTY PROPERTY PERMIT
	EXEMME CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	
	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
	· ·
nsurance Requirements:	Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.
	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.
	***Boca Grande Art Center will provide renewal certificate as soon as possible for other listed events.
	the state of the s
•	. Print Name: Mike Figueroa
	Signature:
	Title: Risk Program Manager
	Date: November 7, 2016



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

Check the appropriat	te box(es) belo	w:	٠				
FILM PERMIT	· CONLY						
AFTER REVIEWING THE A	PPLICATION, PLECANT TO COMPLY	EASE INDICATION OF THE	E BELOW WI HEIR EVENT.	HAT ARRAN	IGEMENTS	YOUR O	RGANIZATION
Special Arrangements:				· .			
,			*				
			·				
Other:	i.						
		•					
		n'				ĕ	
•	Print Name:			~			
	Signature:						
	Title:						
	Date:						

CERTIFICATE OF INSURANCE

ISSUE DATE

11/30/2015

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 AFFORDER BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST BE ENDORSED. IF SUBROGATION IS WAIVED, SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER	INSURER(S) AFFORDING COVERAGE				
Italiano Insurance Services, Inc. PO Box 18425	INSURER A: Scottsdale Insurance Company				
Tampa, FL 33679	INSURER B: N/A				
INSURED	INSURER C: N/A				
Boca Grande Art Center, Inc. PO Box 979	INSURER D: N/A				
Boca Grande, FL 33921	. INSURER E: N/A				

COVERAGES

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	TYPE OF	POLICY	POLICY	POLICY	, 15 kcm	
LTR	INSURANCE	NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
Α.	GENERAL LIABILITY	CPS2277484	11/20/2015	11/20/2016	GENERAL AGGREGATE	2,000,000
	The same of the sa	i.	~	•	PRODUCTS-COM/OP AGG.	1,000,000
					PERSONAL & ADV. INJURY	1,000,000
	and the same of th		PRINCIPLE OF THE PRINCI		EACH OCCURRENCE	1,000,000
77/4000 enchance	e disconsistente	*		•	DAMAGE PREM RENTED TO YOU	100.000
					MED EXPENSE (Any one person)	5,000
В	PERSONAL LIABILITY				COMBINED SINGLE LIMIT	
	To the same of the		,		MEDICAL PAYMENTS TO OTHERS.	•
С	EXCESS LIABILITY		***************************************		EACH OCCURRENCE	-
				.	AGGREGATE	
D						<u> </u>
			+			
E	PROPERTY				BUILDING	
	And the state of t				CONTENTS	
		St. On a state of the state of	w		BUSINESS INCOME	

THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS

Generic - GL. Clubs civic, service or social buildings or premises owned or leased Not- For- Profit only - Lee County, A Political Subdivision & Charter County of The State of Flonda, It's Agents, Employees, and Public Officials/Lee County Board of County Commissioners are named as additional insureds with respect to general liability. Event Dates: 2/4/16; 2/25/16; 3/4/16; 3/17-20/2016, 4/7/16, includes Host Liquor

SURPLUS LINES AGENT VIRGINIA CLANCY LICENSE# A206695 13577 FEATHERSOUND DRIVE PO BOX 17069 CLEARWATER, FLORIDA 33762

CERTIFICATE HOLDER

Lee County Board of County Commissioners PO BOX 398

Fort Myers, FL 33902

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 SIGNATURE

Vijimi Land



COMMERCIAL GENERAL LIABILITY COVERAGE PART SUPPLEMENTAL DECLARATIONS

olicy No. CPS2277484	E:	ffective Date		7/2015
			12:01 A	A.M., Standard Time
amedinsured BOCA GRANDE ART CENTER, INC	ΞΑ	gent No		09019
tem 1. Limits of Insurance				
Coverage			Limit of I	Lability
Aggregate Limits of Liability			Prod	ucts/Completed
•	\$	1,000,000	Oper	ations Aggregate
	\$_	2,000,000	Prod	eral Aggregate (other than ucts/Completed Operations)
Coverage A - Bodily Injury and Property Damage Liability	\$_	1,000,000	to the Oper	one occurrence subject e Products/Completed ations and General egate Limits of Liability
Damage to Premises Rented to You Limit	\$	100,000	Cove the G	one premises subject to the grage A occurrence and deneral Aggregate Limits ability
Coverage B - Personal and *				one person or organization
Advertising Injury Liaibility	\$	1,000,000	subje	ect to the General Aggregate s of Liability
Coverage C - Medical Payments				one person subject to the
				erage A occurrence and
	\$_	5,000	the G	Beneral Aggregate Limits
tem 2. Description of Business				
form of Business:	*			
☐ Individual ☐ Partnership ☐ Joi	nt Venture	☐ Trust	☐ Liı	mited Liability Company
☐ Organization including a corporation (other t	han Partnersh	ip. Joint Venture	or Limited	Liability Company)
Location of All Premises You Own, Rent or Occupy:				
			Č	DR MF 11/07/16
tem 3. Forms and Endorsements	•			
Form(s) and Endorsement(s) made a part of this poli	cy at time of is	ssue:		
See Schedule of Forms and Endorsements				
tem 4. Premiums				,
			\$	1,250.00
Coverage Part Premium:				
Coverage Part Premium: Other Premium:		19000	\$	



COMMERCIAL GENERAL LIABILITY COVERAGE PART EXTENSION OF SUPPLEMENTAL DECLARATIONS

Policy No.	CPS2277484	, in the second of the second		Effecti	ive Date:	11/20/20	15	
, 01193 , 700.	······································		×		1	2:01 A.M., St	andard Time	
Named Insure	d BOCA GRAN	IDE ART CENTER	R, INC.	Agent	No	09019	. '	
Prem. No.	Bidg. No.	Class Code	Exposure		Basis	**************************************		
1	1	. 41668					re feet of area	
Class Desc	ription:				Premises/Operations			
PREMISES	OWNED OR LE	EASED (NOT-FOI	/ING BUILDINGS C R-PROFIT)			Rate	Premium	
	S-COMPLETEL AGGREGATE L		ARE SUBJECT TO	ITE	356.00		\$504	М
		•			Products/Comp Operations			
						Rate	Premium	
						DED	INCLUDED	
Prem. No.	Bldg. No.	Class Code	Exposure		Basis			
2	1	63217	250	······································	ATTENDE	ES		
Class Desc	2		•			Premise	es/Operations	
		ODUCTS-COMPLIAL AGGREGATE	ETED OPERATION : LIMIT)	IS ARE		Rate	Premium	4
			·		.21		\$496	М
FEBRUARY FEBRUARY		FEBRUARY 18 MARCH 4, 201			Products/Comp Operations			
	MARCH 17-20, 2016 APRIL 7, 2016			•		Rate	Premium	
					INCLU	DED	INCLUDED	
Prem. No.	Bldg. No.	Class Code	Exposure		Basis		·	
1-2	1	49950	1		SEE FOR	M CG2011		
Class Desc	ription:				Premises/Operations			
ADDITIONA	AL INTERESTS					Rate	Premium	
					100.00		\$100	
					Products/Comp Operations			
						Rate	Premium	
					INCLU	DED	NCLUDED	
Prem. No.	Bldg. No.	Class Code	Exposure	······································	Basis		<u></u>	
2	1	63217	N/A		N/A			
Class Desc	ription:					Premis	es/Operations	
HOSTLIQU	JOR		•			Rate	Premium	
					FLAT		\$150	
,					Products/Comp Operations			
			*			Rate	Premium	///////////////////////////////
					INCLU	DED	INCLUDED	

COMMERCIAL GENERAL LIABILITY
CG 20 11 04 13

POLICY NUMBER: CPS2277484

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

OK 11/07/2016

Designation Of Premises (Part Leased To You):

236 & 180 BANYAN STREET BOCA GRANDE, FL 33921

Name Of Person(s) Or Organization(s) (Additional Insured):

LEE COUNTY, A POLITICAL SUBDIVISION & CHARTER COUNTY OF THE STATE OF FLORIDA, ITS AGENTS, EMPLOYEES & PUBLIC OFFICIALS, LEE COUNTY BOARD OF COUNTY COMMISSIONERS PO BOX 398

FORT MYERS, FL 33902

Additional Premium:

100

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

- Any "occurrence" which takes place after you cease to be a tenant in that premises.
- Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

 The insurance afforded to such additional insured only applies to the extent permitted by law; and

- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.