

EVENT PERMIT



Ordinance 14-15

2017 FEB 27 PM 1: 07

MARDI GRAS CELEBRATION

PERMIT NUMBER:

TMP2017-00077

Date(s) of Event:

February 28, 2017 from 5:00pm until 9:00pm

Property Owner:

LEE COUNTY

Applicant:

OUR LADY OF MERCY CHURCH

Contact: ANGELA STEFFAN

Description:

Parish function, participants to bring appetizers and drinks. Music provided by

participants.

Location of event:

131 135 1ST ST W/236/240 BANYAN ST/170 PARK BOCA GRANDE 33921

LOUISE DUPONT CROWNINSHIELD COMMUNITY HOUSE/***904-673-0283

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.

"After the tradition"

Board of County Commissioners

Lee County, Florida

County Manager

Date



Event Application

Special Event

Use of County Property, Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- X USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SEAN CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INF	FORMATION (All Permit Types)
Title of Event / Name of Production	Mardi Gras Celebration
Date(s) of Event / Production:	2/28/17
Location(s) of Event:	Louise DuPont CrownInshleld Community House
Name of Applicant:	Angela Steffan (Our Lady of Mercy Church)
Applicant Address:	P.O. Box 181 Boca Grande, FI 33921
Applicant Phone Number:	1-941-964-2254
Contact Person: (If different from applicant)	Angela Steffan SUNAE AL
Contact Phone Number: (If different from applicant)	1-904-673-0283
Email Address:	aksteffan@gmall.com
Estimated Attendance:	110 people
Event Description: Include each activity, when activities take place, etc.	Parish function, participants to bring appetizers and drinks. Music provided by participants.
Hours of Operation:	5:00p,m 9:00p.m.
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee county Government

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

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Fill out the following questions for allpermit types:

 $\{a_i\}_{i=1}^n h_{\widetilde{\mathcal{T}}_{i+1}}^{(i)} = \{a_i\}_{i=1}^n \prod_{j=1}^n \sum_{i=1}^n a_{i+1}^{(j)} = \{a_i\}_{i=1}^n \}$

What is the Zoning C	Classification of the	premises? Public Facil	ity	···		
Are any temporary st	tructures to be insta	alled for the event? 「	Yes ▼ No	Туре:		Ø.
Do you have the app	ropriate permits fo	r the temporary struct	ures? N/A	Yes	Γ [™] Nο	
* For a 'Special Even indentified, including		ty Property' permit, su	ıbmit a site plan v	with all proposed	d facilities and a	ctivities
Insurance Company	Insuring the Event:	T.B.D.				
Note: Certificate of Insur	ance must be submitte	d at time of application	A79999		- Anna Anna Anna Anna Anna Anna Anna Ann	
Surety Company Bon	nding this Event (Na	me and Address): N/A				*
Will Vehicles be Use Even	_	Will Food be Availab	le at this Event?	:	pholic Beverages Isumed at this Ev	
/ Yes	▼ No	▼ Yes	┌ No	▼ Ye	s No	
If yes, automobile coincluded on the certifi	-	If yes, products liability included on the certifi			liability coverage m he certificate of insu	
Name & Address of (Providing Food:	Organization Pa	rticipants / Attendees				**
Organization Sponso	oring the Event: Our	r Lady of Mercy Catholic	Church			
	or applications for	Solicitation in the Cou	mty Rights-oj-vvi	uy.		
Name of Charity:	****				····	
Address of Charity: _				· · · · · · · · · · · · · · · · · · ·		
Phone Number:	(file	injejspidko j				
Non-profit certificate	e/registration numl	ber: Alfood be				電影
		Consumer Services \$496.405 o	r proof the organizatio	n is exempt from this	requirement, §316.20	45)
Section III - SAL	E/CONSUMPTI	ON OF ALCHOLIC	BEVERAGES	PERMIT		
Is alcohol being XX / If Yes, then a "Lee County Alc			can sell alcohol on Cour	▼ Yes aty Property.	┌ No	
Non-profit certificate (Required if alcohol is to be §		per: Alcohol not being	g sold (B.Y.O Alcoh	ol).		
Please note: A permit fro further details	m the State of Florida (Division of Alcoholic Bevera	ges and Tobacco may	/ also be required; p	lease call (239) 344-	-0885 for

, ... (85) (2)



Section IV - FILM / V	IDEO / PHOTOGRAPHY PERMIT	I/A
Type of Production (choose	all that apply):	
TV Movie or Special		Commercial Still Photos
Public Service Announc	ement Industrial / Documentary Other	ner:
Will any of the following be	needed or included *2	
Street Closur		Yes No
Traffic / Crov	The second secon	Yes No
Fire or Burni	K 5	Yes No
		Yes No
Animals, Larg		Yes No
Construction	· · · · · · · · · · · · · · · · · · ·	Yes No
		Yes No
Helicopters,		Yes No
Stunts	Fig. 5.	Yes No
Other		Yes No
Special Parking Requirem	ents:	
City or County Services R	equired: (Personnel, equipment, facilities, etc.)	
		\$\$
		4
	is required for local and state records on producti res are not available, please estimate as closely as	
Number in Cast:	Number in Crew:	Number of locals hired:
Total budget:	Estimate amount spent in Lee Cou	unty:
Hotel room nights:	Number of shooting days:	The state of the s
	rooms x number of nights	
S. B MAY RECORD MANUFACTURES. COLUMN 1995	Page 3	1 Mary Subsective Association of the contract
	71.5	

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

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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

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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.

M. Alflan
Signature of Applicant

Print Name of Applicant and Title

Nolin

Date

Wither

Print Name of Witness

1/18/17

Page | 5

White



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

E	ENT PERMIT UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	*
AFTER REVIEWING THE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGALICANT TO COMPLY WITH FOR THEIR EVENT.	NOITATION
Parking:	Parking in authorized parking areas only.	•
Deputies (How Many?):	None FORTMYSES D	***************************************
Fee for Services:	None	
Special Arrangements:	None	
	Print Name: Capt, Scott Lucia	go wije ig selana is limew
	Signature: Capt. Scott K. Lucia Title: Special Events, Permits and Details	*
	Date: 30 January 2017	



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.

		Maria Anna	
Check the approp		<u>Caption</u>	
	VENT PERMIT	many transfer and the control of the	
	OUNTY PROPERT		
F FILM PER	MIT	10 Ja - 18:	
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGAN PLY WITH FOR THEIR EVENT.	IIZATION **
Fire Guards (How Many?)		None	proposition de la comp
Fee for Services:		None	······································
Flammable Vegetation:		None	*************************
First Aid Equipment:		None	***************************************
Fire Extinguishing:		None	
Special Arrangements:	C-	In case of emergency - Dial 911	ής.
1		The second	
	Print Name:	C.W. Blosser	
	Signature:	C 31_	
	Title:	Fire Chief	
	Date:	01/25/2017	iya.

Page 7



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

Check the appropriate box(es) below:

X SPECIAL EV		or DA AIR		
• •	UNTY PROPERTY P	ERMIT		
FILM PERN	411			
AFTER REVIEWING THE WILL REQUIRE THE APPI			V WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
		A STATE OF THE STA		*
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.	CAN EXC		
Medical Supplies / Equipment:	None necessary.	D. J. 编数 D.A. SIR TO TE MILE VIE		%
Safety Requirements:	No additional precau	utions necessary.		
Fee for Services	Not applicable.	Ésát		*
Special Arrangements:	I	e event of an emergency. T	o arrange special event coverag	e, contact our office at
	Print Name:	BenJamin Abes		-
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.01.25 16:17:13 -05'00'	
	Title:	Chief		-
	Date:	01/22/2017		



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

Check the appropr	iate box(es) be	elow:		
☐ SPECIAL E	/FNT PERMIT			
•	OUNTY PROPERT	V DEDMIT		
*****			ACEC WITHIN LEE COUNT	V CACILITIES
<i>y</i>		SUIVIE ALCOHOLIC BEVER	AGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	ИIT			
				_
			V WHAT ARRANGEMENTS	S YOUR ORGANIZATION
WILL REQUIRE THE APP	LICANT TO COM	PLY WITH FOR THEIR EVE	.101.	
Parking:	Park in designate	d areas. No event parking on I	_ee County maintained road rig	ghts-of-way where parking
0	is prohibited.	Z KOMI	,	g,
	1 11	A STATE OF THE STA		
		DEPARTIVIL: JI		
ngress and Egress:	Use all establishe	d means of ingress and egres	š.	
		FOFT W. F		
		in the second second		
Y 1 A	ſ			·
Special Arrangements:	None.			
		CHAN		
		PINE PINE		
	a .			
	Print Name:	Bryan Miller		
			Digitally signed by Bryan D. Miller	
	Signature:	Bryan D. Miller	Date: 2017.01.27 08:53:42 -05'00'	
	Title:	Senior Project Manager		
		Senior Project Manager		
	Date:	January 27, 2017		
		PLAT II /		

Our Lady of Mercy - Mardi Gras Celebration - Tuesday, February 28, 2017

Lee County Event Permit Application



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

Check the appropri	ate box(es) below:
SPECIAL EV	/ENT PERMIT
	OUNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	AIT PROPERTY OF THE PROPERTY O
<u>.</u>	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
	And the second s
llumination:	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.

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vo 35 hallin.

Special Arrangements:

Permit holder must follow all guidelines under ordinance #95-09 (selling & consumption). 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).

Trash must fit in the two 90 gallon containers furnished by the Community House or rent a dumpster.

Print Name:	Jesse Lavenden	Joe Wier
Signature:	1em Sech	
Title:	Acting Deputy Director	Supervisor
Date:	1/25/17	1/18/17

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

Check t	he a	ppro	priate	box	les.	below:
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- F SPECIAL EVENT PERMIT
- ▼ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SEXEXAND 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.

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.

IN PLEASE INUICAT Print Name: Mike Figueroa

Statistic

Signature:

Title:

Risk Program Manager

Date:

Rebruary 24, 2017

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/24/2017

THIS DERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER	L THIS
CHAIRFOATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE PO	LICIES
BELOW. THE CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHO	RIZED
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 su	ich endorsement(s).	and a delivery of a delivery of the delivery delivery delivery delivery	uiAura to mia		
PRODUCER	1 to Ca	CONTACT NAMEL			
Arthur J. Gallagher Risk Mana 8333 NW 53rd Street	gement services, inc.	PHONE (AD, No)			
Suite 600 Miami FL 33166		E-MAIL ADDRESS:	·		
	2000 - 1, 74%	INSURER(S) AFFORDING COVERAGE	NAIO #		
		INSURER A : Underwriters at Lloyd's London	15792		
INSURED	Salah Kala	INSURER B : LM Insurance Corporation	33600		
Diocese of Venice Our Lady of Mercy	VC.	INSURER C:			
240 Park Ave		(NSURER D :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Boca Grande FL 33921	*	(NSURER E)	(23		
		INSURER F			
COVERAGES	CERTIFICATE NUMBER: 828453120	DEVICION NUMBER.			

COVERAGES

CERTIFICATE NUMBER: 828453120

REVISION NUMBER:

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.

L -	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS,							
			MAD		POLICY EPF (MM(DD/YYYY)	POLICY EXP	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAWS-MADE X OCCUR	Y		BP1006816	4/1/2018	4/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000 \$Included
				(* c. (*)			MED EXP (Any one person)	SNII 6%
1			l	2		-	PERSONAL & ADV INJURY	\$2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:			Nacional Control of the Control of t			GENERAL AGGREGATE	\$2,000,000
J	X POLICY FRO. LOC		1 14	WATE			PRODUCTS - COMP/OF AGG	\$2,000,000
<u></u>	OTHER:		4 (1) 91	Programming to the program of the pr				\$
A	AUTOMOBILE LIABILITY		110	8P1008816 VIII. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
	X ANY AUTO		1"	FORE NOT SOMETH		i i	BODILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED AUTOS NON-OWNED			therecate police			BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X AUTOS			or Child New York			PROPERTY DAMAGE (Por accident)	5
_				GATTRY 1995				9
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	8
	EXCESS LIAB CLAIMS-MADE			1 4 7 7			AGGREGATE	9
	DEO RETENTIONS			1.25				\$
8	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EW5-85N-289881-016	4/1/2018	4/1/2017	X STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDEO?			- I deprim			E.L. EACH ACCIDENT	\$500,000
				i july K			E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			· Kalayan			E.L. DISEASE - POLICY LIMIT	\$800,000
				to be the first			,	
				State		1		
					i	1		ve)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Limits shown for insurer A and B are inclusive of defense and insured retention.

The Thirty

Certificate Holder is included as Additional Insured on General Liability policy with respect to permit for Annual Mardi Gras celebration held at Crowninshield Community House, 131 1st St W, Boca Grande, FL 33921 on February 28, 2017.

Host and / or liquor liability coverage included

OL MF 02/24/17

CERTIFICATE HOLDER		CANCELLATION				
	County Commissioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEF THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED				
PO Box 398 Fl. Myers FL 33902	, INTERATE	ACCORDANCE WITH THE POLICY PROVISIONS.				
		AUTHORIZED REPRESENTATIVE				
1						

ACORD 25 (2014/01)

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