

# EVENT PERMIT

Ordinance 14-15

## HEAD & NECK CANCER RUN/WALK

**PERMIT NUMBER:** TMP2017-00122**Date(s) of Event:** April 29, 2017 from 6:00am until 1:00pm

Property Owner: LEE COUNTY

Applicant: 21ST CENTURY C.A.R.E.

Contact: ANN FRANCIS

Description: 5K Run and 2 Mile Walk to raise awareness and funds for Head and Neck cancer

Location of event: BEN C PRATT SIX MILE CYPRESS PKWY FORT MYERS 33912  
CENTURY LINK SPORTS COMPLEX AT HAMMOND STADIUM/\*\*239-938-9301

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 4-19-17  
County Manager Date



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

## Lee County Event Permit Application



### Event Application

Check the appropriate box(es) below:

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

| Section I - GENERAL INFORMATION (All Permit Types)                                   |  |
|--|--|
| <b>Title of Event / Name of Production</b>   | Head & Neck Cancer A Hard Thing To Swallow - 5K Run/2 Mile Walk                            |
| <b>Date(s) of Event / Production:</b>  | Saturday, April 29, 2017   |
| <b>Location(s) of Event:</b>   | Century Link Sports Complex at Hammond Stadium<br>14100 Ben C Pratt, Six Mile Cypress Pkwy |
| <b>Name of Applicant:</b>  | Community Cancer Education, Inc. dba 21st Century C.A.R.E.                                 |
| <b>Applicant Address:</b>  | 2234 Colonial Boulevard<br>Fort Myers, FL 33907  |
| <b>Applicant Phone Number:</b>   | 239-938-9301   |
| <b>Contact Person:</b><br>(If different from applicant)                              | Ann Francis  |
| <b>Contact Phone Number:</b><br>(If different from applicant)                        | N/A  |
| <b>Email Address:</b>  | Ann.Francis@21co.com   |
| <b>Estimated Attendance:</b>   | 350  |
| <b>Event Description:</b><br>Include each activity, when activities take place, etc. | 5K Run & 2 Mile walk to raise awareness and funds for Head & Neck cancer                   |
| <b>Hours of Operation:</b>   | 6:00 AM - 1:00 PM (approximate)  |
| <b>STRAP # of Parcel:</b>  | 30452500000040010  |
| <b>Owner of Premises*:</b>   |  |

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

## Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? CF

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

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 identified, including all parking areas.

Insurance Company Insuring the Event: Scottsdale Insurance Company

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 Event?

☐ Yes ☒ No

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

Will Food be Available at this Event?

☒ Yes ☐ No

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

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

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

Name & Address of Organization Providing Food: \_\_\_\_\_

Food is donated by local businesses

Type of Food being Served: Fruit, Water, Juice, Coffee, Bagels, Muffins

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: 21st Century C.A.R.E.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: 21st Century C.A.R.E.

Address of Charity: 2234 Colonial Blvd, Fort Myers, FL 33907

Phone Number: 239-938-9301

Non-profit certificate/registration number: CH22668

(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 ALCOHOLIC 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 SOLD at the event)

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

## Lee County Event Permit Application



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

\* For any marked Yes, provide further details below:

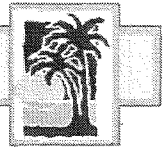
Special Parking Requirements:

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 in Cast: \_\_\_\_\_ Number in Crew: \_\_\_\_\_ Number of locals hired: \_\_\_\_\_  
 Total budget: \_\_\_\_\_ Estimate amount spent in Lee County: \_\_\_\_\_  
 Hotel room nights: \_\_\_\_\_ Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights





#### **SECTION I - SAFETY**

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

#### **SECTION II - INSURANCE**

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

#### **SECTION III - INDEMNIFICATION**

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

#### **SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES**

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

**Applicant Agreement - Signature Required**




**SECTION V - AGREEMENT**

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.


The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

  
Signature of Applicant

**ANN L. FRANCIS**

\_\_\_\_\_  
Print Name of Applicant and Title

4-5-17  
Date

  
Witness

Marilyn Skeens  
Print Name of Witness

4-5-17  
Date

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

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

|                       |  |
|-----------------------|--|
| Parking:              | Parking in authorized parking areas only               |
| Deputies (How Many?): | None   |
| Fee for Services:     | None   |
| Special Arrangements: | Event is taking place within the confines of the park. |

Print Name: Capt. Scott Lucia  
Signature: Capt. Scott K. Lucia  
Title: Special Events, Permits and Details  
Date: 12 April 2017



## Lee County Event Permit Application



### FIRE DEPARTMENT

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

Check the appropriate box(es) below:

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

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

|                         |   |
|-------------------------|---|
| Fire Guards (How Many?) | N/A   |
| Fee for Services:       | N/A   |
| Flammable Vegetation:   | N/A   |
| First Aid Equipment:    | Call 911 as needed  |
| Fire Extinguishing:     | N/A   |
| Special Arrangements:   | None , Should you wish medical coverage please contact Division Chief Rogers 239-433-0080 |

Print Name: James Tanner

Signature: James Tanner

Digitally signed by James Tanner  
DN: cn=James Tanner, o=South Trail Fire District, ou=Fire Marshal,  
email=jtanner@southtrailfire.org, c=US  
Date: 2017.04.18 09:31:31 -0400

Title: Fire Marshal, South Trail Fire District

Date: Apr 18, 2017

Lee County Event Permit Application



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

*Check the appropriate box(es) below:*

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

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

Treatment Facilities: None necessary.

Medical Personnel: None necessary.

Medical Supplies /  
Equipment: None necessary.

Safety Requirements: No additional precautions necessary.

Fee for Services: Not applicable.

Special Arrangements: Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Benjamin Abes

Signature: Benjamin Abes

Digitally signed by Benjamin Abes  
Date: 2017.04.05 15:55:37 -04'00'

Title: Chief

Date: 04/05/2017

**Lee County Event Permit Application**



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

*Check the appropriate box(es) below:*

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

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

Parking:

No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None since event is limited to on-site activities within the complex.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2017.04.18 09:39:50 -04'00'

Title: Senior Project Manager

Date: April '8, 2017

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

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

Illumination:

This is a fund raising walk/run throughout the park. Event will start setting up around 6am and is usually over around Noon or earlier. Event will use the plaza, parking lot, and restrooms.

Parking Areas:

Event participants will be parking in the parking lots.

Special Arrangements:

Need to adhere to all park rules and the rules set by other departments on this permit. Will work with the site supervisor and staff to make sure all requirements of the park are followed.

Print Name: Jesse Lavender

Signature:

*Jesse Lavender*

Title:

Director

Date:

4/6/17

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

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

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.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

April 5, 2017

Client#: 1460719

0421STCEN3

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/04/2017

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).

|  |   |
|--|---|
| <b>PRODUCER</b><br><b>BB&amp;T Insurance Services, Inc.</b><br><b>414 Gallimore Dairy Road</b><br><b>Suite F</b><br><b>Greensboro, NC 27409</b>      | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No. Ext): 888 743-2217</b><br><b>FAX (A/C, No): 8888279861</b><br><b>E-MAIL ADDRESS</b>  |
| <b>INSURED</b><br><b>Community Cancer Education Inc DBA</b><br><b>21st Century CARE</b><br><b>2234 Colonial Blvd,</b><br><b>Fort Myers, FL 33907</b> | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A: Scottsdale Insurance Company</b><br><b>NAIC #: 41297</b><br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

## COVERAGES

## CERTIFICATE NUMBER:

## 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.

| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR WYO | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|--------------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> BI/PD Ded:500<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:<br>AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br>UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$<br>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |                    | CPS2546881    | 03/27/2017              | 03/27/2018              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/CP AGG \$<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |

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

Event- April 29 2017 5K Run & 2 Mile Walk for Head and Neck Cancer Awareness and Fundraising - Century Link Sports Complex at Hammond Stadium, 4100 Ben C Pratt Six Mile Cypress Pkwy, Fort Myers, FL 33912.

Lee County Board of County Commissioners are included as additional insured for general liability.

62 ME 04/05/17

## CERTIFICATE HOLDER

## CANCELLATION

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Lisa Murray



Lee County Event Permit Application



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:

|  |
|--|
|  |
|--|

Other:

|  |
|--|
|  |
|--|

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Client#: 1460719

0421STCEN3

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/04/2017

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|  |  |   |
|--|--|---|
| <b>PRODUCER</b><br><b>BB&amp;T Insurance Services, Inc.</b><br><b>414 Gallimore Dairy Road</b><br><b>Suite F</b><br><b>Greensboro, NC 27409</b>      |  | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext): 888 743-2217</b><br><b>FAX (A/C, No): 8888279861</b><br><b>E-MAIL ADDRESS:</b>   |
| <b>INSURED</b><br><b>Community Cancer Education Inc DBA</b><br><b>21st Century CARE</b><br><b>2234 Colonial Blvd,</b><br><b>Fort Myers, FL 33907</b> |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A: Scottsdale Insurance Company</b><br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |
|  |  | <b>NAIC #</b><br><b>41297</b>   |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE   | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|--------------------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>BI/PD Ded:500</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                    | CPS2646881    | 03/27/2017              | 03/27/2018              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COM/OP AGG \$<br>\$<br>\$<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$<br>EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |                    |               |                         |                         |  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  |                    |               |                         |                         |  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>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)

Event- April 29 2017 5K Run & 2 Mile Walk for Head and Neck Cancer Awareness and Fundraising - Century Link Sports Complex at Hammond Stadium, 4100 Ben C Pratt Six Mile Cypress Pkwy, Fort Myers, FL 33912.

Lee County Board of County Commissioners are included as additional insured for general liability.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| <b>Lee County Board of County Commissioners</b><br><b>PO Box 398</b><br><b>Fort Myers, FL 33902</b> | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><b>AUTHORIZED REPRESENTATIVE</b><br><i>Lisa Murray</i> |
|---|--|

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Head & Neck 5K Run and  
2-Mile Walk

April 29, 2017

Course Map &  
Volunteer Positions



Imagery ©2016 Google, Map data ©2016 Google

LAKES PARK  
5 K COURSE

