

# **EVENT PERMIT**



Ordinance 14-15

# SAVAGE 4X4 ARMAGEDDON

**PERMIT NUMBER:** 

TMP2017-00295

Date(s) of Event:

October 21, 2017 from 4:00pm until 9:00pm

Property Owner:

FISCHER FL PROPERTIES I LLC

Applicant:

SAVAGE 4X4 INC

Contact: LINDA THOMPSON

Description:

Truck tug-of-war

Location of event:

9510 THUNDER RD FORT MYERS 33913 SIX BENDS HARLEY DAVIDSON/\*\*\*239-896-2640

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



# **Event Application**

**Special Event** 

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



#### **Event Application**

| Check th | e appropriate box(es) below:   |          |           |
|----------|--|----------|-----------|
|          | SPECIAL EVENT PERMIT   |          |           |
| Γ.       | USE OF COUNTY PROPERTY PERMIT PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE FILM PERMIT | COUNTY F | ACILITIES |
|          |  |          |           |

| Section I - GENERAL INFO   | ORMATION (All Permit Types)                                     |
|--|---|
| Title of Event / Name of<br>Production   | Armageddon  |
| Date(s) of Event /<br>Production:  | August 21, 2017 October 21, 2017                                |
| Location(s) of Event:  | 9501 Thunder Rd, Fort Myers, FL 33913/Six Bends Harley Davidson |
| Name of Applicant:   | Linda Thompson  |
| Applicant Address:   | 5770 Enterprise Pkwy<br>Fort Myers, FL 33905                    |
| Applicant Phone Number:  | 239-896-2640  |
| Contact Person: (If different from applicant)                                    |   |
| Contact Phone Number:<br>(If different from applicant)                           |   |
| Email Address:   | savage4x4-acc@hotmail.con                                       |
| Estimated Attendance:  | 1000  |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | Truck tug of war  |
| Hours of Operation:  | 4-9   |
| STRAP # of Parcel:   | 22-45-25-23-00000.0010<br>224525L3240000010                     |
| Owner of Premises*:  | Jeffery Scott Fischer   |

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



## Fill out the following questions for allpermit types:

| •   |   |   |
|---|---|---|
| oremises?   |   |   |
| Illed for the event? Yes 🔀 No   | Type:   |   |
| the temporary structures?   | *   |   |
| ty Property' permit, submit a site plan wi  | th all proposed facili  | ties and activities   |
| Accord  |   |   |
| d at time of application  |   |   |
| me and Address):  |   |   |
| Will Food be Available at this Event?   | Will Alcoholic<br>served/consume  | Beverages be ed at this Event?                                    |
| ⊠ Yes   | Yes   | ⊠ No  |
| If yes, products liability coverage must be included on the certificate of insurance. | If yes, liquor liabilit<br>included on the cer  | y coverage must be tificate of insurance.                         |
| ng's Whiskey Bent BBQ   |   |   |
|   |   |   |
| ivage 4x4, Inc  | ау:   |   |
|   |   |   |
|   |   |   |
| mber:   |   |   |
| & Consumer Services §496.405 or proof the organization                                | on is exempt from this requ   | rement. 9310.2043)  |
| TION OF ALCHOLIC BEVERAGES  | PERMIT  |   |
| unty Property?  | ┌─ Yes  | ₹ No  |
|   |   |   |
| da Division of Alcoholic Beverages and Tobacco ma                                     | ay also be required; plea   | se call (239) 344-088   |
|   | ty Property' permit, submit a site plan with Accord dat time of application ame and Address):  Will Food be Available at this Event?  Yes No  If yes, products liability coverage must be included on the certificate of insurance.  By Whiskey Bent BBQ  PROPERTY PERMIT  Evage 4x4, Inc  For Solicitation in the County Rights-of-Weights  TION OF ALCHOLIC BEVERAGES  Sounty Property?  Ind. Only non-profit organizations can sell alcohol on County Berts. | the temporary structures? Yes |



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| e of Production (choose all that apply TV Movie or Special  Public Service Announcement   Ir  | TV Series / Pilot  |                 | TV Commer Other:                         | cial                                  | <u></u>              | Still Photos      |            |
|---|--|-----------------|--|---------------------------------------|----------------------|-------------------|------------|
| Public Service Announcement To The Importance of the following be needed or in Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous V | cluded*?   |                 | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes | X X X X X X X X X X X X X X X X X X X | No<br>No<br>No<br>No |                   |            |
| Helicopters, Boats, etc. Stunts Other   |  |                 | ☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes |                                       | No<br>No<br>No       |                   |            |
| Special Parking Requirements:   | ·  |                 | · · · · ·                                |                                       |                      |                   |            |
|   |  |                 |  |                                       |                      |                   |            |
| City or County Services Required: (P  | ersonnel, equipment, fac                                 | ilities,        | etc.)                                    |                                       |                      |                   |            |
| City or County Services Required: (P  | of for local and state recor                             | ds on           | production in                            | n Flori<br>ible.                      | da to                | o track the econo | omic impac |
| City or County Services Required: (P  | of for local and state recor                             | ds on           | production in<br>losely as poss          |                                       |                      | o track the econo | omic impac |
| City or County Services Required: (PN/A  The following information is required the industry. If exact figures are not   | d for local and state recor<br>available, please estimat | ds on<br>e as c | production ir<br>losely as poss          | ımber                                 |                      |                   | omic impac |

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



#### SECTION! - 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 indennify, 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'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 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 permittee 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

Print Name of Applicant and Title

10-17-2017 Date Witness Thank

Tames E. Tampson, III
Print Name of Witness

10-17-2017



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

| Check the appropria                       | ite box(es) beio                  | IW:  |                            |                         |
|---|-----------------------------------|--|----------------------------|-------------------------|
| SPECIAL EVI<br>USE OF COU                 | JNTY PROPERTÝ P                   | PERMIT<br>IME ALCOHOLIC BEVERAGES WI                 | THIN LEE COUNTY FACILITIES |                         |
| FILM PERM                                 |                                   |  |                            |                         |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PL<br>ICANT TO COMPL | EASE INDICATE BELOW WHAT<br>LY WITH FOR THEIR EVENT. | ARRANGEMENTS YOUR ORGANIZA | /OIT                    |
| Parking:                                  | Parking in author                 | rized areas only. Parking will be k                  | cept on site.              |                         |
|   |                                   |  |                            |                         |
| Deputies (How Many?):                     | none                              |  |                            |                         |
|   |                                   |  |                            |                         |
| Fee for Services:                         | None                              |  |                            |                         |
| Special Arrangements:                     | None                              |  |                            | pegasawaninghenpenbehin |
|   |                                   |  | ·                          |                         |
|   |                                   | u.   |                            |                         |
|   |                                   |  |                            |                         |
|   | Print Name:                       | DANIEL A. LES  | 66 (M                      |                         |
|   | Signature:                        | B ( ) 4 Co)  | 96068                      |                         |
|   | Title:                            | SERGEANT   |                            |                         |
|   | Date:                             | 10/19/19   |                            |                         |



#### 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 appropri                         | ate box(es) belov                         | w:   |  |                      |
|--|---|--|--|----------------------|
|  | ENT PERMIT                                |  |  |                      |
| Lamma                                      | UNTY PROPERTY P                           | ERMIT  |  |                      |
| FILM PERM                                  |   |  |  |                      |
| AFTER REVIEWING THE WILL REQUIRE THE APPLI | APPLICATION, PLE<br>CANT TO COMPLY        | ASE INDICATE BELC<br>WITH FOR THEIR EV                 | OW WHAT ARRANGEMENTS YO  | OUR ORGANIZATION     |
| Fire Guards (How<br>Many?)                 | 4 Certified Crowd Mn                      | agers  | ·  |                      |
| Fee for Services:                          | \$55.00 inspection fee                    | for tens over 900 sq ft.                               |  |                      |
| Flammable Vegetation:                      | Cleared from around                       | tents.   |  |                      |
| First Aid Equipment:                       | See special arrangen                      | nents.   |  | -                    |
| Fire Extinguishing:                        | Minimum 2A10BC ex<br>propane kept 10 feet | ctinguishers at all tent, o<br>t away from tents and s | cooking tents and trailers must be NFF<br>ecured as not to tip over. | PA 96 complaint, all |
| Special Arrangements:                      | Contact Divion Chie                       | f Rogers to arrange med                                | dical coverage, 239-433-0080.  | ·                    |
|  |   |  |  |                      |
|  | Print Name:                               | C. Wolfe   |  |                      |
|  | Signature:                                | Chris Wolfe  | Digitally signed by Chris Wolfe Date: 2017.10.20 08:52:03 -04'00'    |                      |
|  | Title:                                    | Division Chief   | ·<br>  |                      |
|  | Date:                                     | Oct 20, 2017   |  |                      |
|  |   |  |  |                      |



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

| Check the appropria                   | te box(es) below                     | <b>:</b>  |                          |
|---------------------------------------|--------------------------------------|---|--------------------------|
| SPECIAL EVE USE OF COL                | INTY PROPERTY PE                     | RMIT  |                          |
| AFTER REVIEWING THE AWARD AFTER APPLI | APPLICATION, PLEA<br>CANT TO COMPLY  | ASE INDICATE BELOW WHAT ARRANGEMENTS Y<br>WITH FOR THEIR EVENT.                   | OUR ORGANIZATION         |
| Treatment Facilities:                 | None necessary.                      |   |                          |
| Medical Personnel:                    | None necessary.                      |   |                          |
| Medical Supplies /<br>Equipment:      | None necessary.                      |   |                          |
| Safety Requirements:                  | No additional precau                 | tions necessary.  |                          |
| Fee for Services                      | Not applicable.                      |   |                          |
| Special Arrangements:                 | Please call 911 in the 239 533-3911. | event of an emergency. To arrange special event coverag                           | e, contact our office at |
|                                       | Print Name:                          | Benjamin Abes   |                          |
|                                       | Signature:                           | Benjamin Abes Digitally signed by Benjamin Abes Date: 2017.10.19 07:52:45 -04'00' | -                        |
|                                       | Title:                               | Chief   | ·<br>-                   |
|                                       | Date:                                | 10/19/2017  | -                        |



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

| Check the appropria                          | ite box(es) belo                        | w:  |  |                   |
|--|---|---|--|-------------------|
| ☐ PERMIT TO<br>☐ FILM PERM                   | JNTY PROPERTY P<br>SELL AND CONSU<br>IT | ME ALCOHOLIC BEVER                          | AGES WITHIN LEE COUNTY   |                   |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPL | APPLICATION, PL<br>ICANT TO COMPL       | EASE INDICATE BELOV<br>Y WITH FOR THEIR EVE | V WHAT ARRANGEMENTS<br>INT.  | YOUR ORGANIZATION |
| Parking:                                     | No event parking or                     | n Lee County maintained ro                  |  |                   |
| Ingress and Egress:                          | Use all established r                   | means of ingress and egre                   | SS   |                   |
| Special Arrangements:                        | Use Lee County Sh                       | eriff's Office for assistance               | with traffic control as needed.  |                   |
|  |   | -   | %  | <u>.</u>          |
|  | Print Name:<br>Signature:               | Bryan Miller Bryan D. Miller                | Digitally signed by Bryan D. Miller<br>Date: 2017.10.19 12:41:18 -04'00' |                   |
|  | Title:                                  | Senior Project Manager                      |  | <del>-</del>      |
|  | Date:                                   | October 19, 2017                            |  | <u></u>           |



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

| Check the appropriat       | e box(es) below:  |
|----------------------------|---|
| ☐ PERMIT TO S ☐ FILM PERMI | NTY PROPERTY PERMIT<br>SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES<br>T               |
| AFTER REVIEWING THE A      | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT. |
| Illumination:              | N/A   |
| Parking Areas:             | N/A   |
| Special Arrangements:      | Event not on or near parks: Recruetion property and will not affect any operations or programs.             |
|                            |   |
|                            | Print Name: AlisE Flangack  Signature: Alst Flyet  Title: Deputy Director  Date: Oct-19, 2017               |
| Arwegeddin<br>Oct. 21 C 61 | Sevels Page   10  |



# 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) below:  |
|--|---|
|  | NTY PROPERTY PERMIT<br>ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
| AFTER REVIEWING THE A<br>WILL REQUIRE THE APPLIC | PPLICATION, 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.                    |
| 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 19, 2017  |

| ACORD |
|-------|
|       |

# CERTIFICATE OF LIABILITY INSURANCE

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

|                         | OE!   |                                      | I THIS CERTIFICATION IS IS   | SUED AS A MATTER OF INFORMATION  |
|-------------------------|---|--------------------------------------|--|--|
|                         | Street Insurance Services Inc   |                                      | ONLY AND CONFERS N   | O RIGHTS UPON THE CERTIFICATE  |
| Mill Madd               |   |                                      | ALTER THE COVERAGE AF  | FORDED BY THE POLICIES BELOW.  |
| PO Box 1.<br>Grass Val  | llev CA 95945   |                                      | INSURERS AFFORDING COV   | /ERAGE NAIC#   |
| Phone: (5               | 30) 477-6521 Email info@theever   | thelper com                          | - I - I - I - I - I - I - I - I - I - I                            |  |
| NSURED                  |   |                                      |  | Company  |
|                         | Savage 4x4. Inc   |                                      | HSURER.B   | . P  |
|                         | Linda Thompson  |                                      | :NSURER C  | •  |
|                         | 5770 Enterprise Pkwy<br>Fort Myers, FL 33905  |                                      | NSURER D   |  |
|                         | Fort Wyers, FC 33803  |                                      | INSURER E  |  |
| COVERA                  | CES   |                                      |  | WORATED NOTWITHSTANDING  |
| ANYRE                   | LICIES OF INSURANCE LISTED BEL<br>QUIREMENT TERM OR CONDITION<br>RTAIN, THE INSURANCE AFFORDE<br>ES AGGREGATE LIMITS SHOWN MA | BY THE POLICIES DESCRIBED            | HEREIN IS SUBJECT TO ALL THE TER<br>DICLAIMS                       | OLICY PERIOD INDICATED NOTWITHSTANDING THE THIS CERTIFICATE MAY BE ISSUED OR MIS EXCLUSIONS AND CONDITIONS OF SUCH   |
| POLICIE                 | ES AGGREGATE LIMITS SHOWN IN  | POLICY NUMBER                        | POLICY EFFECTIVE POLICY EXPIRATION DATE (MM.DD.YY) DATE (MM.DD.YY) | N LIMITS   |
| INSR ADD L<br>LTR INSRU | TYPE OF INSURANCE   | POCIOT ROMOCK                        | DATE (MINE DO 11) DATE (MINE DO 11)                                | EACH OCCURRENCE NOLUCES \$ 1,000,000   |
|                         | GENERAL LIABILITY   |                                      | SEE BELOW SEE BELOW  | MED EXP 'Any one person \$ 5 000   |
| A Y                     | X COMMERCIAL GENERAL LIABILITY  | 3DS5455-M1317616                     | SEE BELOW SEE BELOW  | PERSONAL & ADV INJURY \$ 1,000,000   |
|                         | CLAMB MADE X OCCUR  | 1                                    | <b>*</b>   | GENERAL AGGREGATE 5 2,000.000  |
|                         | Host Liquor Liability   |                                      |  | PRODUCTS - COMP-OP AGG \$ 1 000 000  |
|                         | GENTLAGGREGATE LIMIT APPLIES PER  |                                      | 1  | DEDUCTIBLE \$ 1.000  |
|                         | X POLICY PRO- LOC   |                                      |  | ţ  |
|                         | Retail Liquor Liability   |                                      |  | THE POWER OF LAND  |
|                         | AUTOMOBILE LIABILITY  | 5                                    |  | COMBINED SINGLE LINUT \$ LEa accident)   |
|                         | ANY AUTO  |                                      |  |  |
|                         | ALL OWNED AUTOS   |                                      |  | BODILY :NURY 5 :Per person?  |
|                         | SCHEDULED AUTOS   |                                      |  | · ·  |
|                         | H:RED AUTOS   |                                      |  | BODILY NURY  |
|                         | NON-DWNED AUTOS   |                                      |  | :Peracudent:   |
|                         | NON-STATES ACTOS  |                                      |  | PROPERTY DAMAGE 5.   |
|                         |   |                                      |  | (Per accident)   |
| ļ                       |   |                                      |  | AUTO ONLY - EA ACCIDENT \$   |
|                         | GARAGE LIABILITY  |                                      |  | OTHER THAN EA ACC 5  |
|                         | ANY AUTO  |                                      |  | AUTO ONLY AGG S.   |
|                         |   |                                      |  | EACH OCCURRENCE 5  |
|                         | EXCESSIUMBRELLA LIABILITY   |                                      |  | AGGREGATE 5  |
|                         | OCCUR CLAMS MADE  |                                      |  | \$   |
|                         |   |                                      |  | 5  |
|                         | DEDUCTIBLE  |                                      |  | 5  |
|                         | RETENTION 5   |                                      |  | WC STATU- OTH-<br>TORY LIMITS ER.  |
| We                      | ORKERS COMPENSATION AND   |                                      |  | EL EACH ACCIDENT 5   |
| EM                      | MPLOYERS' LIABILITY BY PROPRIETORIPARTNER EXECUTIVE   |                                      |  | EL DISEASE - EA EMPLOYEE \$  |
| OF                      | FICERIMEMBER EXCLUDED?  |                                      |  | EL DISEASE - POLICY LIMIT \$   |
| 11                      | yes, describe under<br>PECIAL PROVISIONS below  |                                      |  | E C. D'OLTOC I STORY   |
|                         | THER  |                                      |  |  |
| 1                       |   |                                      |  |  |
|                         |   |                                      |  |  |
| DESCRI                  | PTION OF OPERATIONS : LOCATIONS . VEH   | ICLES : EXCLUSIONS ADDED BY ENDO     | RSEMENT: SPECIAL PROVISIONS  | & 10:28:2017   |
| 0-4.64                  | Dos bolder lighed helpy is named as add   | dional insured per adactico co 20 20 | 5 07 04 for the following dates: 10:21:2017                        |  |
| Attenda                 | ance: 500. Event Type Truck Show - St   | auc Only                             |  |  |
| 1                       |   |                                      |  |  |
| 1                       | •   |                                      |  |  |
|                         |   | ME ME                                | 10 19 2017   |  |
| L                       |   |                                      |  |  |
| CERT                    | TIFICATE HOLDER   |                                      | CHOCH DIAMY OF THE ABOVE DE  | SCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  |
|                         | Lee County Board of Coun  | ly Commissioners                     | DATE THEREOF, THE ISSUING IN                                       | SURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTE   |
|                         | PO Box 398  |                                      | WATER TO THE OPPOSICATE OF   | OLDER NAMED TO THE LEFT, BUT FAILURE TO BO SO SHALL  |
| <u> </u> -              | Fort Myers, FL 33902  |                                      | NOTICE TO THE CERTIFICATE HO                                       | BILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR  |
| ļ                       |   |                                      | •  | Control of the Contro |
|                         |   |                                      | AUTHORIZED REPRESENTATIVE  | 1.11 11 11   |
|                         |   |                                      | AUTHORIZED REPRESENTATIVE  | With Madding   |
|                         |   |                                      |  | © ACORD CORPORATION 19   |
| 1                       |   |                                      |  | SACORD CORE OTHER  |

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

Policy Number: 3DS5455-M1317616

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s)  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33902                               |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |  |  |  |  |  |  |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



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

| Check the appropria   | T ONLY                                 |                          |                        |              |            |  |
|-----------------------|--|--------------------------|------------------------|--------------|------------|--|
| AFTER REVIEWING THE A | APPLICATION, PLEAS<br>CANT TO COMPLY W | E INDICATE<br>ITH FOR TH | BELOW WI               | HAT ARRANGEN | MENTS YOUR | ORGANIZATION   |
| Special Arrangements: |  |                          |                        |              |            |  |
|                       |  |                          |                        |              |            |  |
| Other:                |  |                          |                        |              |            |  |
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