

EVENT PERMIT



Ordinance 14-15

2017 JUBILEE IN THE PARK

PERMIT NUMBER:

TMP2017-00101

Date(s) of Event:

April 22, 2017 from 7:30am until 7:00pm

Property Owner:

LEE COUNTY

Applicant:

AMERICAN MILITARY VETERANS FOU

Contact: JUDY SOUDERS

Description:

Community event with kid's fishing derby, Florida Craft Beers, Classic Car Show,

Live Music and 5th Annual Redfish Shootout. To be held at the Matlacha

Community Center park, Piere and Kayak Launch

Location of event:

4577 PINE ISLAND RD NW MATLACHA 33993

Matlacha Community Park***423-620-9104

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

Yes

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date



EVENT PERMIT



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Board of County Commissioners

Lee County, Florida

County Manager

Date

2017 Jubilee in the Park April 22, 2017



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

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 his/her knowledge.	t any and all information is accurate to the best of
	allyd Hall
Signature of Applicant	Witness
David A. Souders	Ally Hall
Print Name of Applicant and Title	Print Name of Witness
3/16/2017	3/16/2017
Date	Date



Event Application

Check the appropriate box(es) below:

- □ USE OF COUNTY PROPERTY PERMIT
- $\overline{\bowtie}$ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	2017 Jubilee in the Park
Date(s) of Event / Production:	April 22, 2017
Location(s) of Event:	Matlacha Community Park - 4577 Pine Island Rd. Matlacha, FL 33993
Name of Applicant:	American, Military Veterans Foundation, Inc.
Applicant Address:	1490 NE Pine Island Road, Suite 5D Cape Coral, FL 33909
Applicant Phone Number:	239-257-3410
Contact Person: (If different from applicant)	Judy Souders
Contact Phone Number: (If different from applicant)	423-620-9104
Email Address:	soudersj@ammilvets.org & souderd@ammilvets.org
Estimated Attendance:	750 - 900
Event Description: Include each activity, when activities take place, etc.	The 2017 Jubilee in the Park is a community event that starts with a free Kid's Fishing Derby, for the areas Kid's. We will provide the first 120 participants with a free rod & reel combo and treat them to a free fun filled day of fishing in the Matlacha Community Parks on the Pier and in the Kayak Launch Area. We will set up for our 2017 Jubilee in the Park, which will feature Florida Craft Beers, Classic Cars Show, Live Music and our 5th Annual Redfish Shootout this event will start setting up at 7:30am and will be open to the public starting at 12:00pm to 6:30pm. This is a community based event with no entrance fee.
Hours of Operation:	7:30am to 7:00pm
STRAP # of Parcel:	24-44-22-00-00006.0000
Owner of Premises*:	Lee County

^{*}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? County Park	
Are any temporary structures to be insta	alled for the event?	Type: 40 X 60 Tent
Do you have the appropriate permits for	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 wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	Kiser Insurance Agency, Inc.	
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	nme and Address): Not Applicable	<u> </u>
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	
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.
	ttle Joe's Special Events Services Inc. 8 NE 8th St. Cape Coral, FL 33909	
	y licensed Food Vender (Polish Sausage, Itali Hot Dos. Hamburgers. Greek Dishes. Funnel (
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: An	nerican Military Veterans Foundation, Inc	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	y:
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(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/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on Count	
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: _{85-8016045314C-3}	

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

pe of Production (choose all that ap	ply):					
TV Movie or Special	TV Series / Pilot		TV Commer	cial	Still Photos	
Public Service Announcement	Industrial / Documentary		Other:			
/ill any of the following be needed o	r included*?			141		
Street Closure			┌─ Yes		lo	
Traffic / Crowd Control			┌ Yes		lo	
Fire or Burning			┌─ Yes		lo	
Explosives or Pyrotechr	ics		┌ Yes		lo	
Animals, Large or Small			┌─ Yes		lo	
Construction of Any Kin	d		┌─ Yes		lo	
Large and/or Numerous	s Vehicles		┌─ Yes		lo	
Helicopters, Boats, etc.			┌─ Yes		lo	
Stunts			┌─ Yes		lo	
Other			┌ Yes		lo	
Consist Doubing Doubingmonton						
Special Parking Requirements:						
City or County Services Required: (Personnel, equipment, facil	ities, e	tc.)			
			7			
The following information is require					o track the econo	mic impact
the industry. If exact figures are no	t available, please estimate	as clos	sely as possib	le.		
Number in Cast:	Number in Crew:		Num	ber of lo	ocals hired:	
Total budget:	Estimate amount sp	ent in	Lee County:			
Hotel room nights:	Number of shooting	g days:	-			
number of rooms x num			_			

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.



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

Check	the	appro	priate	boxles) below.
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- ▼ SPECIAL EVENT PERMIT
- □ USE OF COUNTY PROPERTY PERMIT
- FERMIT 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:	In authorized	parking areas or	ıly.		
Deputies (How Many?):		Section 1. The sectio			
Deputies (Now Marry .).	Two deputi	es for traffi	c control.	0730-1930	hours.
_				,	
Fee for Services:					
Special Arrangements:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	in the second se	f		
					••
٠.					
,	Print Name:	Capt. Scott Lucia			
	Signature:	Capt. Scott K. Luci	a		
	Title:	Special Events, F	Permits and D	etails	
	Date:	10 April 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.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

Fire Guards (How	JICANT TO COMPLY WITH FOR THEIR EVENT.	
Many?)	None	٠
Fee for Services:	No ne	
Flammable Vegetation:	None	
First Aid Equipment:	None-Call 911 as needed.	
Fire Extinguishing:	Follow Fire Codes for Tentot cooking. Call For Fire Inspection once Tents + Cooking vendors a Set up.	ve
Special Arrangements:	Call 911 as needed.	
	Print Name: Shawn Brant	
	Signature:	
	Date: H/11/2017	



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

Check the appropri	ate box(es) belo	w:		
SPECIAL EV	/ENT PERMIT			
☑ USE OF CO	UNTY PROPERTY P	ERMIT		
☐ FILM PERM	1 IT			
AFTER REVIEWING THE WILL REQUIRE THE APPI			/ WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Treatment Facilities:	None necessary.			
Medical Personnel:	NI			
Medicai Personnei:	None necessary.			
Medical Supplies /	None necessary.			
Equipment:	Control State Section 2011			
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 coverag	e, contact our office at
	Print Name:	Benjamin Abes		_
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.03.17 14:35:10 -04'00'	_
	Title:	Chief		•
	Date:	03/17/2017		



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

Check the appropriate box(es) below	Check tl	he appi	ropriate	boxles) below
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▼ SPECIAL EVENT PERMIT

☑ USE OF CO	UNTY PROPERTY	PERMIT
▼ PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ЛIT	

		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Park in designated	areas. No event parking on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.

Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control as needed.
	Print Name:	Bryan Miller
	Signature:	Bryan D. Miller Date: 2017.03.17 09:41:53 -04'00'
	Title:	Senior Project Manager
	Date:	March 17, 2017



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

		FORT MYERS,FLORID (239) 533-727	i i	
Check the appropr	iate box(es) i	below:		
SPECIAL E	VENT PERMIT			
•	OUNTY PROPER	RTY PERMIT		
PERMIT TO	SELL AND CO	NSUME ALCOHOLIC BEVE	RAGES WITHIN LEE CO	DUNTY FACILITIES
FILM PERM	ΛIT			
		I, PLEASE INDICATE BELOVE MPLY WITH FOR THEIR EV		IENTS YOUR ORGANIZATIOI
Illumination:	N/A Event to be	held during daylight hours.		
Parking Areas:	supply staff to p	ı lawn will be flagged off by co oark cars and monitor area. Ad e American Military Foundation	lditional off site parking a	
Special Arrangements:	American Milita the event. Even event. All pop u be picked up an not allowed to r	nt organizer will provide sufficion op tents will need to be anchor nd disposed of in park dumpste	ange to have a Lee Count ent portable toilets as we red to the ground. All tra er by event organizer. Fis docks or fishing pier. Se	ty Sheriff Deputy on site during
	Print Name	e: CHRISTIE TVARDE	ic Jesse LA	vender
	Signature:	Character Warder	K Jose Jin	<u>l_</u>
	Title:	Sr. Supenisor	Dinecte	or
	Date:	Ulinlia	4/10/17	7



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

Check the appropria	te box(es) below:
SPECIAL EVE	NT PERMIT
**: # · · · · · · · · · · · · · · · · · ·	INTY PROPERTY PERMIT
Mana 11	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
No.	
FILM PERMI	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Insurance Requirements:	Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.
	In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afford under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.
	Subject to proof of insurance.
	Print Name: Mike Figueroa
	Signature:
	Title: Program Manager

March 17, 2017

Date:



DATE (MM/DD/YYYY)

3/17/2017

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(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 liquid 5 such endorsement(s).

	licate holder in lieu of such endors	eme	nt(s).		CONTA	`T					
PRODUC	ER				CONTACT SHANNEONKOEHLERSCHMIDT						
KISE	R COMMERCIAL AGENCY INC				(A/C, No	Ext): (800)4	133-5473	1 (200; (10))	139-3110		
PO B	ox 647				ADDRE:	OUTTIT	TERSGUID	ESERVICES@YAHOO.COM	<u> </u>		
Rivie	ra Beach, MD 21123					INS	URER(S) AFFOR	DING COVERAGE	NAIC #		
					INSURE	RA: ARCH	INSURANC	E COMPANY	11150		
INSURED)				INSURER B :						
	AMERICAN MILITARY VI	ETE	D A N	e :	INSURER C:						
			I VALLE	J	INSURER D :						
	FOUNDATION, INC	^			INSURER E:						
	1490 NE PINE ISLAND R	UAL)	r)				-*			
L	CAPE CORAL			FL 33909	INSURE	RF:		REVISION NUMBER:	i		
COVE	RAGES CER IS TO CERTIFY THAT THE POLICIES	IIFIC	AIL	NUMBER:	.05 555	N ICONED TO			LICY PERIOD		
INDIC	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY JUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	T OR OTHER ES DESCRIBE	D HEREIN IS SUBJECT TO ALL	TYPHUN INO 1		
INSR		ADDL	SUBR			POLICY EFF	POLICY EXP	LIMITS			
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WAD	r GEIGT HUMMEN				EACH OCCURRENCE \$	1,000,000		
⊬	' 							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000		
	CLAIMS MADE X OCCUR						:	MED EXP (Any one person) \$	5,000		
				***************************************		3/22/2017	3/22/2018	PERSONAL & ADV INJURY 3	1,000,000		
A		Α		MOPK08929301		3/22/2017		GENERAL AGGREGATE	3,000,000		
GI	EN'L AGGREGATE LIMIT APPLIES PER								3,000,000		
_	POLICY PRO. LOC							PRODUCTS - COMPIOP AGG \$	3,000,000		
	OTHER:		ļ				<u> </u>	COMBINED SINGLE LIMIT 5	4 000 000		
Al	UTOMOBILE LIABILITY					bronger and de la constant de la con		(Ea accident)	1,000,000		
	ANY AUTO							BODILY INJURY (Per person) \$			
Α	ALL OWNED SCHEDULED AUTOS			MOPK08929301		3/22/2017	3/22/2018	BODILY INJURY (Per accident) \$. PROPERTY DAMAGE t			
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)			
	7,111,00							\$			
\vdash	UMBRELLA LIAB OCCUR		T					EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE		1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AGGREGATE \$			
-	1 100	İ	į				1	\$			
W	DED RETENTION S ORKERS COMPENSATION	<u> </u>	† 					PER OTH-			
	NO EMPLOYERS' LIABILITY							EL EACH ACCIDENT \$			
0.	Y PROPRIETOR/PARTNER/EXECUTIVE FIGER/MEMBER EXCLUDED?	H/A						E.L. DISEASE - EA EMPLOYEE \$			
(M	landatory in NH) yes, describe under	ļ						E.L. DISEASE - POLICY LIMIT 3			
DE	SCRIPTION OF OPERATIONS below	ļ	┼	1			1		000,000		
									000,000		
A	LIQUOR LIABILTY			MOPK08929301		3/22/2017	3/17/2018	Addiedate	300,000		
		<u> </u>	<u> </u>								
CER	PTION OF OPERATIONS / LOCATIONS / VEHIC TIFICATE HOLDER IS SCHEDU ILITIES ARISING OUT OF THE	LED	AS	ADDITIONAL INSURE	דוש ם	H RESPEC	TS TO THE				
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	-			
PRE	MISES OWNED BY CERTIFICA	IE H	IOLU	EK							
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CEDT	TEICÀTE HOI DER					CELLATION					
CEKI	FIFICATE HOLDER				T						
	LEE COUNTY BOARD ()F			SH	OULD ANY OF	THE ABOVE	DESCRIBED POLICIES BE CANCE	LLED BEFORE		
	COUNTY COMMISSION		:	•	TH	E EXPIRATION NO.	N DATE TH	HEREOF, NOTICE WILL BE	ELIVERED IN		
	P.O BOX 398				AC	CORDANCE W	VITH THE POLI	CY PROVISIONS.			
	FORT MYERS, FL 33907	,			-	1-01	TOTATA !				
	FORT MITERO, FE 3330	-			AUTH	OPIZEECHENAES	ENIATURE				
					1 1	, letwa	- 1 K	and I			



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

Check the appropriate box(es) below:

FILM PERMIT ONLY

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

Special Arrangements:	
1	
Other:	
	Print Name:
	Signature:
	Title:
	Date:



4/6/2017

To Whom it Concerns:

The 2017 Jubilee in the Park have permission to use our corporate parking lot for volunteer parking located at:

1490 NE Pine Island Rd. Cape Coral, FL 33909

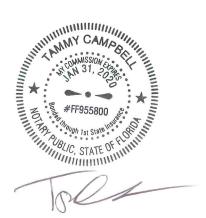
For the day of its festival on April 22, 2017. If you have any further questions, contact me.

Thank you,

David A. Souders

AMMILVETS FOUNDATIONS

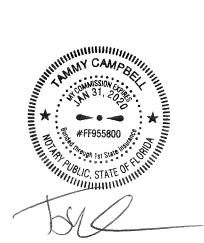
239-257-3410

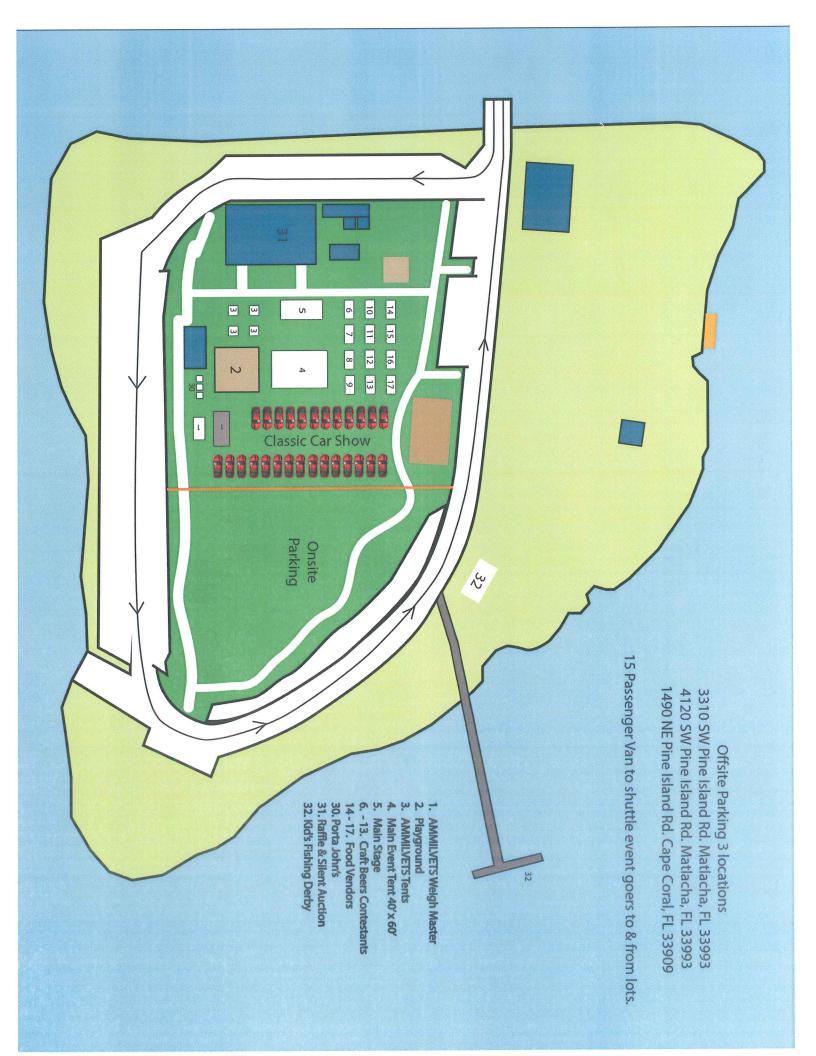


To Whom It May Concern,

This is to inform you that American Military Veteran's Organization will be using the parking area at First Baptist Church of Matlacha, 3310 SW Pine Island Rd, for the upcoming activity planned for April 22, 2017.

Pastor Steven Smith







DATE (MM/DD/YYYY)

3/14/2017

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 be endorsed. If SUBROGATION IS WAIVED, subject to

th ce	PORTANT: If the certificate holder is e terms and conditions of the policy, rtificate holder in lieu of such endors	certa emer	nin po nt(s).	olicies may require an e					ogii.o to tile		
	DUCER				CONTAC NAME:	SHANN		LERSCHMIDT			
KIS	SER COMMERCIAL AGENCY INC				PHONE (A/C, No		33-5473		0)439-3110		
	Box 647				E-MAIL ADDRES	C	TERSGUID	ESERVICES@YAHOO.CO	MCMC		
	riera Beach, MD 21123					INS		DING COVERAGE	NAIC#		
					INSURER A: ARCH INSURANCE COMPANY						
INSU	RED				INSURER B :						
	AMERICAN MILITARY V	ETER	RAN	S	INSURE	RC:					
	FOUNDATION, INC				INSURER D :						
	1490 NE PINE ISLAND R	OAD)		INSURE	RE:					
	CAPE CORAL			FL 33909	INSURER F :						
CO	CED CED	TIFIC	ATE	NUMBER:				REVISION NUMBER:	BOLIOV SERIOS		
IN	VERAGES LIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT POLIC	EMEI AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN DED BY	THE POLICIE	S DESCRIBE PAID CLAIMS	D HEREIN IS SUBJECT TO A			
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) 3	100,000		
								MED EXP (Any one person) \$	5,000		
Α		Y		MOPK08929301		3/22/2017	3/22/2018	PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE \$	3,000,000		
	POLICY PRO. LOC							PRODUCTS - COMP/OP AGG \$	3,000,000		
	OTHER							COMBINED SINGLE LIMIT \$	4 000 000		
	AUTOMOBILE LIABILITY							(Ea accident) \$ BODILY INJURY (Per person) \$	1,000,000		
Α	ANY AUTO						0100/0016	BODILY INJURY (Per accident) \$			
	ALL OWNED SCHEDULED AUTOS			MOPK08929301		3/22/2017	3/22/2018	PROPERTY DAMAGE			
	HIRED AUTOS NON-OWNED AUTOS		TOTAL DESIGNATION OF THE PERSON OF THE PERSO				1	(Per accident) 3			
	Non own	-									
	UMBRELLA LIAB OCCUR					Marie - James		EACH OCCURRENCE \$ AGGREGATE \$			
	EXCESS LIAB CLAIMS-MADE	1						AGGREGATE 3			
	DED RETENTION \$	-				1		PER OTH-			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							EL EACH ACCIDENT \$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		Calabating				E.L. DISEASE - EA EMPLOYEE \$			
	(Mandatory In NH) If yes, describe under		and the second	Economismo				E.L. DISEASE - POLICY LIMIT \$			
	DESCRIPTION OF OPERATIONS below	 	1						\$1 000 000		
A	LIQUOR LIABILITY			MOPK08929301		3/22/2017	3/22/2018	Aggregate	\$1 000 000		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACOR) 101, Additional Remarks Sched	lule, may	be attached if mo	re space is requi	red)			
l											
C	ERTIFICATE HOLDER IS SCHEDU	LED	A5	ADDITIONAL MOUKE	7 (FIG1)	DED WHILE		3			
	ABILITIES ARISING OUT OF THE				טפאו נ	VED AAUIFI	LOTILIZING	•			
PF	REMISES OWNED BY CERTIFICA	TE H	OLD	PER							
CE	RTIFICATE HOLDER			Martin and the second s	CAN	CELLATION					
			C	- N		a.o. a	THE ADOLE	DESCRIBED POLICIES BE CAN	CELLED REFORE		
	LEE COUNTY RISK MA				I THI	E EXPIRATIO	N DATE TH	EREOF, NOTICE WILL BE	DELIVERED IN		
	COUNTY ADMINISTRA	HUN	וטמ	LDING	AC	CORDANCE W	ITH THE POLI	CY PROVISIONS.			
	4TH FLOOR				L	4					
	2115 SECOND STREET				AUTH	PIZERDARA	ENTATUE .	4			
1	FORT MYERS, FL 3390	<i>'</i> 1			1 >	/ Ceru		/ I			

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DATE (MM/DD/YYYY)

3/14/2017

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cei	tificate noider in lieu of such endors	SCILIC	11(3)	<u> </u>	CONTACT CHANNEON COENT EDSCUMIDT							
PROD	ICER				NAME: SHANNEUNKUERLERSCHIMID!							
KIS	R COMMERCIAL AGENCY INC				(A/C, No.		33-5473	(A/C, No): (410)	439-3110			
	3ox 647				E-MAIL ADDRES	s OUTFIT	TERSGUID	ESERVICES@YAHOO.COI	<u>/ </u>			
	era Beach, MD 21123						URER(S) AFFOR	DING COVERAGE	NAIC #			
17171	or a monority tries at 1 and				INSURE	11150						
INSUR	FD				i							
maun		,	D 6 1 1	e	INSURER 8 :							
	AMERICAN MILITARY V		KAN	3	INSURE							
	FOUNDATION, INC				INSURE							
	1490 NE PINE ISLAND F	ROAL)		INSURE	RE:						
	CAPE CORAL			FL 33909	INSURER F:							
cov	ERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:	WOV PERIOD 1			
INE	S IS TO CERTIFY THAT THE POLICIES ICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	REME 'AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	THE POLICIE REDUCED BY	S DESCRIBE PAID CLAIMS.	D HEREIN IS SUBJECT TO ALL	A MALION IN IN I			
INSR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	į	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
- 1	COMMERCIAL GENERAL LIABILITY				do annua			EACH OCCURRENCE \$	1,000,000			
ŀ	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence) \$	100,000			
ŀ	CENTING-INFOE V COCON	BEAUTY AND THE STATE OF THE STA		Parameter and the second secon	and the same of th			MED EXP (Any one person) \$	5,000			
. 1		Υ		MOPK08929301		3/22/2017	3/22/2018	PERSONAL & ADV INJURY \$	1,000,000			
A		1		INOT 100323301		J	J , J	GENERAL AGGREGATE \$	3,000,000			
-	GEN'L AGGREGATE LIMIT APPLIES PER				1			PRODUCTS - COMP/OP AGG \$	3,000,000			
	POLICY PRO- LOC							PRODUCTS - COMPTOP AGG S	0,000,000			
	OTHER:	<u> </u>			1			COMBINED SINGLE LIMIT &				
	AUTOMOBILE LIABILITY		mod a river					(Ea accident)				
	ANY AUTO		-	Parameter State Control of Contro				BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS	ĺ		T. Address				BODILY INJURY (Per accident) \$				
İ	HIRED AUTOS AUTOS							PROPERTY DAMAGE \$ [Per accident]				
f					į			5				
$\neg \uparrow$	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$				
ŀ	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$				
f	DED RETENTIONS	٦	***************************************					S				
	VORKERS COMPENSATION							PER OTH- STATUTE ER				
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1			Co. OF REAL			EL EACH ACCIDENT S				
1	OFFICER/MEMBER EXCLUDED?	NIA			Victor de			E L. DISEASE - EA EMPLOYEE \$				
- 1	Mandatory in NH) f yes, describe under				Ç, parente			EL DISEASE - POLICY LIMIT \$				
	DÉSCRIPTION OF OPERATIONS below	+	-									
				4000			and specification of the state					
			To the state of th									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES /	ACOR	i D 101, Additional Remarks Sched	ule, may b	e attached if mo	re space is requi	red)				
	RTIFICATE HOLDER IS SCHEDU											
LIA	BILITIES ARISING OUT OF THE	OPE	RAT	TIONS OF THE NAMED	INSU	RED WHILE	UTILIZING	9				
	RMITS & LICENSES GRANTED											
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								WATER TO THE THE THE THE THE THE THE THE THE THE				
CEF	TIFICATE HOLDER				CANO	CELLATION						
	~~ E E E E E E E E E E E E E E E E E E	BAES	170				THE ADOLE	DESCRIBED POLICIES BE CANCE	HEN REFORE			
	COMMUNITY DEVELOR		A I QX	•	5HO THE	EXPIRATIO	N DATE TH	EREOF, NOTICE WILL BE	ELIVERED IN			
	PUBLIC WORKS BUILD				ACC	ORDANCE W	ITH THE POLIC	CY PROVISIONS.				
	PERMITTING SECTION				L							
	1500 MONROE STREE	Γ			AUTHO	PIZE DEPRESE	ENTATUE					
	239-533-8329				1 4	Celu	~ J / Ves	en y .				
					11		4 ≕					
L						© 19	88-2014 AC	ORD CORPORATION. All rig	hts reserved.			



DATE (MM/DD/YYYY) 3/14/2017

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the terms and conditions of the policy certificate holder in lieu of such endors	certa	iin po it(s).	olicies may require an e					rigints to the		
PRODUCER				CONTACT SHANNEONKOEHLERSCHMIDT						
KISER COMMERCIAL AGENCY INC				PHONE (A/C. No.	Ext): (800)4	33-5473	FAX (A/C, No): (410)	439-3110		
PO Box 647				E-MAIL ADDRES	OUTER	TERSGUID	ESERVICES@YAHOO.CO	M		
Riviera Beach, MD 21123						URER(S) AFFOR	DING COVERAGE	NAIC #		
Riviera Beach, MD 21123				INSURER	11150					
INSURED				INSURER	RB:					
AMERICAN MILITARY V	ETER	RAN	s	INSURER						
FOUNDATION, INC				INSURER						
1490 NE PINE ISLAND F	CAD)		INSURER						
CAPE CORAL			FL 33909	INSURE	₹F:					
CEE	TIFIC	ATE	NUMBED:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF I	NSUF EMEI	RANCE LISTED BELOW HANT, TERM OR CONDITION THE INSURANCE AFFORT	DED BY	THE POLICIE	S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR THE P DOCUMENT WITH RESPECT TO D HEREIN IS SUBJECT TO AL	OLICY PERIOD O WHICH THIS L THE TERMS.		
INSR TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
1 A 1	iuan	TIYD					EACH OCCURRENCE \$	1,000,000		
CLAIMS-MADE OCCUR	-			L	!		DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000		
CLAIMS-MADE OCCUR				a.communication			MED EXP (Any one person) \$	5,000		
	Y		MOPK08929301		3/22/2017	3/22/2018	PERSONAL & ADV INJURY \$	1,000,000		
A	1		MO 1400323001				GENERAL AGGREGATE \$	3,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMP/OP AGG S	3,000,000		
POLICY PRO:				1			5			
OTHER:							COMBINED SINGLE LIMIT (SEa accident)			
AUTOMOBILE LIABILITY				To the same of the			BODILY INJURY (Per person) \$			
ANY AUTO ALL OWNED SCHEDULED	and the second			ļ			BODILY INJURY (Per accident) \$			
AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE \$ (Per accident)			
HIRED AUTOS AUTOS	a qui contrat de la contrat de		**************************************				(Fer accident)			
	-						EACH OCCURRENCE \$			
UMBRELLA LIAB OCCUR	Ì				ı		AGGREGATE \$			
EXCESS LIAB CLAIMS-MADI	4	1				A Company	5			
DED RETENTIONS	+						PER OTH- STATUTE ER			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y		and a second				2	EL EACH ACCIDENT \$			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA	Andrew Company					E.L. DISEASE - EA EMPLOYEE \$			
(Mandatory in NH) If yes, describe under							EL DISEASE - POLICY LIMIT \$			
DESCRIPTION OF OPERATIONS below	+	┼								
						E				
		<u></u>		4	attached if me	re snace is remi	ired)			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101, Additional Remarks Sched	uule, may s			,			
_										
CERTIFICATE HOLDER				CAN	CELLATION					
DEPARTMENT OF TRA 1500 MONROE STREE FORT MYERS, FL 3390	Т	ORT	ATION	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
1				AUTHO	odzes Redkes	-I Kr	an /			



DATE (MM/DD/YYYY) 3/14/2017

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the	e terms and conditions of the policy, rtificate holder in lieu of such endors	emen	t(s).	mores may require an e	CONTAC						
***************************************	UCER				NAME:	SHANN		LERSCHMIDT FAX	1440\4	20 2440	
KIS	ER COMMERCIAL AGENCY INC				PHONE (A/C. No.	Ext): (800)4	33-5473	FAX (A/C, No):		39-3110	
	Box 647				E-MAIL ADDRES			ESERVICES@YAHOO DING COVERAGE	J.CUN		
	iera Beach, MD 21123						NAIC#				
	· · · · · · · · · · · · · · · · · · ·				INSURER A : ARCH INSURANCE COMPANY 11150						
INSU	RED				INSURER B :						
	AMERICAN MILITARY VI	ETER	ANS	S	INSURER C :						
	FOUNDATION, INC				INSURE	RD:					
	1490 NE PINE ISLAND R	OAD			INSURE	RE:					
	CAPE CORAL			FL 33909	INSURE	₹ F :					
CO		TIFIC	ATE	NUMBER:				REVISION NUMBER:	E. BO	LICY PEDIOD	
TH	/ERAGES US IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REPORT OF MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIK	LIVIEN	THE INSURANCE AFFORD	DED BY	THE POLICIE	S DESCRIBE	ED NAMED ABOVE FOR I DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS THE TERMS.	
INSR		ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD.	FOLIOT NOMBER				EACH OCCURRENCE DAMAGE TO RENTED	S	1,000,000 100,000	
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$		
							_,,	MED EXP (Any one person)	S	5,000 1,000,000	
Α		Y		MOPK08929301	İ	3/22/2017	3/22/2018	PERSONAL & ADV INJURY	\$	3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER				and the second			GENERAL AGGREGATE	3	3,000,000	
	POLICY PRO- LOC				4			PRODUCTS - COMP/OP AGG	\$	3,000,000	
	OTHER:							COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY		i					(Ea accident) BODILY INJURY (Per person)	S		
	ANY AUTO							BODILY INJURY (Per accident)	s		
	ALL OWNED SCHEDULED AUTOS							PROPERTY DAMAGE	\$		
	HIRED AUTOS NON-OWNED AUTOS							(Per accident)	s		
							1	EACH OCCURRENCE	5		
	UMBRELLA LIAB OCCUR							AGGREGATE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
	DED RETENTION \$							PER OTH-	3		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	angue di salat							5		
	ANY PROPRIETOR PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYER			
	(Mandatory in NH)	1						E.L. DISEASE - POLICY LIMIT			
	If yes, describe under DESCRIPTION OF OPERATIONS below							TEL. DISEASE - POLICY CIMIT	13		
L	<u> </u>						i enace le secu	irad)			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	D 101, Additional Remarks Sche	oute, may t	JE ALLACITED II MIC	ne share is inde				
PI	ROOF OF COVERAGE										
					CAN	CELLATION		AND THE RESIDENCE OF THE PARTY			
CE	RTIFICATE HOLDER				T						
	EMERGENCY MEDICAL SEF SAFETY 14752 SIX MILE CYPRE FORT MYERS, FL 3391	SS F			AC	FXPIRATIO	ON DATE T	DESCRIBED POLICIES BE HEREOF, NOTICE WILL ICY PROVISIONS.	BE I	ELLED BEFORE DELIVERED IN	
	1	•			1	© 1	988-2014 A	CORD CORPORATION.	All ri	ghts reserved.	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2017

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ÇĘ	minicate noider in fieu of such effuors	Sellie	111(5).							
PRO	DUCER				CONTACT NAME:	SHANN	EONKOEH	LERSCHMIDT		
KIS	SER COMMERCIAL AGENCY INC				PHONE (A/C. No. Ext):	(800)4	33-5473	FAX (A/C, No):	(410)4	39-3110
					E-MAIL ADDRESS:			ESERVICES@YAHOO	O.COM	1
	Box 647				ADDRESS.			DING COVERAGE		NAIC#
ΚI	riera Beach, MD 21123							E COMPANY		11150
					INSURER A :	11130				
INSU	RED				INSURER B :					
	AMERICAN MILITARY V	ETE	RAN	S	INSURER C :					
	FOUNDATION, INC				INSURER D :					
	1490 NE PINE ISLAND F	OAL)		INSURER E :					
	CAPE CORAL			FL 33909	INSURER F :					
		TIEI	` A T E	NUMBER:	MOONENT:			REVISION NUMBER:		
CU	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES	OF	INICII	DANCE LISTED BELOW HA	VE BEEN IS	SUED TO			HE PO	LICY PERIOD
IN C	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CO ED BY THE BEEN REDU	POLICIE JCED BY	OR OTHER IS DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPE		WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POL (MM/	JCY EFF DD/YYYY]	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
-117	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR						and the same of th	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE 17 OCCUR		Ì				- Control of the Cont	MED EXP (Any one person)	s	5,000
				110 DI/00000004		2/2047	2/22/2015		\$	1,000,000
Α		Α	1	MOPK08929301	3/2	2/2017	3/22/2018	PERSONAL & ADV INJURY		
	GEN'L AGGREGATE LIMIT APPLIES PER							GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	3,000,000
	OTHER.	ŀ							\$	
	AUTOMOBILE LIABILITY				1			COMBINED SINGLE LIMIT [Ea accident]	\$	
	ANN AUTO							BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED		Washington or					BODILY INJURY (Per accident)	ş	
	AUTOS AUTOS NON-OWNED	Name of Contrast						PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS		ĺ					(Per accident)	\$	
		<u> </u>								
	UMBRELLA LIAB OCCUR		American Philosophy and Americ					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		-					AGGREGATE	\$	
	DED RETENTION \$	7							\$	
	WORKERS COMPENSATION							PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE Y / N	1						E.L. EACH ACCIDENT	S	
	OFFICERIMEMBER EXCLUDED?	N/A					İ	E.L. DISEASE - EA EMPLOYEE		
	(Mandatory in NH) If yes, describe under	Í								· · · · · · · · · · · · · · · · · · ·
	DÉSCRIPTION OF OPERATIONS below	<u> </u>	-					EL DISEASE - POLICY LIMIT	3	
					İ					-
		1								
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORE) 101, Additional Remarks Schedu	ule, may be atta	ched if mo	re space is requir	ed)		
	RTIFICATE HOLDER IS SCHEDU									
LI	ABILITIES ARISING OUT OF THE	OPE	RAT	IONS OF THE NAMED	INSURED	WHILE	UTILIZING			
PF	EMISES OWNED BY CERTIFICA	TE H	OLD	ER						
CE	RTIFICATE HOLDER				CANCELL	LATION				
	1 PC AAILUM/ MAARA	`				4.115. 7.7				I ED BECORE
	LEE COUNTY BOARD				SHOULD	ANY OF	INE ABOVE E	DESCRIBED POLICIES BE (EREOF, NOTICE WILL	BE DI	ELIVERED IN
	COUNTY COMMISSION	ERS			ACCORD	ANCE WI	TH THE POLIC	Y PROVISIONS.		
	P.O BOX 398									
	FORT MYERS, FL 33902	2			AUTHORIZE	DEPERSE	NTATIVE			
							JK.	in Vi		
					1	~ ~~~	- 1 700			
					1//					
						© 19	88-2014 AC	ORD CORPORATION.	All rig	hts reserved.



DATE (MM/DD/YYYY) 3/14/2017

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PRODUCER			NAME: SHANNEONKOEHLERSCHMIDT							
KISER COMMERCIAL AGENCY INC				133-5473		(410)439-3110				
PO Box 647			E-MAIL ADDRESS: OUTFIT	TERSGUID	ESERVICES@YAHOO	D.COM				
Riviera Beach, MD 21123			INS	URER(S) AFFOR	IDING COVERAGE	NAIC#				
,, = - · · - ·			INSURER A : ARCH	INSURANC	E COMPANY	11150				
NSURED			INSURER B :							
AMERICAN MILITARY V	ETERA	NS	INSURER C :							
FOUNDATION, INC			INSURER D :							
1490 NE PINE ISLAND R	CAD		INSURER E :							
CAPE CORAL		FL 33909	INSURER F :							
COVERAGES CER	TIFICAT	E NUMBER:			REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INS QUIREM PERTAIN POLICIE	URANCE LISTED BELOW HA IENT, TERM OR CONDITION I, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE	OF ANY CONTRACT DED BY THE POLICIE BEEN REDUCED BY	S DESCRIBE PAID CLAIMS	D HEREIN IS SUBJECT T	CI IO WINCH THE				
NSR TYPE OF INSURANCE	ADDL SUE	D POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$				
COMMERCIAL GENERAL LIABILITY	1				EACH OCCURRENCE	s 1,000,000				
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000				
					MED EXP (Any one person)	s 5,000				
Α	Υ	MOPK08929301	3/22/2017	3/22/2018	PERSONAL & ADV INJURY	s 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER				Parket and Parket and	GENERAL AGGREGATE	s 3,000,000				
X POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	s 3,000,000				
OTHER.						5				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$				
					BODILY INJURY (Per person)	3				
ANY AUTO ALL OWNED SCHEDULED					BODILY INJURY (Per accident)	S				
AUTOS AUTOS NON-OWNED	111111111111111111111111111111111111111				PROPERTY DAMAGE (Per accident)	\$				
HIRED AUTOS AUTOS	1711				(Fer accident)	\$				
UMBRELLA LIAB OCCUR					EACH OCCURRENCE	s				
H H ******************************					AGGREGATE	s				
				and the state of t		\$				
DED RETENTION \$ WORKERS COMPENSATION					PER OTH- STATUTE ER					
AND EMPLOYERS' LIABILITY Y/N					E.L. EACH ACCIDENT	s				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	i				
(Mandatory in NH) If yes, describe under					E.L. DISEASE - POLICY LIMIT					
DESCRIPTION OF OPERATIONS below	<u> </u>				E.L. DISEASE - POLICY LIMIT	3				
			1000							
			<u> </u>		lead)					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACC	RD 101, Additional Remarks Sched	iule, may be attached if mo	re space is requ	1100)					
CERTIFICATE HOLDER IS SCHEDU	I FD A	S ADDITIONAL INSURE	D WITH RESPECT	TS TO THE						
LIABILITIES ARISING OUT OF THE					3					
			THOUNED THE		-					
PREMISES OWNED BY CERTIFICA	IE HOL	.UER								
CERTIFICATE HOLDER			CANCELLATION							
LEE COUNTY PARKS 8			SHOULD ANY OF	THE ABOVE	DESCRIBED POLICIES BE	BE DELIVERED IN				
3410 PALM BEACH BO		אט	ACCORDANCE W							
FORT MYERS, FL 3391	5			1						
			AUTHORIZER RESI	ENTATIVE _						
			1 / Celma	- J / N	en 11					
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<u> </u>			© 19	988-2014 AC	ORD CORPORATION.	All rights reserved.				



DATE (MM/DD/YYYY)

3/14/2017

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 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).

	funcate noider in ned or doon ondore				CONTLOY							
PRO	DUCER				CONTACT SHANNEONKOEHLERSCHMIDT							
KIS	ER COMMERCIAL AGENCY INC				PHONE (800)433-5473	FAX (A/C, No):	(410)43	39-3110			
					E-MAIL ALTE		ESERVICES@YAHO					
	Box 647							<u> </u>	NAIC #			
Riv	iera Beach, MD 21123						RDING COVERAGE					
					INSURER A : ARC	11150						
INSU	RED				INSURER B :							
	AMERICAN MILITARY V	ETE	RAN	s	INSURER C:							
					INSURER D :							
	FOUNDATION, INC											
	1490 NE PINE ISLAND R	OAL)		INSURER E :							
	CAPE CORAL			FL 33909	INSURER F :							
CO				NUMBER:			REVISION NUMBER:					
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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	'S				
LIR	2 27	INSU	WYU	TOLIVE DONDER	Paristres ()		EACH OCCURRENCE	s	1,000,000			
					i	1	DAMAGE TO RENTED					
	CLAIMS-MADE X OCCUR				•	7	PREMISES (Ea occurrence)	\$	100,000			
							MED EXP (Any one person)	5	5,000			
Α		Υ		MOPK08929301	3/22/2017	3/22/2018	PERSONAL & ADV INJURY	5	1,000,000			
• •	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	3	3,000,000			
	Den.						PRODUCTS - COMPIOP AGG	s	3,000,000			
	Noricy Tect Loc						PRODUCTS - COMP. OF AGG	s	0,000,000			
	OTHER:						COMBINED SINGLE LIMIT					
	AUTOMOBILE LIABILITY						(Ea accident)	\$				
	ANY AUTO					denotes	BODILY INJURY (Per person)	S				
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	AUTOS AUTOS NON-OWNED				1		PROPERTY DAMAGE	s				
	HIRED AUTOS AUTOS						(Per accident)	Š				
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	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$				
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$				
					1			s				
	DED RETENTIONS WORKERS COMPENSATION					_	PER OTH-					
	AND EMPLOYERS' LIABILITY Y / N							1				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						EL DISEASE - EA EMPLOYER	\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below					all and a second	E L DISEASE - POLICY LIMIT	\$				
	DESCRIPTION OF OF EMACIONS BEION						İ					
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						:	<u> </u>					
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedu	ile, may be attached if r	nore space is requi	red)		1			
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PR	OOF OF COVERAGE											
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	DIFICATE UNI DEP				CANCELLATIO	N			mun			
UE	RTIFICATE HOLDER				JANGELLATIO	14						
	LEE COUNTY SHERIFF'	s ne	PAF	TMENT	CHOILD VIA	E THE ABOVE	DESCRIBED POLICIES BE	CANCEL	LED BEFORE			
					THE EXPIRAT	ON DATE TH	EREOF, NOTICE WILL	BE DE	LIVERED IN			
	14750 SIX MILE CYPRE		AKK	VANA	ACCORDANCE	WITH THE POLI	CY PROVISIONS.					
	FORT MYERS, FL 33912	?							l			
					AUTHORIZER	SENTATIVE /	7. T		NECONSTRUCTION OF THE PROPERTY			
					17/2/	VK.	en Si					
					1 eru	- I K						
	ı				l <i>//</i>							
					0	1988-2014 AC	ORD CORPORATION.	All righ	its reserved.			



DATE (MM/DD/YYYY)

3/14/2017

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PRO	DUCER				CONTACT NAME:	SHANN	EONKOEH	LERSCHMIDT			
KIS	SER COMMERCIAL AGENCY INC				PHONE (A/C, No. Ex	u: (800)4	133-5473		FAX (A/C, No):	(410)4	39-3110
PO	Box 647				E-MAIL ADDRESS.			ESERVICES@	OHAY	O.CON	ı
Riv	iera Beach, MD 21123					INS	URER(S) AFFOR	DING COVERAGE			NAIC #
					INSURER A ARCH INSURANCE COMPANY						11150
INSU	RED				INSURER B	*					
	AMERICAN MILITARY V	ETE	RAN	S	INSURER C	<u> </u>		·····			
	FOUNDATION, INC				INSURER D	:					
	1490 NE PINE ISLAND R	OAI)		INSURER E	;					
	CAPE CORAL			FL 33909	INSURER F	:				0	
co		TIFIC	CATE	NUMBER:				REVISION NUM	IBER:		
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NSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	PC (M)	LICY EFF	POLICY EXP (MM/DD/YYYY)		LIMIT	'S	
	COMMERCIAL GENERAL LIABILITY				;			EACH OCCURRENCE		5	1,000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$	100,000
					İ			MED EXP (Any one		s	5,000
Α		Α		MOPK08929301	3.	22/2017	3/22/2018	PERSONAL & ADV	NJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER	.,	1		! -			GENERAL AGGREC		s	3,000,000
	X POLICY PRO-							PRODUCTS - COMP		s	3,000,000
						ļ				\$	
	OTHER. AUTOMOBILE LIABILITY						:	COMBINED SINGLE (Ea accident)	LIMIT	S	
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	ALL OWNED SCHEDULED							BODILY INJURY (Pe	er accident)	\$	
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	- Joecun							EACH OCCURRENCE	<u>- C</u>		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		S	
	WORKERS COMPENSATION							PER STATUTE	OTH- ER	3	
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E L EACH ACCIDEN		\$	
	(Mandatory in NH)							EL DISEASE - EA		T	
	DÉSCRIPTION OF OPERATIONS below					[E L DISEASE - POL	ICY LIMIT	\$	
CE LIA	RTIFICATE HOLDER IS SCHEDU BLITTIES ARISING OUT OF THE C EMISES OWNED BY CERTIFICAT	LED	AS A	ADDITIONAL INSURED	WITH R	ESPECT	S TO THE				
									nament state with the state of		
CE	RTIFICATE HOLDER				CANCEL	LATION					
	LEE COUNTY VISITOR & BUREAU 2201 SECOND STREET SUITE 600		NVE	INTION	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 33901 239-338-3500				7	eku	J / Yes	m /1			