

## **EVENT PERMIT**



Ordinance 14-15

COUNTY ADMINISTRATION

## EASTER SUNRISE SERVICEMAR -6 PM 1: 12

**PERMIT NUMBER:** 

TMP2017-00018

Date(s) of Event:

April 16, 2017 from 7:00am until 8:00am

Property Owner:

LEE COUNTY

Applicant:

GOSPEL BAPTIST CHURCH

Contact: BILL LYTELL

Description:

Easter Sunrise Service (church service with preaching and music)

Location of event:

27954 HICKORY BLVD BONITA SPRINGS 34134

BONITA BEACH PARK/\*\*\*239-947-1285

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?

No

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



## **Event Application**

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

MP2017-00018



## **Event Application**

Check th	е арр	ropriate	box	(es)	below:
----------	-------	----------	-----	------	--------

V	SPECIAL EVENT PERMIT	3.50
~	USE OF COUNTY PROPERTY PERMIT	
	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FA	CILITIES
Г	FILM PERMIT	

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Easter Sunrise Service
Date(s) of Event / Production:	April 16, 2017
Location(s) of Event:	Bonita Beach Park 21954 HICKO 14 3 1 vd
Name of Applicant:	Bill Lytell, Gospel Baptist Church
Applicant Address:	24861 Old 41 Road Bonita Springs, FL 34135
Applicant Phone Number:	239-980-0543 (cell) 239-947-1285 (church)
Contact Person: (If different from applicant)	Wendy Stone
Contact Phone Number: (If different from applicant)	239-947-1285 (church)
Email Address:	lytell.b@mygbcs.com or stone.w@mygbcs.com
Estimated Attendance:	900
<b>Event Description:</b> Include each activity, when activities take place, etc.	Easter Sunrise Service (church service with preaching and music)
Hours of Operation:	7:00 am to 8:00 am
STRAP # of Parcel:	Bonita Beach Park, 27954 Hickory Blvd, Bonita Springs, FL 34134
Owner of Premises*:	Lee County Government

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



## Fill out the following questions for allpermit types: Bonita Beach Park What is the Zoning Classification of the premises? Are any temporary structures to be installed for the event? Yes 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 all proposed facilities and activities indentified, including all parking areas. $\label{thm:company} \mbox{Insurance Company Insuring the Event:} \quad \mbox{Guide One} \quad$ 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? Will Alcoholic Beverages be Event? served/consumed at this Event? T Yes ✓ No Yes V No Yes ✓ No If yes, automobile coverage must be If yes, products liability coverage must be If yes, liquor liability coverage must be included on the certificate of insurance. included on the certificate of insurance. included on the certificate of insurance. Name & Address of Organization Providing Food: Type of Food being Served: Section II - USE OF COUNTY PROPERTY PERMIT Gospel Baptist Church 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 sold/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:
(Required if alcohol is to be <u>SOLD</u> 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



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT Type of Production (choose all that apply): TV Movie or Special TV Series / Pilot TV Commercial Still Photos Public Service Announcement Industrial / Documentary Other: Will any of the following be needed or included\*? Street Closure Yes ☐ No Traffic / Crowd Control Yes No Fire or Burning Yes No **Explosives or Pyrotechnics** Yes No Animals, Large or Small Yes No Construction of Any Kind 厂 Yes No Large and/or Numerous Vehicles ┌ Yes No ☐ Yes ☐ No Helicopters, Boats, etc. ┌ Yes ☐ No Stunts ☐ No Other ┌ Yes \* For any marked Yes, provide further details below: Special Parking Requirements: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number of locals hired: Number in Crew: Number in Cast: 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 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.

Some Control	Ollenanelas
Signature of Applicant	Witness
Forcest Critises	Johnette Nelms
Print Name of Applicant and Title	Print Name of Witness
2-21-17	3-27-17
Doto	Data

Check the appropriate box(es) below:

## Lee County Event Permit Application



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

SPECIAL EV	ENT PERMIT	
☑ USE OF CO	UNTY PROPERT	PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
	,	ŕ
Parking:	Parking in au	thorized parking areas only.
ļ		
Deputies (How Many?):	Two deputies	for traffic control and presence from 0530-0930
ļ		
Fee for Services:	Holiday rate \$	60/hr per deputy plus \$15 vehicle fee per deputy
] 		
Special Arrangements:		
	•	
	Print Name:	Capt. Scott Lucia
	Signature:	Capt. Scott K. Lucia
	Title:	Special Events, Permits and Details.
	Date:	28 February 2017

# Mike Scott Office of the Sheriff



## State of Florida County of Lee

## Extra Duty Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

es are:		
\$40/hr	Traffic	\$50/hr
\$40/hr	Security Supervisor	\$50/hr
\$40/hr	Traffic Supervisor	\$60/hr
\$40/hr	Civil Stand-by	\$60/hr
\$60/hr	Prisoner Transport	\$60/hr
	\$40/hr \$40/hr \$40/hr \$40/hr	\$40/hr Traffic \$40/hr Security Supervisor \$40/hr Traffic Supervisor \$40/hr Civil Stand-by

Details are charged a \$15 <u>per deputy</u> vehicle rate. All boat details are charged a \$20 per hour boat rate.

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed <u>unarmed</u> security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

	LEE COUNTY SHERIFI	7'S OFFICE USE ONLY	
Total Deputy(s) 2	Total Hours 8	Rate per Hour	Vehicle Rate
Total Cost for Detail \$510			
Wanday Signature			
Vender Signature	<u> </u>	ate	



14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000

LCSO Details Main Phone Number: 239-477-1199
Vendor Information
Business Name: Sanibel Community Church
Street: 1740 Periwinkle Way
City: Sanibel State: FL Zip Code: 33957
Business Contact: Judy Boling Phone: 239-472-2684
Email Address: judy@sanibelchurch.com
Eliai Address. 2
Event Information
Detail Location: Sanibel Causeway Span A
Street:
City: State: Zip Code:
Contact During Event: Phone:
Event Date: 4-16-17 Event Time: 0530-0930
Anticipated Crowd Size : 1000 Type of Event: Church sunrise service
Additional Security Working Detail: Yes No If Yes, how many?
Permits Attached: Yes No Alcohol Served: Yes No
Detail Information
Security Traffic Y Prisoner Transport
Escort Holiday Funeral Escort
Last Minute Stand-by
Marked Vehicle Yes No Unmarked Vehicle Yes No
Uniformed Deputy Yes No Plain Clothes Deputy Yes No
Detail Description:  2 uniformed deputies with marked vehicles requested for traffic control on the causeway Span A while the Easter Sunrise Service takes place. Deputies will help parishioners cross the causeway when necessary as well as assist with parking. Permit has been signed by Lt Lucia and is on file in Details office.





#### 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

FILM PERMIT

☑ USE OF COUNTY PROPERTY PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. No Fire guards required Fire Guards (How Many?) Fee for Services: no fee Flammable Vegetation: Lee County EMS First Aid Equipment: not required Fire Extinguishing: Special Arrangements: Print Name: Edward Steffens / BC Prevention **Edward Steffens** Signature: Fire Marshal / Prevention IMFD Title: Feb 27 2017 Date:



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

Check the appropriate box(es) below	Check	the	appro	priate	box(	es)	bel	OV
-------------------------------------	-------	-----	-------	--------	------	-----	-----	----

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.

Treatment Facilities:	None necessary.		· · · · · · · · · · · · · · · · · · ·	
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.		· · · · · · · · · · · · · · · · · · ·	
Safety Requirements:	No additional precau	utions necessary.		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. T	o arrange special event coverage, col	ntact our office at
•	Print Name:	Benjamin Abes		•
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.02.27 08:52:25 -05'00'	
	Title:	Chief		
	Date:	02/27/2017		



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

спеск те арргорг	iate box(es) be	iow:		
SPECIAL E	VENT PERMIT			
⊠: USE OF CO	DUNTY PROPERTY	PERMIT		
F PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVI	RAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	ΛIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			OW WHAT ARRANGEMENTS VENT.	S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking o	n Lee County maintained road ri	ghts-of-wav.
			,	<b>3</b> ··· ··· <b>7</b>
		,		
Ingress and Egress:	Use all established	means of ingress and egre	ess.	
	,			
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control as needed.	
		• •		
				;
•	<b>l</b>		·	
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.02.27 09:19:42 -05'00'	
-	Title:	Senior Project Manager		
	Date:	February 27, 2017		



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

Check the appropri	iate box(es) be	IOW:
SPECIAL E	VENT PERMIT	
▼ USE OF CO	OUNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ΛIT	
	·	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
llumination:		ent set up lighting is needed for per-dawn hours. Lighting should not interfere or be as traveling on the Causeway Road.
Parking Areas:		pen field and will reqiure coordination. Law enforcement agency is required at for safety purposes. Cost associated with Law Enforcement to be covered by Sanibel th.
Special Arrangements:	1	perty Permit required. Rental fee of \$250.00 is required. Must work with parks on site and successful event.
	Print Name: Signature:	Jesse Lavender  Jesse Lavender  Digitally signed by Jesse Lavender Date: 2017.02.27 14:50:17-05'00'  Acting Deputy Director
	Date:	2/27/2017



## REQUEST FOR FEE WAIVER

## LEE COUNTY PARKS AND RECREATION 3410 Paim Beach Boulevard Fori Myers, FL 33916 Phone (239) 533-7275

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

Date Form Completed: 2-10-17
Name of Agency or Organization; Beach Ministerial Assiciation
Contact Personi Ron Diewidson Phone #1 239-433-0207
Address: 1473 Palm Worlde Dr, Ft Myers, FC 33919
Requested Park/Paollity: Lynn Hall Park mcwding heach Prer
Requested Park/Paollity: Lynn Hall Park mcwdry beach prer  Location within that Park/Paollity: and connecting beach and purking
Date of Activity: April 16, 2017 Time of Activity: 530AM - 73XAM
Type of Aulivity: Paster Sunnie Cavice Bapected Number of Participants: 200
Pees you are Requesting to have Waived; Rental Legof to for use of park
Reason applying for Fee Walver (list benefits to Lee County If fee is walved): Bused on precedent
Hirs is a non-profit even - Tee waiver will enable. I'ms event, which
Ins bound community tradition since 1913, to place
For Office Use Only
Manager/Supervisor: Approved Deuted 501-C'Attached: Yes No
Tristification: HUVVAL COMMUNITY EVENT SINCE 1953
Signaturo; Date; 2, 14, 2017
Olrector of Parks and Recreation: Approved Denied
ustification: Community Event
iguaturo: Dalo: 2/16/17



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

Check the appropriat	te box(es) bel	ow:
SPECIAL EVE		
USE OF COU		$q_{i,j}$
PERMIT TO S	ELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	г	
1 1 12 11 1 2 1 1 1 1	•	
AFTER REVIEWING THE A	APPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pre	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of
	aforementioned	event within Lee County.
	4,13	
		And the state of t
	_	
		Control of the Contro
Special Arrangements:	A Certificate of In Board of County additional insure	isurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an d.
	Subject to proof	of insurance.
	Subject to proof	
	Print Name:	Mike Figueroa
	Signature:	
	Title:	Risk Program Manager
	Date:	January 19, 2017

GOSPBAP-01

CMCLAUGHLIN

DATE (MM/DD/YYYY)

## CERTIFICATE OF LIABILITY INSURANCE

BILITY INSURANCE 01/18/2017

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 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). CONTACT NAME: PRODUCER PHONE (A/C, No, Ext): (800) 200-7257 FAX (A/C, No): (866) 608-0600 Church Asset Management, Inc. 1500 Wall St. E-MAIL ADDRESS: Saint Charles, MO 63303 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A : GuideOne Elite Insurance Company 42803 INSURER B: INSURED Gospel Baptist Church & Christian School INSURER C: 24861 Old US 41 Road INSURER D Bonita Springs, FL 34135 INSURER E : INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** 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. POLICY EFF POLICY EXP (MM/DD/YYYY) ADDL SUBR **POLICY NUMBER** TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE X COMMERCIAL GENERAL LIABILITY 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 06/14/2016 06/14/2017 1265-684 10,000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY 3,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 PRODUCTS - COMP/OP AGG X POLICY PRO-COMBINED SINGLE LIMIT (Ea accident) OTHER: AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) SCHEDULED AUTOS OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE DED | RETENTION \$ PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandalory In NH) F.I., EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ E.L, DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Easter Sunrise Service -April 16, 2017 - at Bonita Beach Park, 27954 Hickory Bivd., Bonita Springs, FL --Form CGCG2026, Additional Insured - Designated Person or Organization" applies." or Mt pala

CERTIFICATE HOLDER	CANCELLATION
Lee County Board of County Commissioners PO Box 398	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fort Myers, FL 33902	AUTHORIZED REPRESENTATIVE
_ + 124	Charliston

ACORD 25 (2016/03)

**ACORD** 

© 1988-2015 ACORD CORPORATION. All rights reserved.

NAMED INSURED: Gospel Baptist Church & Christian School

i President

POLICY NUMBER: 1265-684

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

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

Lee County Board of County Commissioners
PO Box 398
Fort Myers, FL 33902

Easter Sunrise Service -April 16, 2017 - at Bonita Beach Park, 27954 Hickory Blvd.,
Bonita Springs, FL

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

11111

© ISO Properties, Inc., 2004

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 for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



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

Check the appropria	ite box(es) belo	w:		
☐ FILM PERM	IT ONLY			
AFTER REVIEWING THE APPLI	APPLICATION, PL CANT TO COMPL'	EASE INDICATE BELOW V Y WITH FOR THEIR EVENT	WHAT ARRANGEMENTS YOUR ORGA	NIZATION
Special Arrangements:				
Other:				
	Print Name:		- ··· · · · · · · · · · · · · · · · · ·	
	Signature:			
	Title: Date:			