



# EVENT PERMIT

Ordinance 14-15



## BREATHE DEEP FORT MYERS 5K

**PERMIT NUMBER:** TMP2017-00172

**Date(s) of Event:** November 4, 2017 7am-12:30pm.

Property Owner: LEE COUNTY

Applicant: MELISSA CROUSE

Contact: MELISSA CROUSE

Description: Fundraising 5K walk and run to raise funds for lung cancer research, support, and education. There will be kids activities, refreshments, DJ, speakers, and award presentation. 6am setup, 8am registration, 9am program kick off, 9:15am walk starts, 11-12:30 breakdown

Location of event: 7330 GLADIOLUS DR FORT MYERS 33908  
LAKES REGIONAL PARK\*\*\*917-921-5719

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

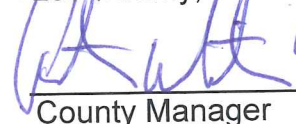
Will there be alcohol consumed or sold at the event ? No

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

 10-30-17  
County Manager Date

Breath Deep Fort Myers 5k



# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP 2017-00172

## 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>   | Breathe Deep Fort Myers 5K Run/Walk   |
| <b>Date(s) of Event / Production:</b>  | November 4, 2017  |
| <b>Location(s) of Event:</b>   | Lakes Park  |
| <b>Name of Applicant:</b>  | Melissa Crouse  |
| <b>Applicant Address:</b>  | 1326 Sunbury Drive<br>Fort Myers, FL 33901  |
| <b>Applicant Phone Number:</b>   | 724-366-4969  |
| <b>Contact Person:</b><br>(If different from applicant)                              | Diana Aldecoa   |
| <b>Contact Phone Number:</b><br>(If different from applicant)                        | 917-921-5719  |
| <b>Email Address:</b>  | MelissaCrouse6005@comcast.net   |
| <b>Estimated Attendance:</b>   | 200   |
| <b>Event Description:</b><br>Include each activity, when activities take place, etc. | On November 4, 2017 we will hold a fundraising 5K Walk and Fun Run to raise funds for lung cancer research, support and education. There will be kids activities, refreshments, DJ, speakers and award presentations. |
| <b>Hours of Operation:</b>   | 6AM set up; 8AM Registration opens; 9AM Program kick-off; 9:15 AM Walk Starts; 11AM Begin Breakdown; 12:30PM Breakdown complete   |
| <b>STRAP # of Parcel:</b>  |   |
| <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? \_\_\_\_\_

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: First Non-Profit; Hartford Insurance; QEB

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 will be donated- will include water, granola bars, bananas and bagels

Type of Food being Served: water, coffee, granola bars, bananas and bagels

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: LUNgevity Foundation

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

Name of Charity: LUNgevity Foundation

Address of Charity: 228 S Wabash, Suite 700, Chicago, IL 60604

Phone Number: 312-415-6100

Non-profit certificate/registration number: 36-4433410

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

### Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

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

Non-profit certificate/registration number: \_\_\_\_\_

(Required if alcohol is to be 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

## Applicant Agreement - Signature Required



### SECTION I - SAFETY

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

### SECTION II - INSURANCE

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

### SECTION III - INDEMNIFICATION

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

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

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

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

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

## Applicant Agreement - Signature Required



### SECTION V - AGREEMENT

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

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

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

Melissa Crouse  
Signature of Applicant

Katie Sparks  
Witness

Melissa Crouse - Leader of  
Print Name of Applicant and Title  
Fort Myers Lung Cancer Support Group

Katie Garbar  
Print Name of Witness

6/5/2017  
Date

6-5-17  
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 areas only

Deputies (How Many?):

none

Fee for Services:

none

Special Arrangements:

none

Print Name:

Capt L Loether

Signature:

Capt L Loether 92149

Title:

CAPTAIN spec. ops

Date:

~~6-7-17~~ 6-7-17



## 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?)

0 until attendance exceeds 1000 people.

Fee for Services:

None

Flammable Vegetation:

Keep combustible vegetation away from open flames.

First Aid Equipment:

Call 911 as needed.

Fire Extinguishing:

None. If event is changed to include tents or food service vendors requirements may change.

Special Arrangements:

None

Print Name: C. Wolfe

Signature: Chris Wolfe

Digitally signed by Chris Wolfe  
Date: 2017.10.12 09:58:44 -04'00'

Title: Division Chief

Date: Oct 12, 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: 2017.06.09 08:07:45 -04'00'

Title: Chief

Date: 06/09/2017

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 Parking is permitted on County rights-of-way

Ingress and Egress:

Use only established driveway and access points

Special Arrangements:

Use Sheriff to control traffic on County roads if needed

Print Name: Stephen Jansen

Signature: Stephen M. Jansen, P.E., FL Lic No. 043618

Digitally signed by Stephen M. Jansen, P.E., FL Lic No. 043618  
DN: cn=Stephen M. Jansen, P.E., FL Lic No. 043618, o=Dept. of Transportation,  
ou=Lee County, email=jansen@leegov.com, c=US  
Date: 2017.06.07 13:03:09 -0400

Title: County Traffic Engineer

Date: 7 June 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:

None. Event is from 8:00 a.m. to 12:00 p.m.

Parking Areas:

Parking is limited to the designated parking areas inside Lakes Regional Park. All vehicles are required to display a parking pass. Event organizer must provide adequate staff / volunteers to ensure vehicles are not blocking the roads for fire or life safety vehicles.

Special Arrangements:

The Park is not open or available until 7 am. Event organizer is responsible for set - up and take down of race route signage, drink stations, first aid also all trash and remains from game activities must be cleaned up prior to check out.  
Removable directional signs are allowed ( IE: survey flags, real estate signs and cones ). No painting or temporary markings on race route pathways allowed. Event banners may be hung at your reserved shelters. No golf carts or vehicles are allowed on pathways.

Print Name:

Alise Flanigan

Signature:

Alise Flanigan

Title:

Deputy Director

Date:

6/7/17

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: October 26, 2017



LUNGE-1

OP ID: JB

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/17/2017

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(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |              |   |                   |
|--|--------------|---|-------------------|
| PRODUCER<br>S. Wolf and Associates, Inc.<br>2338 W. Morse<br>Chicago, IL 60645<br>Polly Kosyla | 773-754-0849 | CONTACT<br>NAME:<br>PHONE<br>(A/C, No, Ext): 773-754-0849 | FAX<br>(A/C, No): |
|  |              | E-MAIL<br>ADDRESS:  |                   |
|  |              | INSURER(S) AFFORDING COVERAGE                             | NAIC #            |
|  |              | INSURER A: First Nonprofit Ins/Amtrust In                 | 10859             |
|  |              | INSURER B: Hartford                                       |                   |
|  |              | INSURER C: QBE Insurance                                  |                   |
|  |              | INSURER D:  |                   |
|  |              | INSURER E:  |                   |
|  |              | INSURER F:  |                   |

INSURED Lungevity Foundation  
Barbara Netter  
228 S. Wabash - Suite 700  
Chicago, IL 60604

## 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<br>LTR | TYPE OF INSURANCE  | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER    | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS   |
|-------------|--|--------------|-------------|------------------|----------------------------|----------------------------|--|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X            |             | NPP1001575       | 03/01/2017                 | 03/01/2018                 | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COM/OP AGG \$ 3,000,000<br>Emp Ben. \$ 1,000,000 |
| A           | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |              |             | NPP1001575       | 03/01/2017                 | 03/01/2018                 | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A           | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |              |             | NMB1001576       | 03/01/2017                 | 03/01/2018                 | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$   |
| B           | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |              | N/A         | 83 WEC BV5230 02 | 05/20/2017                 | 05/20/2018                 | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000   |
| C           | Accident/Volunteer   |              |             | PHH500019        | 10/01/2017                 | 10/01/2018                 | Excess Med 25,000  |

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

Lee County Board of County Commissioners is an additional insured with respects to General Liability when required by written contract or agreement, but solely with respect to that organizations liability arising out of the named insured's operations or premises owned by the named insured. Event: Breathe Deep Fort Meyers 11/4/17 6am-12pm

OK ME 10/26/2017

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board  
of County Commissioners  
Lakes Regional Park  
7330 Gladiolus Drive  
Fort Myers, FL 33908

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

Susan B. Woght

Lee County Parks and Recreation...The Natural Place to Learn and Play.

-----Original Message-----

From: Melissa Crouse [mailto:MelissaCrouse6005@comcast.net]  
Sent: Friday, May 26, 2017 3:09 PM  
To: Harper, Mary Ellen  
Subject: Breathe Deep Event

Hello Mary Ellen,

Thank you so much for your help today. Could you please send me a receipt for the \$75 fee I paid so that I can get reimbursed from Lungevity?

Thank you.

**Melissa**

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.  
<LAP Shelter Rules REVISED 11-26-16.pdf><mcrouse000267491.pdf>

## Lakes Regional Park

