

# **EVENT PERMIT**



Ordinance 14-15

# VETERAN'S DAY THANK YOU

PERMIT NUMBER:

TMP2017-00331

Date(s) of Event:

November 10-11, 2017 from 11:00am until 2:00pm

Property Owner:

LEE COUNTY

Applicant:

VILLAGE OF ESTERO

Contact: CAROL SACCO

No

No

Description:

Veteran's Day Thank You Event

Location of event:

9190 9398 CORKSCREW PALMS BLVD ESTERO 33928

ESTERO COMMUNITY PARK/\*\*\*239-221-5035

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

Will a bond be posted for this event?

#### 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

1/4/1

County Manager Date

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# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

JOSE .

Film, Video & Photography

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# **Event Application**

Check the appropriate box(es) below	W:
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SPECIAL EVENT PERMIT	
USE OF COUNTY PROPERTY PERMIT	
PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LE	E COUNTY FACILITIES
FILM PERMIT	

Section I - GENERAL INFORMATION (All Permit Types)				
Title of Event / Name of Production	Veteran's Day-Thankyou			
Date(s) of Event / Production:	Nov 10-11-2017			
Location(s) of Event:	Park			
Name of Applicant:	Village of Estero			
Applicant Address:	9411 Cerkscrow Palm Cinher			
Applicant Phone Number:	239.221-5035			
Contact Person: (If different from applicant)	Carolin Saces			
Contact Phone Number: (If different from applicant)	239-319-2848			
Email Address:	Succo e astero-Fl.g.v.			
Estimated Attendance:				
Event Description: Include each activity, when activities take place, etc.	Veteran's Day - Thank you Event Speakers Color quard			
Hours of Operation:	11:00 - 2:00 pm			
STRAP # of Parcel:	344635E1113030101 344625E40100C017A			
Owner of Premises*:	Lee County Parks + Recreation			

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



## Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises? Dublic Park !	
Are any temporary structures to be insta	alled for the event?  Yes No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	Yes No WA
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	me 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 ✓ No	Yes No	Yes
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:	donations	
Type of Food being Served:	gs, chips, water, Dan	burg cr 1
Section II - USE OF COUNTY P	ROPERTY PERMIT	C
Organization Sponsoring the Event:	The Williams of Iss	CR d
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	
Name of Charity:		
Address of Charity:		
Phone Number:		r. en le result de la
Non-profit certificate/registration num	ber:	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization i	s exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cou 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 num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
<b>Please note:</b> A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	TV Series / Pilot		TV Comme	rcial [	Still Photos
Public Service Announcemen	nt 🔲 Industrial / Documentary		Other:		
ll any of the following be nee	ded or included*?				
Street Closure			☐ Yes	▼ No	Section 3 and 1811
Traffic / Crowd Co	ontrol		☐ Yes	IX No	the state of the s
Fire or Burning			☐ Yes	⋉ No	)
Explosives or Pyro	technics		☐ Yes	No.	) , , , , , , ,
Animals, Large or	Small		☐ Yes	IX No	)
Construction of A	ny Kind		☐ Yes	No.	)
Large and/or Nun	nerous Vehicles		☐ Yes	j≺ No	)
Helicopters, Boats	s, etc.		☐ Yes	No.	)
Stunts			Yes	⊠ No	<b>)</b>
Other			☐ Yes	┌ No	)
Special Parking Requirements			*	a 87 di	
0 20.00					1
City or County Services Requi	red: (Personnel, equipment, facil	ities e	etc )		
					<u> Partin</u>
ESICRO FIRC	Dept Truck is	PART	cinc 10	,	to the state of th
	equired for local and state record are not available, please estimate				track the economic impa
Number in Cast:	Number in Crew:		Num	ber of loc	als hired:
Total budget:	Estimate amount s	ent in	Lee County:		42
Hotel room nights:	Number of shooting	g days:			
	s 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 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**

Date

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 Witness** Date



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

Check the appropria	te box(es) below:	
F SPECIAL EVI	NT PERMIT	
USE OF COL	INTY PROPERTY PERMIT	
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.	1
Parking:	Parking in authorized areas only.	-
i di king.		
		_
Deputies (How Many?):	none	
Fee for Services:	none	
		_
Special Arrangements:	none	
	D.C. A. Allenson	
	Print Name: Captain J. Loethen	
	Signature: Capt / Low / 1/2149	
	Title: Special Events, Permits and Details	
	Date: November 9, 2017	

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#### 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) below:
X SPECIAL EV	/ENT PERMIT
USE OF CO	DUNTY PROPERTY PERMIT
FILM PERN	літ — — — — — — — — — — — — — — — — — — —
AFTER REVIEWING THE AWILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
riammable vegetation,	
First Aid Equipment:	Call 911 for Emergencies
Fire Extinguishing:	Call 911 for Emergencies
* *	
Special Arrangements:	
	Print Name: Scott Danielson
	Signature: Swall Jones
	Title: Lt. Fire Prevention
	Date: 11/8/2017

tropage or early forces.

121 Tetus to



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

Check the appropria	ite box(es) belov	<i>y:</i>	
SPECIAL EVI	ENT PERMIT		<u>~</u>
⋉ USE OF COU	JNTY PROPERTY PE	RMIT	
FILM PERM			
THE	ADDUCATION DIE	ASE INDICATE BELOW WHAT ARRANGEMENTS Y	OUR ORGANIZATION
AFTER REVIEWING THE	ICANT TO COMPLY	WITH FOR THEIR EVENT.	
WILL REGOINE THE 7	že.		
Treatment Facilities:	None necessary.	2	
/ Cathriene radinalist			
Medical Personnel:	None necessary.		
Medical Supplies /	None necessary.	-	
Equipment:	* * *		
Safety Requirements:	No additional precau	tions necessary.	
Fee for Services	Not applicable.		
			v.
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage	e, contact our office at
8	239 333-3911.		* *
9 E		<u> </u>	
,			×
	Print Name:	Benjamin Abes	
	Signature:	Benjamin Abes Date: 2017.11.09 08:38:04 - 05'00'	
×	Title:	Chief	
	**************************************		
	Date:	11/09/2017	



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

Check the approprio	ite box(es) bel	ow:			
SPECIAL EV	ENT PERMIT				
₩ USE OF COU	JNTY PROPERTY	PERMIT	*		
			AGES WITHIN LEE COUNTY	FACILITIES	
FILM PERM					
-					
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P	LEASE INDICATE BELO\ LY WITH FOR THEIR EV{	W WHAT ARRANGEMENTS ENT.	YOUR ORGANI	ZATION
Parking:	Park in designated	areas. No event parking on	Lee County maintained road rig	hts-of-way.	
a	ē.			*_	
Ingress and Egress:	Use all established	means of ingress and egres	55.		
Special Arrangements:	None.				
	a a				
	, .				
	5				
*** ** ** ** ** ** ** ** ** ** ** ** **			P		
	Print Name:	Bryan Miller			
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.11.08 15:09:02 -05'00'	e e e e e e e e e e e e e e e e e e e	
~	Title:	Senior Project Manager		* * * * * * * * * * * * * * * * * * *	
	Date:	November 8, 2017			

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

Check the appropri	ate box(es) below:	
_	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORG ICANT TO COMPLY WITH FOR THEIR EVENT.	ANIZATION
Illumination:	The event organizer is to provide own lighting.	
Parking Areas: ·	All vehicles must use designated parking area in the parking lots. No vehicles on the area. Organizers may drop off supplies via the service road between the Rec. Center chiller area. After dropping supplies vehicles must park in the parking lot. For overflow contact Select Real Estate Office Manager Keith with Collier Association Management 239-793-1643. Must obtain authorization to use their parking lot. No blocking of services.	r and the w parking, nt at
Special Arrangements:	No staking of tents or any inflatable devices, must use water barrels or sand bags. Orga order a dumpster if food vendors are on site and porta-o-johns if needed at the organize Outdoor restrooms open at 7:00am and close at 9:00pm Park gates open at 5:30am Rec. Center restrooms open Sat. and Sun. 9:00am-5:00pm Contact Trever Snearley at 239-771-1079 or the Rec. Center office at 239-498-0415 for	ers expense.
	Print Name: JESSE LAVENDER  Signature: June June  Title: Director  Date: 11/9/17	



# 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:	
SPECIAL EVE	NT PERMIT	
IX USE OF COU	NTY PROPERTY PERMIT	
Company Company	ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
☐ FILM PERMIT		
I I I LIVI I LIVIVII		
AFTER REVIEWING THE AWILL REQUIRE THE APPLIC	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO CANT TO COMPLY WITH FOR THEIR EVENT.	N
la suus as a Domiliam ontai	Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per	
Insurance Requirements:	occurrence to protect against bodily injury and/or property damage relative to applicants use of	
	aforementioned event within Lee County.	
	Limits as per Fl Statute 768.28	
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County	
Special Attailgements.	Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as ar additional insured.	)
* * * *	Subject to proof of insurance.	
×		
je .		
93 a d	Print Name: Mike Figueroa	
	Signature:	
₩	Title: Risk Program Manager	
	Date: November 8, 2017	

CERTIFICATE OF COVE	RAGE					
Certificate Holder LEE COUNTY BOARD OF COUNTY COMMISSIONERS PO BOX 398 FORT MYERS FLORIDA 33902			Administrator Issue Date 8/28/17  Florida League of Citles, Inc. Department of Insurance and Financial Services P.O. Box 530065 Orlando, Florida 32853-0065			
COVERAGES THIS IS TO CERTIFY THAT THE AGREEMENT BELOW H TERM OR CONDITION OF ANY CONTRACT OR OTHER! AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL	AS BEEN ISSUED TO THE DESIGNATED MEI DOCUMENT WITH RESPECT TO WHICH THIS THE TERMS, EXCLUSIONS AND CONDITION	MBER FOR T S CERTIFICA IS OF SUCH	HE COVERAGE PERIOD IND ITE MAY BE ISSUED OR MAY AGREEMENT,	ICATED. NOTWITHSTANDING ANY REQUIREMENT, PERTAIN, THE COVERAGE AFFORDED BY THE		
COVERAGE PROVIDED BY:	FLORIDA MUNICIPAL		ANCE TRUST			
AGREEMENT NUMBER: FMIT 1468	COVERAGE PERIOD: FROM 10	0/01/16	COVERAGE PERIOD	2: TO 10/01/17 12:01 AM STANDARD TIME		
TYPE OF COVERAGE - LIABILITY		TYPE	OF COVERAGE - PRO	PERTY		
General Liability  Comprehensive General Liability, Bodily Personal Injury and Advertising Injury  Emors and Omissions Liability  Employment Practices Liability  Employee Benefits Program Administra  Medical Attendants /Medical Directors Now Medical Attendants /Medical Directors Now Medical Office of the Medical Attendants /Medical Directors Now Medical Attendants /Medical Directors Now Medical Attendants /Medical Directors Now Medical	tion Liability Aslpractice Liability zard	□ A CO DO S CO DO A C	pecific eplacement Cost clual Cash Value Limits of Liab OF COVERAGE - WO (alulory Workers' Comp	Miscellaneous   Inland Manne   Electronic Data Processing   Bond   Bo		
Non-Owned Autos  Limits of Liability  * Combined Single Limit  Deductible N/A			mployers Liability	\$1,000,000 By Disease \$1,000,000 Aggregate By Disease		
Other	bill pursuant to Section 768,28 (5) Fi	n or \$300 ,000,000 orlda Stat	000 Bodily Injury and/or	ellaneous Equipment r Property Damage per occurrence. These (combined single limit) per occurrence, solely for nt for which no claims bill has been filed or		
Description of Operations/Locations/Vel	ark on November 11, 2017	ro (IOON TI	E CERTIFICATE UNI DEP. T	HIR CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER		
THIS CERTIFICATE IS ISSUED AS A MATTER OF INF THE COVERAGE AFFORDED BY THE AGREEMENT.	ORMATION ONLY AND CONFERS NO RIGHT ABOVE.			HIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER		
DESIGNATED MEMBER  VILLAGE OF ESTERO 21500 THREE OAKS PARKWAY SUITE 200 ESTERO, FL 33928		SHOUL EXPIRA WRITTE NOTICE	TION DATE THEREOF, THE IS	DESCRIBED AGREEMENT BE CANCELLED BEFORE THE SSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS ATTENDED HAMED ABOVE BUT FAILURET ON AMIL SUCH TION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS		

FMIT-CERT (04/2015)

ok Mt 11/8/2017

AUTHORIZED REPRESENTATIVE

\*



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

Check the appropriat	e box(es) below.	:		
FILM PERMIT	ONLY			
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC			NGEMENTS YOUR	ORGANIZATION
Special Arrangements:				
Other:				
	Print Name: Signature: Title: Date:			

#### **CERTIFICATE OF COVERAGE** Certificate Holder Administrator Issue Date 8/28/17 LEE COUNTY BOARD OF COUNTY COMMISSIONERS Florida League of Cities, Inc. **PO BOX 398** Department of Insurance and Financial Services P.O. Box 530065 FORT MYERS FLORIDA 33902 Orlando, Florida 32853-0065 COVERAGES THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE 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 COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT. FLORIDA MUNICIPAL INSURANCE TRUST COVERAGE PROVIDED BY: **AGREEMENT NUMBER: FMIT 1468** COVERAGE PERIOD: FROM 10/01/16 COVERAGE PERIOD: TO 10/01/17 12:01 AM STANDARD TIME TYPE OF COVERAGE - LIABILITY TYPE OF COVERAGE - PROPERTY **General Liability** □ Buildings ☐ Miscellaneous ☐ Inland Marine ☐ Basic Form □ Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury ☐ Special Form ☐ Electronic Data Processing Bond Errors and Omissions Liability Personal Property M Employment Practices Liability ☐ Basic Form П Special Form ☐ Agreed Amount Medical Attendants'/Medical Directors' Malpractice Liability Deductible \$1,000 Broad Form Property Damage ☐ Law Enforcement Liability ☑ Coinsurance 100% ☑ Underground, Explosion & Collapse Hazard □ Blanket Limits of Liability Replacement Cost \* Combined Single Limit ☐ Actual Cash Value Deductible N/A Limits of Liability on File with Administrator **Automobile Liability** ☐ All owned Autos (Private Passenger) TYPE OF COVERAGE - WORKERS' COMPENSATION ☐ All owned Autos (Other than Private Passenger) M Statutory Workers' Compensation Mired Autos M Employers Liability \$1,000,000 Each Accident Non-Owned Autos \$1,000,000 By Disease \$1,000,000 Aggregate By Disease Limits of Liability \* Combined Single Limit ☐ Deductible N/A Deductible N/A Automobile/Equipment - Deductible ☐ Physical Damage Per Schedule - Comprehensive - Auto Per Schedule - Collision - Auto N/A - Miscellaneous Equipment The limit of liability is \$200,000 Bodily Injury and/or Property Damage per person or \$300,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$5,000,000 for General Liability and \$1,000,000 for Automobile Liability (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida. Description of Operations/Locations/Vehicles/Special Items Re: Veteran's Day event in a Lee County Park on November 11, 2017 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE. CANCELLATIONS SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES. DESIGNATED MEMBER VILLAGE OF ESTERO 21500 THREE OAKS PARKWAY SUITE 200 Lie Kaglio ESTERO, FL 33928

AUTHORIZED REPRESENTATIVE

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FMIT-CERT (04/2015)

JANAS LIDEO STILLIFINO

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