

EVENT PERMIT



Ordinance 14-15

CHRISTMAS EVE SERVICE

PERMIT NUMBER:

TMP2017-00320

Date(s) of Event:

December 24, 2017 from 5:00pm until 6:00pm

Property Owner:

LEE COUNTY

Applicant:

JIM LEE

Contact: JIM LEE

Description:

Traditional Christmas Eve service

Location of event:

50 ESTERO BLVD FORT MYERS BEACH 33931 BOWDITCH BEACH PARK/***239-481-2125

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

MIH

County Manager Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

- F 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) | | | |
|--|---|--|--|
| Title of Event / Name of Production | Christmas Eve Service at Bowditch Beach | | |
| Date(s) of Event / Production: | 12/24/2017 | | |
| Location(s) of Event: | Bowditch Beach Park @50 Estero Blvd. | | |
| Name of Applicant: | Jim Lee | | |
| Applicant Address: | 9065 Ligon Court Ft. Myers, FL 33908 | | |
| Applicant Phone Number: | 239-481-2125 | | |
| Contact Person: (If different from applicant) | | | |
| Contact Phone Number: (If different from applicant) | | | |
| Email Address: | Jim@casepearlman.com | | |
| Estimated Attendance: | 350 | | |
| Event Description: Include each activity, when activities take place, etc. | Traditional Christmas Eve service from 5:00 p.m. until 5:45 p.m. on 12/24/16. We will vacate the park no later than 6:00 p.m. | | |
| Hours of Operation: | 5:00 -5:45 p.m. | | |
| STRAP # of Parcel: | 244623W10080D0400 | | |
| Owner of Premises*: | Lee County | | |

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



Fill out the following questions for all permit types:

further details

| What is the Zoning Classification of the | premises? N/A | | | | |
|---|---|---|--|--|--|
| Are any temporary structures to be installed for the event? Yes No Type: | | | | | |
| 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 indentified, including all parking areas. | | | | | |
| Insurance Company Insuring the Event: Church Mutual Insurance Company | | | | | |
| Note: Certificate of Insurance must be submitted at time of application | | | | | |
| Surety Company Bonding this Event (Na | ame and Address): | | | | |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Event? | Will Alcoholic Beverages be served/consumed at this Event? | | | |
| ┌ Yes | Γ Yes No | ⊢ Yes ▼ No | | | |
| If yes, automobile coverage must be included on the certificate of insurance. | If yes, products liability coverage must be included on the certificate of insurance. | If yes, liquor liability coverage must be included on the certificate of insurance. | | | |
| Name & Address of Organization Providing Food: | | | | | |
| Type of Food being Served: | | | | | |
| Section II - USE OF COUNTY P | ROPERTY PERMIT | | | | |
| Organization Sponsoring the Event: We | stminster Presbyterian Church | | | | |
| Fill out this portion for applications for | Solicitation in the County Rights-of-Way | | | | |
| Name of Charity: | Name of Charity: | | | | |
| Address of Charity: | | | | | |
| Phone Number: | | | | | |
| Non-profit certificate/registration num | ber: | | | | |
| (Proof of registration with the Dept. of Agriculture & C | 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 Cour If Yes, then a "Lee County Alcohol Permit" is required. | nty Property? Only non-profit organizations can sell alcohol on County | ├ Yes ▼ No Property. | | | |
| Non-profit certificate/registration numl (Required if alcohol is to be <u>SOLD</u> at the event) | ber: | | | | |
| 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 | | | | | |



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| | TV Series / Pilot | I V Committe | ercial | |
|--|---|--|--------|-----------|
| Public Service Announceme | ent Industrial / Documentary | Other: | | |
| l any of the following be nee | eded or included*? | | | |
| Street Closure | | ┌ Yes | ┌ No | |
| Traffic / Crowd C | ontrol | Yes | ┌ No | |
| Fire or Burning | | Yes | ┌ No | |
| Explosives or Pyr | otechnics | ┌─ Yes | ┌ No | |
| Animals, Large or | | ┌ Yes | ┌ No | |
| Construction of A | | ┌ Yes | ┌ No | |
| Large and/or Nur | merous Vehicles | ┌─ Yes | ┌ No | |
| Helicopters, Boat | ts, etc. | ┌─ Yes | ┌ No | |
| Stunts | | ┌ Yes | ┌ No | |
| Other | | ┌ Yes | ☐ No | |
| | | | | |
| | | | | |
| Special Parking Requirement | s: | | | |
| Special Parking Requirement | rs: | | | |
| Special Parking Requirement | s: | | | |
| | s: uired: (Personnel, equipment, facilit | ies, etc.) | | |
| | | ies, etc.) | | |
| | | ies, etc.) | | |
| City or County Services Requ | uired: (Personnel, equipment, facilit | | | |
| City or County Services Requ The following information is | | on production ir | | omic impa |
| City or County Services Requ The following information is | uired: (Personnel, equipment, facilit | on production ir as closely as poss | | omic impa |
| The following information is the industry. If exact figures | required for local and state records | on production ir as closely as poss Nu | ible. | omic impa |
| City or County Services Requ The following information is the industry. If exact figures | required for local and state records are not available, please estimate a | on production ir as closely as poss Nu ent in Lee County: | ible. | omic impa |

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

Tiffani Maurice

Print Name of Applicant and Title

Print Name of Witness

8 24 17



Lee County Parks and Recreation 3410 Palm Beach Blvd. Fort Myers, FL. 33916 Phone: 239-533-7275 Invoice Number: 2010

This permit entitles holder to exclusive use of the following facilities during the hour and date shown below. This permit also serves as a bill. All reservations must be paid for in advance.

A non-refundable \$10 cancellation fee will be applied to facility rental transfers or cancellations received at least 72 hours prior to the facility rental date. Any cancellation made less than 72 hours prior to the facility rental date will not be entitled to any refund. Exceptions to this policy will be made at the discretion of the Parks and Recreation administration staff based on circumstances surrounding the cancellation.

Date issued: 8/24/2017

| Name: Westminster Presbyterian Church | n Church Type of Activity: Christmas Eve Service | |
|---------------------------------------|--|---------------------|
| Address: 9065 Ligon Court | Organization/Team: Jim Lee | |
| City/State/Zip: Ft. Myers, FL 33908 | Phone Number: 812-449-0153 | |
| | | Times |
| Date: Wednesday, December 24, 2017 | From: 4:00 p.m. | To: 6:00 p.m. |
| Date: | From: | То: |
| Name of Facility: Bowditch Point Park | Bldg. / Field #: Lower F | Patio |
| Other Comments: | | |
| | | |
| Hours: | Rate: | Total Fee: \$250.00 |
| Approved by: Kathy Loomis | Title: Manager | Date: 08/24/2017 |

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with Lee County Parks programs-activities (including transportation services vehicle operation, when provided). I recognize and acknowledge that there may be certain risks involved in participating in park programs-activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of participating in such program/activity against the County, including their respective officials, officers, employees, and volunteers (hereinafter collectively referred as "Parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs-activities.

I indemnify and hold harmless Lee County, any of its employees and or agents from any and all claims from my use of county property or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

| have read and fully understand the above importative registering via fax, your factioning signature shall be suit | | | | if |
|---|--------------|---------------|--------|----|
| Lu | <u>N'C</u> | Lee | 8/24/1 | _ |
| PARTICIPANT'S SIGNATURE | PRINT NAME O | F PARTICIPANT | DATE | |

ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES



REQUEST FOR FEE WAIVER

LEE COUNTY PARKS AND RECREATION 3410 Palm Beach Boulevard Fort Myers, FL 33916 Phone (239) 533-7275 Fax (239) 485-2303

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

| Date Form Completed: August 24, 2017 |
|---|
| Name of Agency or Organization: Westminster Presbyterian Church |
| Contact Person: Phone #: 812-449-0153 |
| Address: 9065 Ligon Court, Ft. Myers, FL 33908 |
| Requested Facility & Location within that Facility: Bowditch Point Park |
| Date of Activity: December 24, 2017 Time of Activity: 4:00 - 6:00 p.m. |
| Type of Activity: Christmas Eve Service Expected Number of Participants: 350 |
| Fees you are Requesting to have Waived: \$250.00 |
| Reason applying for Fee Waiver (list benefits to Lee County if fee is waived): This is a non-profit event open to the public. Many of the participants walk from the local hotels, |
| For Office Use Only |
| Manager/Supervisor: Approved Denied 501-C Attached: Yes No |
| Justification: This is a free community event - does not impact orange were were the formation of the same of the |
| Signature: Kathy Lasmin Date: 8/24/17 |
| Director of Parks and Recreation: Approved Denied |
| Justification: Community Event |
| Signature: |



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (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 | | | |
|---|--|----------|--|
| | PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGAN ANT TO COMPLY WITH FOR THEIR EVENT. | NOITAZII | |
| Parking: | arking in authorized areas only | | |
| Deputies (How Many?): | one | | |
| Fee for Services: | one | | |
| Special Arrangements: | ione | | |
| | | | |
| | Print Name: Captain J. Loethen | | |
| | Signature: int 1 Justine 97149 | | |
| | Title: Special Events, Permits and Details | | |
| | Date: 8-29-17 | | |



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 appropr | iate box(es) be | low: | | | |
|--|-----------------|-----------------|------------|--|------------------|
| SPECIAL E | VENT PERMIT | | | | |
| IX USE OF C | OUNTY PROPERTY | PERMIT | | | |
| FILM PERI | MIT | | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPI | | | | RRANGEMENTS Y | OUR ORGANIZATION |
| Fire Guards (How Many?) | N/A | | | | |
| Fee for Services: | | 1 10000 | | a and a second s | |
| Flammable Vegetation: | | | | · :- | |
| First Aid Equipment: | AS NEEDED | | | | |
| Fire Extinguishing: | N/A | | | | |
| Special Arrangements: | | | | | |
| | Print Name: | Lloyd Adams | | | |
| | Signature: | Loya Adams | | | |
| | Title: | FIRE PREVENTION | SPECIALIST | | |
| | Date: | Oct 31, 2017 | | | |
| | | | | | |



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

Check the appropriate box(es) below:

| ☐ SPECIAL EV | ENT PERMIT JNTY PROPERTY PE | FRMIT | | |
|--|--------------------------------------|---|--|-----------------------|
| FILM PERM | | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLE ICANT TO COMPLY | ASE INDICATE BELOW WITH FOR THEIR EVEN | WHAT ARRANGEMENTS YO | DUR ORGANIZATION |
| Treatment Facilities: | None necessary. | | | |
| Medical Personnel: | None necessary. | | | |
| Medical Supplies / 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 | o arrange special event coverage, | contact our office at |
| | Print Name: | Benjamin Abes | | |
| | Signature: | Benjamin Abes | Digitally signed by Benjamin Abes Date: 2017.08.28 15:58:26 -04'00' | |
| | Title: | Chief | | |
| | Date: | 08/28/2017 | | |



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

| Check the approprio | ite box(es) bei | low: | | | |
|-----------------------|---|--|--|-------------------|--|
| SPECIAL EV | SPECIAL EVENT PERMIT | | | | |
| | □ USE OF COUNTY PROPERTY PERMIT | | | | |
| , | PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | |
| FILM PERM | IT | | | | |
| | | PLEASE INDICATE BELOW PLY WITH FOR THEIR EVEN | WHAT ARRANGEMENTS IT. | YOUR ORGANIZATION | |
| Parking: | No event parking o | on Lee County maintained roa | d rights-of-way. | | |
| | | | | | |
| Ingress and Egress: | Use all established | means of ingress and egress. | | | |
| | | | | | |
| | | | | | |
| Special Arrangements: | None. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Print Name: | Bryan Miller | | | |
| | Signature: | Bryan D. Miller | Digitally signed by Bryan D. Miller Date: 2017.08.31 09:31:15 -04'00' | | |
| | Title: | Senior Project Manager | | | |
| | Date: | August 31, 2017 | | | |



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

| Liquid . | UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITI | ES | |
|--|--|-------------|--|
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR O ICANT TO COMPLY WITH FOR THEIR EVENT. | RGANIZATION | |
| Illumination: | No Illumination before 7 am. Lighting will not be required or permitted. Park is open from 7 am to dusk. | | |
| Parking Areas: | Use designated parking area. | | |
| Special Arrangements: | Rental fee of \$250.00 is required | | |
| | Print Name: Alise FlanJack Signature: Maic Flanjack Title: Parks & Recreation Deputy Director Date: 8/24/17 | | |
| Westminster Pa Christmas E Bourditch | sbytran Amrch Page 10 orite Park | | |



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

| Check the appropriat | e box(es) below: | |
|-------------------------|--|---|
| •==> | ITY PROPERTY PERMIT | C BEVERAGES WITHIN LEE COUNTY FACILITIES |
| | PPLICATION, PLEASE INDICAT ANT TO COMPLY WITH FOR TI | E BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIOI HEIR EVENT. |
| Insurance Requirements: | | nce with minimum limits of One Million Dollars (\$1,000,000) per y injury and/or property damage relative to applicants use of ounty. |
| Special Arrangements: | A Certificate of Insurance shall be so Board of County Commissioners, P. additional insured. Subject to proof of Insurance. | ubmitted as evidence of the required coverage listing Lee County O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an |
| | Print Name: Mlke Figueroa | |
| | Signature: | |
| | Title: Prisk Program Mai | nager |
| | Date: September 27, 20 | 217 |
| | | |

Jim Lee

From: Patty Prevost < Patty@fmbgov.com>
Sent: Patty@fmbgov.com>
Thursday, September 28, 2017 2:12 PM

To: Jim Lee

Subject: RE: Use of County Property Permit Approval

We have no issues with this application.

Patty Prevost

Town of Fort Myers Beach
2525 Estero Blvd

Fort Myers Beach, FL 33931

Phone # 239 765-0202 ex 1303

Beginning May 3rd: New email address Patty@fmbgov.com. Please add to your contact list and remove previous Patty@fortmyersbeachfl.gov.

Check your permit status or schedule inspections online: http://etrakit.fortmyersbeachfl.gov

From: Jim Lee [mailto:Jim@casepearlman.com]
Sent: Monday, September 25, 2017 10:33 AM
To: Patty Prevost <Patty@fmbgov.com>

Subject: FW: Use of County Property Permit Approval

Good morning Patty,

Just following up here. Have you had a chance to review the attached? Please let me know if there is anything else you need for approval.

Thank you.

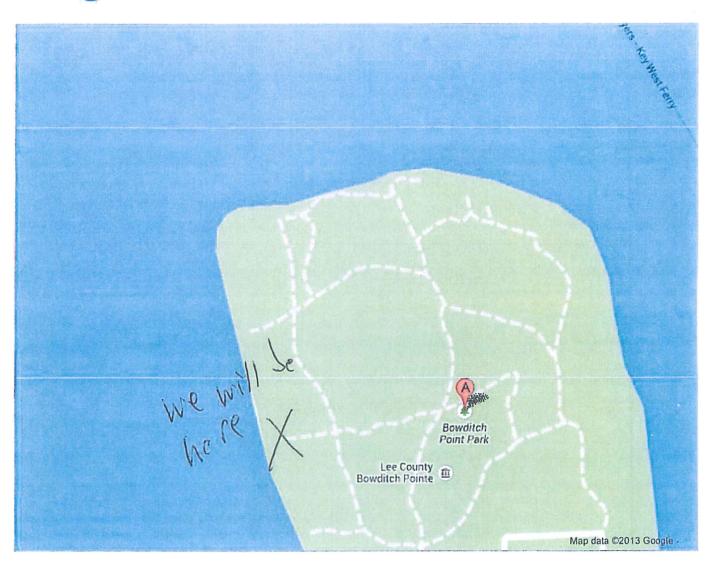
Jim Lee, AIF®



Case Pearlman Retirement Plan Advisors, LLC 12140 Carissa Commerce Court Suite 104 Ft. Myers, FL 33966 239-482-8002 Phone 239-482-8243 FAX 1-855-482-8002 Toll Free

To see all the details that are visible on the screen, use the "Print" link next to the map.





Mutual Company Nonassessable

CHURCH MUTUAL INSURANCE COMPANY

3000 Schuster Lane, P.O. Box 357, Merrill, WI 54452

COMMON POLICY DECLARATIONS PAGE

COINSURANCE CONTRACT: The rate charged in this policy is based upon the use of the coinsurance clause attached to this policy, with the consent of the insured.

THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE LOSSES WHICH MAY RESULT IN HIGH OUT- OF- POCKET EXPENSES TO YOU THIS POLICY CONTAINS A CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU

POLICY NO.: 0080127-02-750026

ITEM 1. NAMED INSURED AND ADDRESS:
WESTMINSTER PRESBYTERIAN CHURCH OF FORT MYERS INC
SUMMIT CHRISTIAN SCHOOL
9065 LIGON CT
FORT MYERS FL 33908-3602

ITEM 2. POLICY PERIOD: FROM 12/15/14 TO 12/15/17
12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

0080127-02-403421 (RENEWAL OF)

ITEM 3. THE NAMED INSURED IS: RELIGIOUS INSTITUTION

ITEM 4. AGENT: 07-104 CHURCH MUTUAL INS CO SOUTHEASTERN DIVISION CHURCH MUTUAL INS CO 3000 SCHUSTER LANE MERRILL WI 54452 (800) 554-2642

ITEM 5. THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS:

FORMS AND ENDORSEMENTS WHICH APPLY TO THIS ENTIRE POLICY:

A 050(01-98)

MUTUAL AND COMMON POLICY CONDITIONS

A 051(06-87)

MOTOAL AND COMMON POLICE COND

CALCULATION OF PREMIUM

UN 720FL(01-08) NOTICE-DISCLOSURE OF TERRORISM PREMIUM

PROPERTY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS:

A 100(01-01)

PROPERTY CONDITIONS





PAGE 1

POLICY NO.: 0080127-02-750026

| A 1001(01-08) | IDENTITY RECOVERY COVERAGE FORM |
|------------------|---|
| A 1009(11-08) | WATER EXCLUSION ENDORSEMENT |
| A 101(04-06) | BUILDING AND PERSONAL PROPERTY COVERAGE - RELIGIOUS |
| A 127(04-06) | CAUSES OF LOSS - SPECIAL FORM |
| A 138(01-98) | LOSS PAYABLE PROVISIONS |
| A 141(06-87) | ADDITIONAL PROPERTY NOT COVERED |
| A 142(05-89) | BUSINESS PERSONAL PROPERTY OF YOUR CLERGY |
| A 144(08-87) | LEASED PROPERTY |
| A 154(10-99) | SYSTEMS/EQUIPMENT BREAKDOWN COVERAGE FORM |
| A 181(11-08) | FLORIDA CHANGES |
| | FL CHANGES - MEDIATION OR APPRAISAL (COMM RES PROP) |
| A 186 El (02-06) | WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE |
| A 918(09-08) | FLORIDA CHANGES - CANCELLATION AND NONRENEWAL |
| A 945.2(01-08) | CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM |
| A 545.2(01-00) | CAP ON LOGGES FROM GERVIN IED AGTG OF TENTONIGH |
| GENERAL LIARII | LITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS: |
| A 052(06-87) | NUCLEAR ENERGY LIABILITY EXCLUSION - BROAD FORM |
| A 200(01-04) | |
| A 200.1(12-06) | |
| A 202(01-04) | GENERAL LIABILITY ADDITIONAL PROVISIONS - RELIGIOUS |
| A 208(01-04) | COLLEGES OR SCHOOLS |
| A 209(01-04) | |
| A 220(01-98) | DESIGNATED PERSON OR ORGANIZATION |
| A 251(09-94) | EXCLUSION - LEAD LIABILITY |
| A 253(01-04) | LEGAL DEFENSE COVERAGE |
| A 254(10-99) | AMENDMENT OF INSURING AGREEMENT - KNOWN INJURY/DAMAGE |
| A 255(01-04) | CATASTROPHIC VIOLENCE RESPONSE COVERAGE |
| A 262(01-04) | |
| A 268(05-03) | WAR LIABILITY EXCLUSION |
| A 918.1(01-08) | FLORIDA CHANGES - CANCELLATION AND NONRENEWAL |
| A 945.3(01-08) | CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM |
| | |
| CRIME COVERAG | GE PART AND ITS FORMS AND ENDORSEMENTS: |
| A 300(06-87) | CRIME CONDITIONS FORM CHURCH THEFT OF MONEY AND SECURITIES COVERAGE FORM BLANKET BOND COVERAGE FORM FLORIDA CHANGES |
| A 302(05-89) | CHURCH THEFT OF MONEY AND SECURITIES COVERAGE FORM |
| A 309(06-87) | BLANKET BOND COVERAGE FORM |
| A 383(05-94) | FLORIDA CHANGES |
| A 918(09-08) | FLORIDA CHANGES - CANCELLATION AND NONRENEWAL |
| | |
| | LIABILITY COVERAGE PART AND ITS FORMS AND ENDORSEMENTS: |
| A 500(01-04) | COUNSELING PROFESSIONAL LIABILITY COVERAGE-OCCURRENCE |
| A 505(12-04) | DIRECTORS, OFFICERS & TRUSTEES LIAB - CLAIMS MADE |
| A 530(12-06) | AFFILIATED ENTITY DISPUTE LEGAL DEFENSE COVERAGE |
| A 555(01-08) | FLORIDA CHANGES - CANCELLATION AND NONRENEWAL |
| A 945.3(01-08) | CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM |
| DOT 913-FL(02-0 | 7) APPLICATION FOR DIRECTORS, OFFICERS & TRUSTEES LIAB |
| HIDED AND NON | OWNED AUTOMOBILE LIABILITY COVERAGE PART AND ITS FORMS AND |
| ENDORSEMENT | |
| A 600(01-04) | HIRED AND NONOWNED AUTO LIAB - RELIGIOUS INSTITUTION |
| A 602(06-00) | MEDICAL EXPENSE COVERAGE |
| A 605(01-03) | RENTAL AUTOMOBILE CONTRACTUAL LIABILITY ENDORSEMENT |
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GENERAL LIABILITY COVERAGE PART DECLARATIONS PAGE

| POLICY NO.: 0080127-02-750026 | | |
|--|----------------|------------------------------|
| ITEM 1. LIMITS OF INSURANCE: | | |
| GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS AND SEXUAL MISCONDUCT OR SEXUAL MOLESTATION) | | 3,000,000 |
| PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT | \$ | 1,000,000 |
| EACH OCCURRENCE LIMIT (BODILY INJURY AND PROPERTY DAMAGE COMBINED) | \$ | 1,000,000 |
| PERSONAL AND ADVERTISING INJURY LIMIT (COMBINED) | \$ | 1,000,000 |
| MEDICAL EXPENSE LIMIT - ANY ONE PERSON (OTHER THAN SEXUAL MISCONDUCT OR SEXUAL MOLESTATION) | \$ | 10,000 |
| PROPERTY DAMAGE LEGAL LIABILITY - ANY ONE OCCURRENCE | \$ | 300,000 |
| SEXUAL MISCONDUCT OR SEXUAL MOLESTATION LIMIT (COMBINED) - ALL LOCATIONS AND OPERATIONS EACH CLAIM LIMIT AGGREGATE LIMIT | \$ | 300,000 300,000 |
| SEXUAL MISCONDUCT OR SEXUAL MOLESTATION MEDICAL EXPENSE LIMIT ANY ONE PERSON AGGREGATE LIMIT | \$ \$ | 10,000 50,000 |
| LEGAL DEFENSE COVERAGE LIMIT EACH DEFENSIBLE INCIDENT LIMIT AGGREGATE LIMIT | \$ \$ | 5,000 15,000 |
| CATASTROPHIC VIOLENCE RESPONSE PER PERSON LIMIT EACH VIOLENT INCIDENT LIMIT VIOLENT INCIDENT AGGREGATE LIMIT | \$ \$ \$ | 50,000 300,000 300,000 |

A 001 G(03-04) - FL

INCLUDING:

PAGE 1

ITEM 2. DESCRIPTION AND CLASSIFICATION OF PREMISES AND OPERATIONS: ALL PREMISES AND OPERATIONS UNLESS EXCLUDED IN ITEM 3 BELOW.

ISSUED DATE: 11/20/14

POLICY NO.: 0080127-02-750026

PREMISES NO:

002

BUILDING NO: 007

CONSTRUCTION:

FRAME

OCCUPANCY:

ELEMENTARY SCHOOL 1740 PERIWINKLE WAY

LOCATION:

TOWNSHIP NAME: SANIBEL FD

COUNTY: LEE.

CITY/STATE:

SANIBEL, FL

ITEM 3. EXCLUSION ENDORSEMENTS:

NONE

OTHER ENDORSEMENTS:

COLLEGES OR SCHOOLS ENDORSEMENT. COVERAGE FOR CORPORAL PUNISHMENT APPLIES. MEDICAL EXPENSE INSURANCE OPTION THAT APPLIES: TWO (EXCESS)

CHILD CARE FACILITY/ADULT DAY CARE FACILITY ENDORSEMENT. COVERAGE FOR CORPORAL PUNISHMENT APPLIES. MEDICAL EXPENSE INSURANCE OPTION THAT APPLIES: TWO (EXCESS)

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION ENDORSEMENT. SCHEDULE OF DESIGNATED PERSONS OR ORGANIZATIONS INSURED:

EARLY LEARNING COALITION OF SW FLORIDA INC 2675 WINKLER AVE STE 300 FORT MYERS, FL 33901-9329 SCHOOL READINESS PROGRAM PREMISES/BUILDINGS INCLUDED: 001 001

LEE COUNTY BOARD OF COMMISSIONERS ATTN MIKE FIGEROA LEE COUNTY RISK MANAGEMENT **PO BOX 398** FORT MYERS, FL 33902-0398 SOFTBALL LEAGUE PREMISES/BUILDINGS INCLUDED: 001 001

FLORIDA POWER & LIGHT COMPANY ATTN WEST AREA REAL ESTATE DEPT PO BOX 1119 SARASOTA, FL 34230-1119 **OVERFLOW PARKING** PREMISES/BUILDINGS INCLUDED: 001

006