

EVENT PERMIT



Ordinance 17-08

DRUG HOUSE ODYSSEY

PERMIT NUMBER:

TMP2017-00370

Date(s) of Event:

January 30-31, 2018 from 8am-3pm, February 1, 2018 from 4pm-8pm

Property Owner:

LEE COUNTY

Applicant:

COALITION FOR A DRUG-FREE SWFL

Contact: DEBORAH COMELLA

239-931-9317

Description:

A five scene walk through play that demonstrates the deadly effects of drinking and

driving

Location of event:

11831 BAYSHORE RD NORTH FORT MYERS 33917

LEE CIVICS CENTER***239-931-9317

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

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:

Γ	SPEC	CIAL	EVENT	PERMIT
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□ 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	Drug House Odyssey - A Lee County Prevention Event							
Date(s) of Event / Production:	January 29-February 2, 2018							
Location(s) of Event:	Lee County Civic Center							
Name of Applicant:	The Lee County Coalition for a Drug-Free Southwest Florida							
Applicant Address:	3763 Evans Avenue #202 Fort Myers, FL 33901							
Applicant Phone Number:	(239) 931-9317							
Contact Person: (If different from applicant)	Deborah Comella							
Contact Phone Number: (If different from applicant)	(239) 931-9317 or (239) 560-1929 (c)							
Email Address:	executivedir@drugfreeswfl.org							
Estimated Attendance:	1200							
Event Description: Include each activity, when activities take place, etc.	A three day walk through play (January 30-February 1, 2018) that depicts the effects of underage drinking and drinking and driving. Event takes place in the back parking lot of the Lee County Civic Center. Event hours are January 30-February 1 from 8:00 a.m. to 2:00 p.m., and January 31 from 5-7 p.m. January 30 is set up and Febrruary							
Hours of Operation:	January 30 and 31 and February 1, 8:00 a.m. to 3:00 p.m. January 31 4:00 p.m. to 8:00 p.m.							
STRAP # of Parcel:	11831BayshoreRoad224325000000700000							
Owner of Premises*:	Lee County Board of County Commissioners							

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



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

Check the appropriate box(es) below:

	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	In authorized areas only.
Deputies (How Many?):	none
Fee for Services:	none
Special Arrangements:	none
	Print Name: Captain J. Loethen Signature: Captain J. Loethen Title: Special Events, Permits and Details
	Date: 10-24-17



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 EVENT PERMIT

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	None
ee for Services:	
	None
Flammable Vegetation:	
	Nove
First Aid Equipment:	
	None
Fire Extinguishing:	
	None
Special Arrangements:	Inspections OF TENDS will be Prequired Before Use.
· · · · · · · · · · · · · · · · · · ·	
	Print Name: Lawrence Nisbet
	Signature:
	Title: FIRE Chief
	Date: 1/11/2018



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

▼ SPECIAL EVENT PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	See Special Arranger	See Special Arrangements below.								
Medical Personnel:	See Special Arranger	e Special Arrangements below.								
Medical Supplies / Equipment:	See Special Arranger	ments below.								
Safety Requirements:	See Special Arrangements below.									
Fee for Services	See Special Arrangen	See Special Arrangements below.								
Special Arrangements:	EMS will be on site to	o work with the event; no a	dditional arrangements necessa	iry.						
	Print Name:	Benjamin Abes								
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.10.24 14:21:51 -04'00'	_						
	Title:	Chief								
	Date:	10/24/2017		-						



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

Check the approprie	ite box(es) belo	w:	
☐ SPECIAL EVENTE OF COUNTY PERMIT TO	JNTY PROPERTY F SELL AND CONSU	PERMIT IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMPL	EASE INDICATE BELOW WHAT ARRANGEMENTS Y WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	Park in designated a	areas. No event parking on Lee County maintained road rigl	nts-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.	•
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control as needed.	
· .			
	Print Name:	Bryan Miller	
*.	Signature:	Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2017.12.12 09:27:20 -05'00'	
	Title:	Senior Project Manager	
	Date:	December 12, 2017	



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

Check the appropri	ate box(es) below:
PERMIT TO	UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERN	HT
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	Work with on-site staff for lighting needs for night time program.
Parking Areas:	Work with on-site staff to park in designated parking areas.
Special Arrangements:	N/A
Drug House Deep	Print Name: Alise Flanjack Signature: Alse Flanjack Title: Deputy Director Date: Dec 11,2017
Ong Horse Odes Civic Center	Page 10



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

Check the appropriat	e box(es) bel	ow:
F SPECIAL EVE	NT PERMIT	
⋉ USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	Г	
		LEASE 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 Ir Board of County additional insure Subject to proof	
	Print Name: Signature: Title: Date:	Mike Figueroa Risk Program Manager November 22, 2017

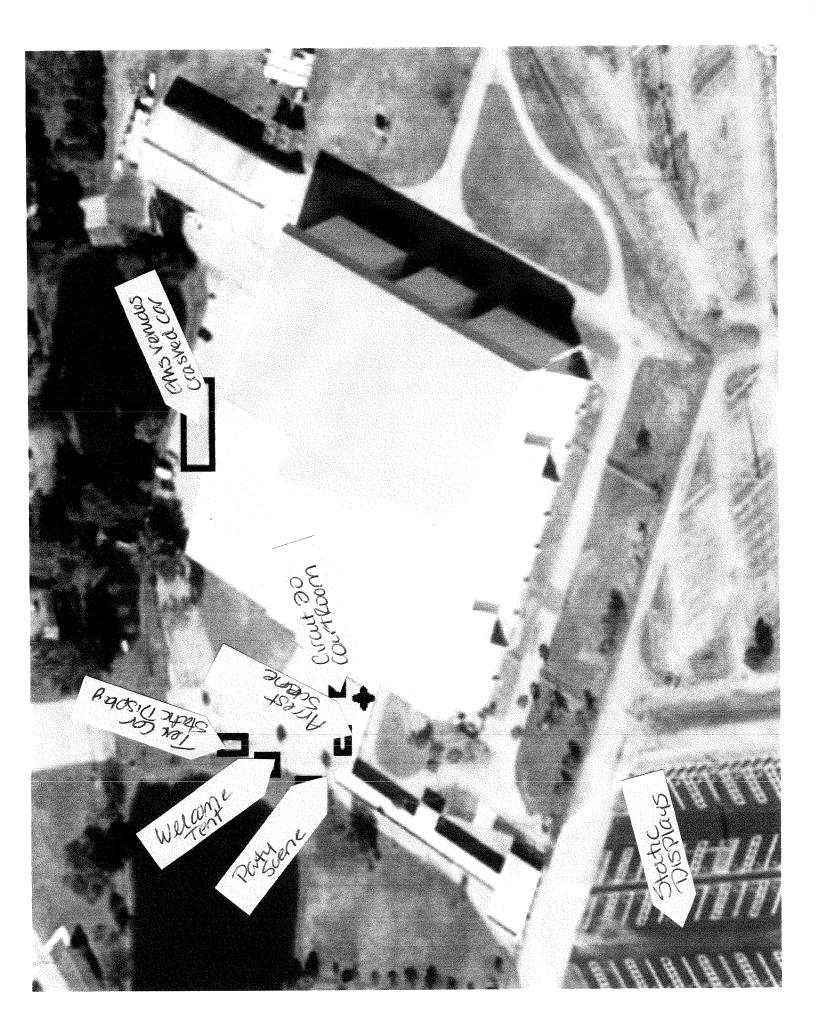


DATE (MM/DD/YYYY) 8/23/2017

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.

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	cate holder in lieu of								io certificate does not t			
PRODUCER						CONTACT Karen Gross						
AWA Ir	surance					PHONE (A/C, No, Ext): (239) 418-1100 FAX (A/C, No): (239) 418-1164						
13700	Six Mile Cypres	ss Pkwy				E-MAIL ADDRESS: karen@awainsurance.com						
Suite	1						INSI	JRER(S) AFFOR	DING COVERAGE		NAIC #	
Ft.Mye	ers	FL 339	12			INSURE	RA:Scotts	iale Insu	rance Co		23284	
INSURED						INSURE	R8:					
Lee Co	ounty Coalition	For A Dr	ug-F	ree	Southwest	INSURE	RC:					
PO Box	c 61688					INSURE	RD:					
						INSURE	RE:					
Fort 1	dyers	FL 339	06			INSURE	RF:					
COVERAGES CERTIFICATE NUMBER:17/18 L								THE RESERVE AND DESCRIPTION OF THE PERSON OF	REVISION NUMBER:			
CERTI	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
INSR LTR	TYPE OF INSURANCE	CE	ADDL SI	UBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	3		
	COMMERCIAL GENERAL L				Titles				EACH OCCURRENCE	\$	1,000,000	
A	CLAIMS-MADE X	OCCUR		-					DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,000	
			x		CPS2747622		10/1/2017	10/1/2018	MED EXP (Any one person)	s	5,000	
									PERSONAL & ADV INJURY	s	1,000,000	
GEN	L'AGGREGATE LIMIT APPL	IES PER:							GENERAL AGGREGATE	\$	2,000,000	
х	POLICY PRO- JECT	LOC							PRODUCTS - COMP/OP AGG	s	2,000,000	
	OTHER:									\$		
AUT	TOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	5		
	ANY AUTO								BODILY INJURY (Per person)	S		
	AUTOS AU	HEDULED TOS							BODILY (NJURY (Per accident) PROPERTY DAMAGE			
	HIRED AUTOS AU	N-OWNED TOS						1	(Per accident)	\$		
										S		
	UMBRELLA LIAB	OCCUR		1					EACH OCCURRENCE	S		
-	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$		
WOS	DED RETENTIONS RKERS COMPENSATION							·	PER OTH-	\$		
AND	EMPLOYERS' LIABILITY	Y/N							STATUTE ER	 		
OFF	PROPRIETOR/PARTNER/EXI ICER/MEMBER EXCLUDED?	ECUTIVE	NIA	ļ					E.L. EACH ACCIDENT	\$		
(Mar	ndatory in NH) s, describe under ICRIPTION OF OPERATIONS								E.L. DISEASE - EA EMPLOYE	1		
DES	CRIPTION OF OPERATIONS	below	-+				MONTH IN 1887		E.L. DISEASE - POLICY LIMIT	5		
.												
LEE C	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) LEE COUNTY BOARD OF COUNTY COMMISSIONERS IS NAMED AS ADDITIONAL INSURED FOR SPECIAL EVENT DRUG HOUSE ODYSSEY 1-29-2018 TO 2-2-2018											
						ou	MF	11/22/17				
CERTIF	ICATE HOLDER		************				CELLATION					
	LEE COUNTY BO PO BOX 398 FORT MYERS, F			Y	COMMISSIONERS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
							RIZED REPRESE Williams					
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DATE (MM/DD/YYYY) 8/23/2017

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PRODUCER				CONTAC NAME:	^{CT} Karen G	ross				
AWA Insurance				PHONE (239) 418-1100 FAX (A/C, No, Ext): (239) 418-1164						
13700 Six Mile Cypress Pkwy			}	E-MAIL ADDRESS: karen@awainsurance.com						
Suite# 1				INSURER(S) AFFORDING COVERAGE					NAIC #	
Ft.Myers FL 339	112			MEUDE	RA:Scotts					23284
NSURED						TOTE THEN	Lance CO			20203
Lee County Coalition For A D	m1.~	Fr.	e Southwest	INSURE						
			e boutimest	INSURE						
PO Box 61688				INSURE						1
	200			INSURE						
Fort Myers FL 339				INSURE			DEVICION NI	IMPED.		1
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THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLI	REME AIN, CIES	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN DED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT W D HEREIN IS S	ITH RESPEC	ст то	WHICH THIS
VSR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	i	
X COMMERCIAL GENERAL LIABILITY							EACH OCCURRE		\$	1,000,000
A CLAIMS-MADE X OCCUR						ĺ	DAMAGE TO REM PREMISES (Ea or	ITED ccurrence)	\$	100,000
	x		CPS2747622		10/1/2017	10/1/2018	MED EXP (Any or		\$	5,000
	LL COLOR DE LA COL						PERSONAL & AD		S	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGR		5	2,000,000
X POLICY PRO-							PRODUCTS - CO		5	2,000,000
	-								\$	
OTHER: AUTOMOBILE LIABILITY	-						COMBINED SING (Ea accident)	LE LIMIT	\$	
							BODILY INJURY	Per person)	\$	
ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY	·	\$	
AUTOS AUTOS NON-OWNED							PROPERTY DAM	ACE	\$ \$	
HIRED AUTOS AUTOS							(Per accident)		\$ \$	
	 	 								
UMBRELLA LIAB OCCUR							EACH OCCURRE		\$	
EXCESS LIAB CLAIMS-MADE	4						AGGREGATE		\$	
DED RETENTION \$		ļ				7, 10, 10	PER	OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN	i						STATUTE	ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCID	ENT	\$	
(Mandatory in NH)	1						E.L. DISEASE - E	A EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	<u> </u>						E.L. DISEASE - P	OLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	(ACOF	ND 101, Additional Remarks Sche	dule, may	be attached if m	ore space is req	uired)	****		
LEE COUNTY BOARD OF COUNTY C	CMMC	ISSI	ONERS IS NAMED AS	ADDI	TIONAL IN	SURED FO	R SPECIAL	EVENT		
DRUG HOUSE ODYSSEY										
1-29-2018 TO 2-2-2018										
CERTIFICATE HOLDER				CANO	CELLATION					
CERTIFICATE HOLDER				T CAN	JEEER ! ION					
				SHO	OULD ANY OF	THE ABOVE D	ESCRIBED POI	LICIES BE C	ANCE	LLED BEFORE
LEE COUNTY BOARD OF C	AUO:	TY	COMMISSIONERS	THE	EXPIRATION	N DATE TH	EREOF, NOTIC	CE WILL E		
DO BOX 308				ACC	OKDANCE W	III INE POLIC	CY PROVISIONS	١.		

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FORT MYERS, FL 33902

AUTHORIZED REPRESENTATIVE

Jeff Williams/CL7



DATE (MM/DD/YYYY) 8/23/2017

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	runcate noider in neu or such endors	eme	1145)		CONTA	CT.				
PRO	DUCER					^{CT} Karen G		T=2.0	***************************************	
AWA Insurance					PHONE (A/C, No, Ext): (239) 418-1100 FAX (A/C, No): (239) 418-1164					
137	00 Six Mile Cypress Pkwy				E-MAIL ADDRESS: karen@awainsurance.com					
Sui	te# 1				INSURER(S) AFFORDING COVERAGE					NAIC #
Ft.	Ft.Myers FL 33912					RA:Scotts				23284
	NSURED					RB:				
	Lee County Coalition For A Drug-Free Southwest									
	Box 61688	-9			INSURE					
10	BOX 01000				INSURE					
T7	t Mvers FL 339	06		·	INSURE					
			\ T	AUMOED 17/10 TEE	INSURE			DEVICION NI IMPER.		
	VERAGES CER IIS IS TO CERTIFY THAT THE POLICIES			NUMBER:17/18 LEE				REVISION NUMBER:	HE DO	LICY PERIOD
IN CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH	QUIR	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT THE POLICIE	OR OTHER	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	'S	
	X COMMERCIAL GENERAL LIABILITY	. NOD						EACH OCCURRENCE	\$	1,000,000
A	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CERIMO-IMADE A GOODIN	х		CPS2747622		10/1/2017	10/1/2018	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	PRO-							PRODUCTS - COMP/OP AGG	\$	2,000,000
	, one just and							PRODUCTS - COMPTOP AGG	\$	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	
								(Ea accident) BODILY INJURY (Per person)	s	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	s	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE		
	HIRED AUTOS AUTOS							(Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							LOSER L TOTAL	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
										1
PU	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC ITA GORDA RENT ALL, INC IS IG HOUSE ODYSSEY								SPECI	IAL EVENT
1-2	9-2017 TO 2-2-2018									
					04335					
CE	RTIFICATE HOLDER				CANC	CELLATION				
	PUNTA GORDA RENT ALL, 25115 Marion Ave Punta Gorda, FL 3395		С		THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.		
	Funca Gorda, FL 3393	J			AUTHO	RIZED REPRESE	NTATIVE			
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certificate holder in lieu of such endors						iis certificate does not c	Olliel i	ignis to the	
PRODUCER				CONTACT Karen Gross					
AWA Insurance				PHONE (A/C, No, Ext): (239) 418-1100 FAX (A/C, No): (239) 418-1164					
13700 Six Mile Cypress Pkwy				E-MAIL ADDRESS: karen@awainsurance.com					
Suite# 1				INSURER(S) AFFORDING COVERAGE					
Ft.Myers FL 33912				INSURER A :Scottsdale Insurance Co				NAIC # 23284	
INSURED				INSURER B:					
Lee County Coalition For A Drug-Free Southwest				INSURER C:					
PO Box 61688			INSURER D:						
			INSURER E :						
Fort Myers FL 33906			INSURER F:						
COVERAGES CER	TIFIC	ATE NUMBER:17/18 LEE				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. NSR TYPE OF INSURANCE ADDLISUBR INSD WYD POLICY NUMBER POLICY PURPLEY (MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY) LIMITS									
LTR TYPE OF INSURANCE	INSD	WVD POLICY NUMBER		MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s		
X COMMERCIAL GENERAL LIABILITY			Ì			EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000	
A CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$	100,000	
	x	CPS2747622		10/1/2017	10/1/2018	MED EXP (Any one person)	\$	5,000	
						PERSONAL & ADV INJURY	\$	1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000	
X POLICY PRO- DECT LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO						BODILY INJURY (Per person)	\$		
ALL OWNED SCHEDULED AUTOS AUTOS			-			BODILY INJURY (Per accident)	\$		
HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
A0103						(i ci doddent)	\$		
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE	,					AGGREGATE	\$		
DED RETENTION \$			}				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHIC LEE COUNTY CIVIC CENTER IS NA DRUG HOUSE ODYSSEY 1-29-2017 TO 2-2-2018						iired)			
CERTIFICATE HOLDER				CANCELLATION					
LEE COUNTY CIVIC CENTER 11831 BAYSHORE ROAD NORTH FORT MYERS, FL 33917				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED DEDDECENTATIVE					

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Jeff Williams/CL7