



EVENT PERMIT



COUNTY ADMINISTRATION

Ordinance 14-15

2016 DEC 12 PM 1:20 2017 NEW YEARS CELEBRATION

PERMIT NUMBER: TMP2016-00376

Date(s) of Event: December 31, 2016 thru January 1, 2017 from 9am-2am, alcohol consumption will stop at 1am

Property Owner: LEE COUNTY

Applicant: LOUISE DUPONT CROWNINSHIELD IN **Contact:** NAT ITALIANO

Description: New Years Celebration with Food and Music throughout the evening

Location of event: 131 135 1ST ST W/236/240 BANYAN ST/170 PARK BOCA GRANDE 33921
LOUISE DUPONT CROWNINSHIELD COMMUNITY HOUSE/**941-964-0400

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

 12-12-16
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☒ PERMIT TO ~~SERVE~~ AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)	
Title of Event / Name of Production	2017 New Years Celebration
Date(s) of Event / Production:	12/31/16 & 1/1/17
Location(s) of Event:	Louise DuPont Crowninshield Community House
Name of Applicant:	Nat Italiano (Louse DuPont Crowninshield Inc.)
Applicant Address:	P.O. Box 100, 131 Banyan Street Boca Grande, FL 33921
Applicant Phone Number:	1-941-964-0400
Contact Person: (If different from applicant)	Angela Steffan
Contact Phone Number: (If different from applicant)	
Email Address:	italianoinsurance.com
Estimated Attendance:	100+ people
Event Description: Include each activity, when activities take place, etc.	Food and Music throughout the evening.
Hours of Operation:	Setup during the day on 12/31, food, music and entertainment from 9:00p on 12/31/16 to 2:00a on 1/1/17. Alcohol consumption will stop at 1:00a.m.
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee county Government

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? Public Facility

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

Do you have the appropriate permits for the temporary structures? N/A ☐ Yes ☐ No

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

Insurance Company Insuring the Event: Italiano Insurance Company

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

Surety Company Bonding this Event (Name and Address): N/A

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be ~~XXXX~~ consumed at this Event?

☒ Yes ☐ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: _____

Participants / Attendees _____

Type of Food being Served: Appetizers / Finger Foods

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

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 exempt from this requirement. §316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being ~~XXX~~ consumed on County Property?

☒ Yes ☐ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: Alcohol not being sold

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

N/A

☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Street Closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting days: _____

number of rooms x number of nights

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 premises 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



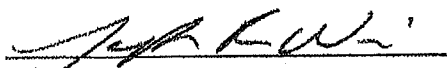
SECTION V - AGREEMENT

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


Witness

NELSON A. ITALIANO
Print Name of Applicant and Title

Joseph R. Wier
Print Name of Witness

12/2/16
Date

12/2/16
Date

Lee County Event Permit Application



**LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199**

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☒ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

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

Parking:

Parking in authorized parking areas only.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

None

Print Name: Capt. Scott Lucia

Signature:

Capt. Scott Lucia

Digitally signed by Capt. Scott Lucia
Date: 2016.12.05 10:32:26 -05'00'

Title:

Special Events, Permits and Details

Date:

5 December 2016

Lee County Event Permit Application



FIRE DEPARTMENT

*The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.*

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

Fire Guards (How Many?)	None
Fee for Services:	None
Flammable Vegetation:	None
First Aid Equipment:	None
Fire Extinguishing:	None
Special Arrangements:	In case of emergency - Dial 911

Print Name: C.W. Blosser
Signature: C.W. Blosser
Title: Fire Chief
Date: 12/05/2016

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

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

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes
Date: 2016.12.05 08:07:33 -05'00'

Title: Chief

Date: 12/05/16

Lee County Event Permit Application



**DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580**

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

Parking:

Park in designated areas.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2016.12.06 13:37:01 -05'00'

Title: Senior Project Manager

Date: December 6, 2016

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

Illumination:

Any additional lighting must be provided by permit holder. Open flame candles are prohibited.

Parking Areas:

Parking is permitted in existing parking areas located at the Boca Grande Community Park and the Louise DuPont Crowninshield Community House Parking Lot.

Special Arrangements:

Permit holder must follow all guidelines and rules of the Lee County Parks and Recreation Department (JW). All alcohol must be contained inside the Louise DuPont Crowninshield Community House. Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit by signing below (2- Alcohol Permits already granted at the Boca Grande Community park).

Permit holder must remove all trash from Community House or rent a dumpster.

Print Name: Jesse Lavender Joe Wier

Signature: Jesse Lavender Digitally signed by Jesse Lavender
Date: 2016.12.02 17:03:55 -05'00'

Title: Acting Deputy Director Supervisor

Date: 12/2/16 12/3/16

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

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 afforded 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: December 9, 2016



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 ITALIANO INSURANCE SVCS INC 441 PALM AVE BOCA GRANDE, FL 33921 9419640400		CONTACT NAME: PHONE (A/C, No, Ext): 9419640400 FAX (A/C, No): (408) 722-2800 E-MAIL: ADDRESS:	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Louise Dupont Crowninshield House Inc P.O. Box 101 Boca Grande, FL 33921		INSURER(B) AFFORDING COVERAGE	NAIC#
		INSURER A: United States Fire Insurance	21113
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

REVISION NUMBER:

INSTR		TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
LT	RT			INSTR	WVO						
A		GENERAL LIABILITY				SRPG-101-0716	12/31/2018 12:01 AM	01/02/2017 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00	
	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							PRODUCTS • COMP/OP AGG	\$2,000,000.00	
	<input type="checkbox"/>	CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00	
	<input type="checkbox"/>								EACH OCCURRENCE	\$1,000,000.00	
	<input type="checkbox"/>								FIRE DAMAGE (Any one fire)	\$300,000.00	
	<input type="checkbox"/>								MED EXP (Any one person)	\$0.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:										
	<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/> PRO- TECT	<input type="checkbox"/> LOG							
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Per accident)	\$
	<input type="checkbox"/>	ANY AUTO								BODILY INJURY (Per person)	\$
<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$				
<input type="checkbox"/>	HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$				
		UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$		
		EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$		
		DED	RETENTION \$						\$		
								EACH OCCURRENCE	\$		
								GENERAL AGGREGATE	\$		
								EACH OCCURRENCE	\$		
								GENERAL AGGREGATE	\$		

Covered Activity: New Years Eve Party
Host Liquor is included.

BU ME 12/09/2016

<p>CERTIFICATE HOLDER</p> <p>Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33821</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p><i>Italiano Insurance Svcs Inc</i></p>



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
12/5/2016*

AGENCY	CARRIER United States Fire Insurance Company	NAIC CODE 21113
POLICY NUMBER SRPG-101-0718/USS830883	EFFECTIVE DATE 12/31/2016 12:01 AM	NAMED INSURED(S) Louise Dupont Crowninshield House Inc

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33921						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:				FAX (A/C, No):	
REASON FOR INTEREST:				PHONE (A/C, No, Ex):				E-MAIL ADDRESS:	
E-MAIL ADDRESS:									
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:				FAX (A/C, No):	
REASON FOR INTEREST:				PHONE (A/C, No, Ex):				E-MAIL ADDRESS:	
E-MAIL ADDRESS:									
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
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<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:				FAX (A/C, No):	
REASON FOR INTEREST:				PHONE (A/C, No, Ex):				E-MAIL ADDRESS:	
E-MAIL ADDRESS:									
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:				FAX (A/C, No):	
REASON FOR INTEREST:				PHONE (A/C, No, Ex):				E-MAIL ADDRESS:	
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INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE							LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
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<input type="checkbox"/> LIENHOLDER		REFERENCE / LOAN #:		INTEREST END DATE:				FAX (A/C, No):	
REASON FOR INTEREST:				PHONE (A/C, No, Ex):				E-MAIL ADDRESS:	
E-MAIL ADDRESS:									

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

