

# **EVENT PERMIT**



Ordinance 14-15

# HOT WORKS ESTERO FINE ART SHOW

PERMIT NUMBER:

TMP2017-00253

Date(s) of Event:

November 17-19, 2017 Saturday 10am-7pm Sunday 10am-5pm

Property Owner:

GCTC HOLDINGS LLC

Applicant:

ESTERO FINE ART SHOW

Contact: PATTY NAROZNY

Description:

Estero Fine Art Show.

Location of event:

9903 9924 GULF COAST MAIN ST FORT MYERS 33913

GULF COAST TOWN CENTER NEXT TO BASS PRO\*\*\*248-762-2462

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

No

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

# Permit Conditions:

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

Board of County Commissioners

Lee County, Florida

County Manager

Date

TMP 2017-00263



# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



# **Event Application**

Check the appropriate box(es) below:

▼ SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

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	Hot Works Estero Fine Art Show (new location - 20th and 21st events)
Date(s) of Event / Production:	November 18 & 19,2017 (November 17, 2017 move in day) January 6 & 7, 2018 (Move in day Friday, January 5, 2018)
Location(s) of Event:	Gulf Coast Town Center (Next + 12 BASS Rec)
Name of Applicant:	Hot Works, LLC Fine Art & Fine Craft Shows
Applicant Address:	PO BOx 79 or PO Box 1425 Milford, MI 48381-0079 Sarasota, FL 34230
Applicant Phone Number:	941-755-3088 or cell 248-762-2462
Contact Person: (If different from applicant)	Patty Narozny
Contact Phone Number: (If different from applicant)	Same
Email Address:	patty@hotworks.org
Estimated Attendance:	3,000 to 5,000 each show (if weather is nice)
Event Description: Include each activity, when activities take place, etc.	Estero Fine Art Show focus is visual arts, ethnic diversity, community enrichment, and fostering art education among youth. It isvoted in the top 100 art shows in the nation, for the last three years. Up to 175 professional artists participate with all art original and personally handmade by the artist who is at the show. As part of our commitment to bring art education into the community, a youth art competition for grades K-8 or ages 5-13 is integrated into the art fair. All entries are publicly displayed as students begin to learn the rules of being part of a professional art show.
Hours of Operation:	Saturday, 10am to 7pm; Sunday 10am to 5pm
STRAP # of Parcel:	11-46-25-11-00000,0000
Owner of Premises*:	Gulf Coast Town Center, 9903 Gulf Coast Main st., Fort Myers, FL 33913

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



# Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? Limmer Cial retail
+ emplances > + templances > + temp
Do you have the appropriate permits for the temporary structures?
For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities ndentified, including all parking areas.
Insurance Company Insuring the Event: Essex Insurance Co - cert attached
Note: Certificate of Insurance must be submitted at time of application
Surety Company Bonding this Event (Name and Address): n/a
Will Vehicles be Used as Part of This   Will Food be Available at this Event?   Will Alcoholic Beverages be served/consumed at this Event?
TYes No TYes No
If yes, automobile coverage must be included on the certificate of insurance.  LOCAL Testawant to provide If yes, liquor liability coverage must be included on the certificate of insurance.  If yes, automobile coverage must be included on the certificate of insurance.
Name & Address of Organization We will work with local restaurants only or with Little Joe's of Cape Coral Providing Food:
Type of Food being Served: to be determined
Section II - USE OF COUNTY PROPERTY PERMIT
Organization Sponsoring the Event:
Fill out this portion for applications for Solicitation in the County Rights-of-Way:
Fill out this portion for applications for Solicitation in the County Rights-of-Way:  Name of Charity: Institute for the Arts & Education, Inc. is associated 501c3 non profit organization Signs + bauers
Address of Charity: PO BOX 1425, Savasota, Fr 34230
Phone Number: 941- 755-3088
Non-profit certificate/registration number: 26 - 3469925
(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?  If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.
Non-profit certificate/registration number: (Required if alcohol is to be <u>SOLD</u> at the event)
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details



pe of Production (choose all tha	at apply):					
TV Movie or Special	TV Series / Pilot		TV Comme	rcial [	Still Photos	
Public Service Announcement	☐ Industrial / Documentary	<u>.</u>	Other:	<i>5</i>		
ill any of the following be need	ed or included*?					
Street Closure			Yes	No		
Traffic / Crowd Con	trol		Yes:	┌ No		
Fire or Burning			Yes	_ No		
Explosives or Pyrote	echnics		Yes	, No		
Animals, Large or S	mall		Yes	┌ No	•	
Construction of Any	y Kind		┌ Yes	, No		
Large and/or Nume			Yes	┌ No		
Helicopters, Boats,	etc.		┌ Yes	∏ No		
Stunts	and the second of the second o		Γ Yes	┌ No		
Other			Yes	r No		
For any marked Yes, provide f	urther details below:					
For any marked Yes, provide F	urther details below:					
Special Parking Requirements:	urther details below:					
	urther details below:					
	urther details below:					
Special Parking Requirements:		tion of				
Special Parking Requirements:	d: (Personnel, equipment, facili	ities, et	cc.)			
Special Parking Requirements:		ities, et	tc.)			
Special Parking Requirements:		ties, et	tc.)			
Special Parking Requirements: City or County Services Require	d: (Personnel, equipment, facili		Annua An	Florida to t	rack the econo	mic imp
Special Parking Requirements:  City or County Services Require  The following information is rec		s on pr	oduction in	Florida to t	rack the econo	mic imp
Special Parking Requirements:  City or County Services Require  The following information is rec	d: (Personnel, equipment, facili	s on pr	oduction in ely as possib	Florida to tole.		mic imp
Special Parking Requirements:  City or County Services Require  The following information is rec	d: (Personnel, equipment, facili quired for local and state record e not available, please estimate	s on pr as clos	oduction in ely as possik Nun	ole.		mic imp

#### Applicant Agreement - Signature Required



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

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

#### SECTION II - INSURANCE

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

#### SECTION III - INDEMNIFICATION

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

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

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

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

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

#### **Applicant Agreement - Signature Required**



#### **SECTION V - AGREEMENT**

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

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

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

Signature of Applicant SHOW

Print Name of Applicant and Title

Section 17

Date

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

Print Name of Applicant and Title Show Print Name of Witness

Section 17

Date



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

	Check the appropria	te box(es) below:	· ·
		NT PERMIT	
	r⊤ USE OF COU	INTY PROPERTY PERMIT	•
	PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
	FILM PERM		
	AFTER REVIEWING THE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZ ICANT TO COMPLY WITH FOR THEIR EVENT.	ZATION
	Parking:	Parking in authorized areas only.	
	raikiiig.		
			./
	Deputies (How Many?):	none required	
	,		
	Fee for Services:	none	
		Event is being held within the property at Gulf Coast Town Center Mall. Traffic on Alic	o and
	Special Arrangements:	inas Lili Calfin Diam chould not be impeded in any way, velicul will be responsible to	or
-		securing and placing barricades at all points of access surrounding the event area.	
		Print Name: Captain J. Loethen	
		Signature: (apt ) Justin 92/99	
		Title: Special Events, Permits and Details	
	e e	Date: 10-10-17	



# 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 EV	ENT PERMIT			
USE OF CO	UNTY PROPERTY P	PERMIT		
FILM PERM	IT			
FTER REVIEWING THE VILL REQUIRE THE APPLI	APPLICATION, PLE CANT TO COMPLY	EASE INDICATE BELOW WHAT A WITH FOR THEIR EVENT.	ARRANGEMENTS YOU	R ORGANÍZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	N/A			
Flammable Vegetation:	N/A			
First Aid Equipment:	N/A Call 911 in case of en	nergency		
Fire Extinguishing:	N/A Call 911 in case of er	mergency		
Special Arrangements:	In case of emergence	cies call 911.		
	Print Name: Signature: Title:	Steve Lennon  Aur Auror  Fire Marshal	<u> </u>	
	Date:	09/29/2017		



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

Check the approprie	ate box(es) belov	v:		
SPECIAL EV	ENT PERMIT			
USE OF CO	UNTY PROPERTY PI	ERMIT		-
FILM PERM	IT			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE	ASE INDICATE BELOW WH WITH FOR THEIR EVENT.	AT ARRANGEMENTS Y	OUR. ORGANIZATION
Treatment Facilities:	None necessary.			
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	itions necessary.		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arra	nge special event coverage	e, contact our office at
	Print Name:	Benjamin Abes		
	Signature:		gitally signed by Benjamin Abes te: 2017.09.26 12:14:02 -04'00'	
	Title:	Chief		
	Date:	09/26/2017		



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

Check the appropriate box(es) below:

SPECIAL EV	ENT PERMIT			
USE OF CO	UNTY PROPERTY	PERMIT		
F PERMIT TO	SELL AND CONS	JME ALCOHOLIC BE	VERAGES WITHIN LEE COUN	NTY FACILITIES
FILM PERM	11T			
AFTER REVIEWING THE WILL REQUIRE THE APPI			ELOW WHAT ARRANGEMEN EVENT.	its your organization
Parking:	No Parking or o	displays on the Cou	ınty right-of-way.	
Ingress and Egress:		·		
mgress and Egress.	Use only exisitn traffic control if		he County roadway. Use F	HP or Sheriff for
Special Arrangements:	and access. No	advertising of the	ne right-of-way may only ac event is petmitted. The pro I SHOW PARKING USE I	posed message is not
	Print Name:	Stephen Jansen		Digitally signed by Stephen M. Jansen, P.E., FI Lic No. 043618  DN: cn=Stephen M. Jansen, P.E., FI Lic No. 043618, o=Dept. of Transportation, ou=Lee
	Signature:		043618	County, email=jansensj@leegov.com, c=US Date: 2017.09.05 08:54:09 -04'00'
	Title:	County Traffic	Engineer	
,	Date:	Sept 5, 2017		······
-				



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

Cneck the appropri	ite box(es) below:		
	ENT PERMIT		
USE OF CO	UNTY PROPERTY PERM	П	
PERMIT TO	SELL AND CONSUME A	LCOHOLIC BEVERAGES WITHIN LEE COUNTY F	FACILITIES
☐ FILM PERN	IIT		
AFTER REVIEWING THE WILL REQUIRE THE APP		INDICATE BELOW WHAT ARRANGEMENTS Y TH FOR THEIR EVENT.	OUR ORGANIZATION
Illumination:	N/A		
Parking Areas:	N/A		
			***************************************
Special Arrangements:		and Recreation property and will not affect or interfere	e with Parks operations
	or programs.		
			:
			:
	L. Inacidant L. Italian		
	Print Name: Alise F	lanjack	
	Signature:	Absé Flagak	
	Title: Deput	y Director	
	Date:	Sept. 26,2017	
	•	/	
Estero Fine.	Art Show		
Nov. 17-19,	2017	Page  10	
~ 5 - 7 '	7 1 1 8		



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

Check the appropriat	e box(es) belo	DW:
SPECIAL EVEN USE OF COUN PERMIT TO SI FILM PERMIT	NTY PROPERTY I ELL AND CONSU	PERMIT IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, PICANT TO COMPI	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
Special Arrangements:	A Certificate of In Board of County additional insure Subject to proof	
	Print Name: Signature: Title: Date:	Mike Figueroa  Risk Program Manager  September 27, 2017

ACORÉ

#### CERTIFICATE OF LIABILITY INSURANCE

HOTWO:1

OP ID: TO

DATE IMMIDIOLYYYYI 04/26/2017

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 lieu of such endorsement(s). PRODUCER Korofkin Insurance Group P O Box 431: Southfield, MI 48037-0431 Emily M. Korofkin, CLCS Tia Coleman PHONE (AIC, No, Ext): 248-350-5829 FAX, Not: 248-352-0305 E-MAIL ADDRESS: tlac@getkig.com INSURER(S) AFFORDING COVERAGE NSURER A : ESSEX Insurance Co. INSURED Hat Works Inc; Institute for INSURER B : Travelers Indomnity Co. 25658 the Arts & Education inc & Peak Productions Inc INSURER C Hot Works LLC INSURER D : PO Box 79 Milford, MI 48381 INSURER E : INSURER F: 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. POLICY EFF | POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex occurrence) 1,000,000 CLAIMS-MADE X OCCUR 04/30/2017 Х 3AA111164 04/30/2018 100,000 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE Included POLICY PRODUCTS - COMPIOP AGG | \$ OTHER: \$ OMEINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OVINED AUTOS ALL OWNED BODILY INJURY (Per accident) 3 PROPERTY DAMAGE (Paraccident) HIRED AUTOS: \$ UMBRELLA LIAB EACH OCCURRENCE EXCESS LIAB GEAIMS-MADE AGGREGATE s RETENTIONS DED WORKERS COMPENSATION AND EMPLOYERS LIABILITY X STATUTE 6KUB-2E930735 10/30/2016 10/30/2017 100,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HH) EL, EACH ACCIDENT 100,000 ELL DISEASE - EA EMPLOYEE S If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 EL DISEASE - POLICY UNIT S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 301; Additional Remarks Schedule, may be attached if more space is required) Re: Estero Fine Art Show, Banner Dates: October 14, 2017 to January 10, 2018; Event Dates November 16-19, 2017 & January 5-3, 2018 Lee County Board of County Commissioners is listed as an Additional Insured with respect to the General Liability policy where required by written contract, agreement or permit. CERTIFICATE HOLDER CANCELLATION LEECO-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS. WILL BE DELIVERED IN Lee County Board of County Commissioners 5650 Enterprise Parkway AUTHORIZED REPRESENTATIVE Fort Myers, FL 33901 Emily M. Korotkin, CLCS

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## 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:					
	Resolved the second sec				
	**************************************				
	44444444444444444444444444444444444444				
Other:					·
Other.					
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	5. A C C C C C C C C C C C C C C C C C C				
•					
	Print Name:				
	Signature:	- (			
	Title:				
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	Date:	· · · · · · · · · · · · · · · · · · ·		. '	
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# Estero Fine Art Shows November 18 & 19, 2017 and January 6 & 7,2018 At Gulf Coast Town Center Exhibit A – Signs & Banners to Advertise to the Public Distributed in/& around GCTC

1. Four, size 3'x8' banners

HotWorks.org Estero Fine Art Show
New Location! Gulf Coast Town Center – next to Bass Pro
Sat, Nov 18/Jan 6 10-7 & Sun, Nov 19/Jan 7 10-5
\$5 Donation Helps Support the Non-Profit
Institute for the Arts & Education

2. Two, size 3'x30' banners:

HotWorks.org Estero Fine Art Show

New Location! Gulf Coast Town Center – next to Bass Pro

Sat, Nov 18/Jan 6 10-7 & Sun, Nov 19/Jan 7 10-5

\$5 Donation Helps Support the Non-Profit Institute for the Arts & Education

3. Real estate signs, size 18" x 24" – total 2 dzn

Art Show this Weekend



# CERTIFICATE OF LIABILITY INSURANCE

HOTWO-1

OP ID: TC

DATE (MM/DD/YYYY) 04/26/2017

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.

th	PURTART: If the certificate holder e terms and conditions of the policy, ertificate holder in lieu of such endors	certa	ain pe	olicies may require an ei	ndorsement. A sta	tement on th	is certificate does not confer	rights to the
PRO	DUCER				CONTACT Tia Cole	man		
	rkin Insurance Group Box 431				PHONE (A/C, No, Ext): 248-35		FAX 240	20 0305
	hfield, MI 48037-0431				E-MAIL	41-1	FAX, No): 248-	002-0000
	y M. Korotkin, CLCS				ADDRESS: Uac@ge	**************************************		~~~~
					INS	NAIC#		
				***	INSURER A : ESSEX			
INSU	RED Hot Works Inc; Institute for the Arts & Education Inc &				INSURER B : Travele	25658		
	Peak Productions Inc				INSURER C:			
	Hot Works LLC			INSURER D :				
	PO Box 79 Milford, MI 48381				INSURER E :	***************************************		·
	the state of the s				INSURER F:			<u> </u>
CO	/ERAGES CER	TIEIC	ATE	NUMBER:	MOUNTER P.	******************************	REVISION NUMBER:	<u></u>
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NSR LTR	TYPE OF INSURANCE	INSD Y	OVW	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits	
Α:	X COMMERCIAL GENERAL LIABILITY				occuration		EACH OCCURRENCE S	1,000,000
	CLAIMS-MADE X OCCUR	Х	ŀ	3AA111164	04/30/2017	04/30/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	100,000
					***		MED EXP (Any one person) \$	5,000
					S. C.		PERSONAL & ADV INJURY S	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG S	Included
			1		***************************************		FRODUCIO-COMPION AGG \$	motudou
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT 3	
					Marie Const.		(Ea accident)	
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$	
	AUTOS AUTOS NON-OWNED				* Chanasa		BODILY INJURY (Per accident) \$	
	HIRED AUTOS AUTOS	9	L				PROPERTY DAMAGE \$ (Per accident)	
							\$	
	UMBRELLA LIAB OCCUR		-				EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE				to a transfer		AGGREGATE \$	
	DED RETENTION'S		in labels				\$	
	WORKERS COMPENSATION						X PER OTH-	***************************************
В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			6KUB-2E930735	10/30/2016	10/30/2017	EL EACH ACCIDENT S	100,000
_	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA					E.L. DISEASE - EA EMPLOYEE \$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		***************************************		s da nomano	-	<u></u>	500,000
	DESCRIPTION OF OPERATIONS BROW	-					E.L. DISEASE - POLICY LIMIT \$	500,000
		Complete to the state of the st				***************************************	© Commonwealth	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, may be attached if mo	re space is requi	red)	
Re:	Estero Fine Art Show, Banner Da	tes:	Octo	ober 14, 2017 to Janua	ry 10,			
	3; Event Dates November 16-19, 2 County Board of County Commis				nal Insurad			
with	respect to the General Liability (	oolicy	y wh	ere required by writte	na moured N			
con	tract, agreement or permit.		-					
***************************************								···
CEI	RTIFICATE HOLDER			and the state of t	CANCELLATION			
				LEECO-1	#11#11			
	Lee County Board of Cou Commissioners	inty		-		N DATE TH	DESCRIBED POLICIES BE CANCEL EREOF, NOTICE WILL BE DI CY PROVISIONS.	
	5650 Enterprise Parkway Fort Myers, FL 33901			e de la companya de l	AUTHORIZED REPRESI			· · · · · · · · · · · · · · · · · · ·



