

EVENT PERMIT



Ordinance 17-08

2018 NEW YEARS CELEBRATION

PERMIT NUMBER:

TMP2017-00380

Date(s) of Event:

December 31, 2018 thru January 1, 2018 from 8:00pm- 2:00am New Years

Eve Celebration. Alcohol consumption to stop at 12:00am. February 4, 2018

Property Owner:

LEE COUNTY

Applicant:

BOCA GRANDE CHAMBER OF COMMER

Contact: NAT ITALIANO

Description:

New Years Celebration and Spaghetti Dinner sponsored bu the Loouise DuPont

Crowninshield House

Location of event:

131 135 1ST ST W BOCA GRANDE 33921

CROWNINSHIELD COMMUNITY HOUSE***941-964-0400

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?

Yes

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

Louis DuPont Crowninshield House - New Year Celebration - Sunday, 12/31/17- Monday, 1/1/2018 & Spaghetti Dinners on Sunday, 2/4/18 & 3/4/18

tme2017-06380



Event Application

SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELLANG CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	2018 New Years Celebration & Speghetti Dinners sponsored by the Louise DuPont Crowninshield Hou
Date(s) of Event / Production:	12/31/17& 1/1/18 - New Year Celebration 2/4/18 & 3/4/18 - Spaghetti Dinners
Location(s) of Event:	Louise DuPont Crowninshield Community House
Name of Applicant:	Nat Italiano (Louse DuPont Crowninshield Inc.)
Applicant Address:	P.O. Box 100, 131 Banyan Street Boca Grande, Fl 33921
Applicant Phone Number:	1-941-964-0400
Contact Person: (If different from applicant)	Nat Italiano
Contact Phone Number: (If different from applicant)	
Email Address:	italianoinsurance.com
Estimated Attendance:	100+ people
Event Description: Include each activity, when activities take place, etc.	New Year celebration - Food and Music throughout the evening. Spaghetti Dinners -
Hours of Operation:	Setup during the day on 12/31. food, music and entertainment from 8:00p on 12/31/17 to 2:00a on 1/1/17. Alcohol consumption will stop at 12:00a,m.
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee county Government

^{*}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? Public Facility	
Are any temporary structures to be installed for the event? Yes No Type:	
Do you have the appropriate permits for the temporary structures? N/A	•
* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities indentified, including all parking areas.	and activities
Insurance Company Insuring the Event: Italiano Insurance Company	
Note: Certificate of Insurance must be submitted at time of application	
Surety Company Bonding this Event (Name and Address): N/A	
Will Vehicles be Used as Part of This Will Food be Available at this Event? Will Alcoholic Beverage Event? Will Alcoholic Beverage Event?	
┌─Yes ┌─ No ┌── ├── ├── ├── ├── ├── ├── ├── ├── ├──	, 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, products liability coverage must be included on the certificate of insurance.	-
Name & Address of Organization Participants / Attendees Providing Food:	
Section II - USE OF COUNTY PROPERTY PERMIT Organization Sponsoring the Event:	·
Fill out this portion for applications for Solicitation in the County Rights-of-Way:	
Name of Charity:	
Address of Charity:	
Phone Number:	
Non-profit certificate/registration number:	
(Proof of registration with the Dept. of Agriculture & Consumer Services §496.405 or proof the organization is exempt from this requirement	t. §316.2045)
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT	
Is alcohol being XXI /consumed on County Property?	
Non-profit certificate/registration number: Alcohol not being sold (Required if alcohol is to be <u>SOLD</u> at the event)	
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (further details	239) 344-0885 for



ection IV - FILM / VIDE	O / PHOT	OGRAPHY PERI	AH	N/A			
oe of Production (choose all t	that apply):						
TV Movie or Special	JT TV S	Series / Pilot	. [-	TV Comme	rcial	Still Pho	otos
Public Service Announceme	ent 🗀 Indu	strial / Documentar	у Г.	Other:			
ill any of the following be ne	eded or includ	ded*?					
Street Closure		-		Yes	Π:	No	
Traffic / Crowd C	Control			Yes		No	
Fire or Burning				Yes		No	
Explosives or Pyr	otechnics			Yes	Γ_	No	
Animals, Large o	r Small			Yes	Γ	No	
Construction of	Any Kind			Yes	Γ.	No	
Large and/or Nu	merous Vehic	cles		┌ Yes	1	No	
Helicopters, Boa	ts, etc.			Yes	Γ.	No	
Stunts				Yes	<u> </u>	No	
Other				Yes	Γ.,	No .	
Special Parking Requirement	ts:						
City or County Services Requ	uired: (Perso	nnel, equipment, fa	cilities,	etc.)			
						٠,	
The following information is the industry. If exact figures	required for s are not avai	local and state reco lable, please estima	ords on p orde as clo	production in psely as possi	Florid ible.	a to track the	economic imp
Number in Cast:		Number in Crew	•	Nu.	mber o	f locals hired:	
Total budget:		Estimate amoun	t spent i	n Lee County:			
Hotel room nights:		Number of shoo	ting days	; :			
	oms x number of r	nights					

Page | 3

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 Lea 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

Witness

NELSAVA: Italianott Jasepu Duio (
Print Name of Applicant and Title Print Name of Witness

(1 29 17 Date



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

Check the approprie	ate box(es) below:
☐ SPECIAL EV	ENT PERMIT
USE OF CO	UNTY PROPERTY PERMIT
	XEX AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	HT .
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
arking:	Parking in authorized areas only.
arking.	
Deputies (How Many?):	none
ee for Services:	none
·	
pecial Arrangements:	Alcoholic beverages must stay within the confines of the event area.
	Print Name: Captain J. Loethen
	Signature: Capt / Lorthun 92149
	Title: Special Events, Permits and Details
	Date:

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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 appropriate box(es) below:

SPECIAL EVENT PERMIT

FILM PERMI AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	APPLICATION, PL	EASE INDICATE BELOW WHAT ARRANG Y WITH FOR THEIR EVENT.	EMENTS YOUR ORGANIZATIO
Fire Guards (How Many?)		None	
Fee for Services:		None	
Flammable Vegetation:		None	
First Aid Equipment:	:	None	
Fire Extinguishing:			
1		None	
Special Arrangements:		In case of emergency - Dial 911	
	Print Name: Signature:	C.W. Blosser	-
	Title:	Fire Chief	Management of Ma
	Date:	11/30/2017	



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

Check the appropri	ate box(es) belov	v:		
SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY PE	RMIT		
FILM PERM	IT .			A.
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	ASE INDICATE BELOW WITH FOR THEIR EVEN	WHAT ARRANGEMENTS Y T.	OUR ORGANIZATION
Treatment Facilities:	None necessary.			
· · · · · · · · · · · · · · · · · · ·				
Medical Personnel:	None necessary.			
Medical Supplies / Equipment:	None necessary.			
Safety Requirements:	No additional precau	itions necessary.		
Fee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To	o arrange special event coverage	e, contact our office at
		and the second s		
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2017.11.29 10:36:49 -05'00'	-
	Title:	Chief		
	Date:	11/29/2017		
			• •	



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

☐ SPECIAL EV	OUNTY PROPERTY O SELL AND CONSU	PERMIT JME ALCOHOLIC BEVER		
IX USE OF CC	OUNTY PROPERTY O SELL AND CONSU	PERMIT JME ALCOHOLIC BEVER		
r PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVER		
N: 1 C(((4))			AGES WITHIN LEE COUNTY	/ FACILITIES
FILM PERM				
• •			•	
FTER REVIEWING THE VILL REQUIRE THE APP	APPLICATION, PI LICANT TO COMPI	LEASE INDICATE BELOV LY WITH FOR THEIR EVI	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
•		-		
Parking:	Park in designated is prohibited.	areas. No event parking on	Lee County maintained road ri	ghts-of-way where parking
ngress and Egress:	Use all established	means of ingress and egres	55.	
Special Arrangements:	Use Lee County Sho	eriff's Office for assistance v	vith traffic control, as needed.	
		•		
				and the second second second second
			•	
	Print Name:	Prion Miller		
	Print Name:		Date Water Alberton D Attlier	_
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2017.12.04 14:45:57 -05'00'	_
	Title:	Senior Project Manager		<u></u>
	Date:	December 4, 2017		-
				•

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

Check the appropriate box(es) below:								
⋉ USE OF CO	SPECIAL EVENT PERMIT SUSE OF COUNTY PROPERTY PERMIT							
▼ PERMIT TO		JME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY I	FACILITIES				
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELO LY WITH FOR THEIR EV	W WHAT ARRANGEMENTS Y 'ENT.	OUR ORGANIZATION				
Illumination:	Any additional ligh	ting must be provided by p	permit holder. Open flame candle	s are prohibited.				
Parking Areas:	Parking is permitted in existing parking areas located at the Boca Grande Community Park and the Louise DuPont Crowninshield Community House Parking Lot.							
Special Arrangements:	Permit holder must follow all guidlines under ordinance #95-09 (selling & consumption). All alcohol must be contained inside the Louise DuPont Crowninshield Community House. Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit by signing below (2- Alcohol Permits already granted at the Boca Grande Community park). Permit holder must remove all trash from Community House or rent a dumpster.							
	Print Name:	Jesse Lavender	Joe Wier					
•	Signature:	Jesse Lavender	Digitally signed by Jesse Lavender Date: 2017,12.04 09:54:32 -05'00'					
	Title:	Director	Supervisor					
	Date:	12/4/17	11/29/17					



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

Check the appropriat	e box(es) belo	DW:			
SPECIAL EVE	NT PERMIT				
USE OF COU					
PERMIT TO S	EXIXAME CONSU	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES			
FILM PERMIT	Г				
AFTER REVIEWING THE A	APPLICATION, PI	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.			
Insurance Requirements:	occurrence to pro	eral ilability 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.			
	1/64 000 0001 par	Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.			
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:	7			
	Title:	Risk Program Manager			
	Date:	Mike Figueroa			
*					

CERTIFICATE OF LIABILITY INSURANCE

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OP ID: KT

DATE (MM/DD/YYYY) 12/04/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). AC. No.

PRODUCER ITALIANO INSURANCE-BOCA P. O. Box 1408 Boca Grando, FL 33921 Nelson A. Italiano II PHONE (AC. No. Fixt): E-MAIL B-MAIL ADDRESS: PRODUCER CUSTOMER ID #: LOUIS-8 NAIC # INSURER(S) AFFORDING COVERAGE 21849 Louise DuPont Crowninshield INSURER A : Firemen's Fund Insurance INSURED Community House, inc. INGURER B : P.O. Box 101 INSURER C Boca Grande, FL 33921 INGURER D INSURER E INBURER E :

REVISION NUMBER: COVERAGES CERTIFICATE 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.

Nar	T	TYPE OF INSURANCE	ADDL	SUE!	POLICY NUMBER	LANGE SX STA	TERPOSTALE.	Limit	5
-FIR		VERAL LIABILITY	100,000	1				EACH OCCURRENCE	\$ 1,000,000
A	X	COMMERCIAL GENERAL LIABILITY	x		MZX80976375	04/23/2017	04/23/2018	DAMAGE TO RENTED PREMISES (EA DOCUMENCE)	\$ 100,000
^	H	CLAIMS-MADE X OCCUR	"					MED EXP (Any one person)	\$ 5,000
١.	x	Host Liquer Lieb		1			•	PERSONAL & ADV INJURY	\$ 1,000,000
A	1	HORE FIGURE FUER	•]				İ	GENERAL AGGREGATE	\$ 2,000,000
	-		·	-				PRODUCTS - COMP/OP AGG	4 2,000,000
1	GE	POLICY PRO:		1				HostLiquo	1,000,000
-	AU'	POLICY LOC TOMOBILE LIABILITY		1				COMBINED BINGLE LIMIT (En accident)	
1		ANY AUTO		1	{	1		BODILY INJURY (Per person)	ŧ
		ALL OWNED AUTOS	1	1			į.	BODILY INJURY (Per accident)	\$
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	-	NON-OWNED AUTOS		1					\$
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1	AN	D EMPLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE		1				E.L. EACH ACCIDENT	\$
	1 OF	FICER/MEMBER EXCLUDED?	NI	١		1		E.L. DISEASE - EA EMPLOYEE	5
1	l cy	es, describe under SCRIPTION OF OPERATIONS below		}				E.L. DISEASE - POLICY LIMIT	\$
\vdash	T P	SOMETION OF OPERATIONS BROW	T	\top					
ı	1		1	i	1	1	1		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Ramerics Behadule, if more apace is required)
Lee County, a political subdivision & Charter County of the State of
Fiorida, its agents, employees, and public officials are Additional insured
on the General Liability as required by written contract for spagnetti
dinners on 2/4/18 and 3/4/18.

CERTIFICATE HOLDER

LEECOU1

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Lee County Board of County Commissioners P O Box 398 Fort Myers, FL 33902

AUTHORIZED REPRESENTATIVE

CANCELLATION

lehig Pki

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ACORD 25 (2009/09)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/6/2017

-		- TALLERS NO BIOUTE LIBON THE CERTIFICATE HO	LOER THIS	
BELOW.	IFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AN ITE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EX THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A STATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	CONTRACT BETWEEN THE ISSUING INSURER(S), A	UTHORIZED	
IMPORTAN	ITATIVE OF PRODUCES, AND THE VEHICLES, the police and conditions of the policy, certain policies may require an efficate holder in lieu of such endorsement(s).	High-sulland Various A.	confer rights	
PRODUCER	The state of the s	CONTACT NAME:		
	INSURANCE SVCS INC	PHONE (AIC, Ng, Ext): 8419640400 (AIC, Ng, Ext): (4	09) 722-2905	
441 PALM		E.MAIL ACDRESS:		
BOCA GRANDE, FL 33921 9419840400		inburer(s) affording coverage		
		INBURERA: United States Fire Insurance		
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INBURERD;		
	ITS PARTICIPATING MEMBERS:	INSURER O ;		
Louise Du	pont Crowninshield House inc	WSURERD:		
P.O. Box 1	01	Manage a:		
Boca Grat	nde, FL 33921	INSURER F1		
COVERAGI	B CERTIFICATE NUMBER: USS363748	REVISION NUMBER:		
OO A ELWIS	-17	THE WALL BOTH THE COMMENT AND THE COMMENT OF THE COMENT OF THE COMMENT OF THE COM	AI 104 DEDIAN	

COVERAGES CERTIFICATE NUMBER: USS363/48							POLICY PERIOD	
COVERAGES CERTIFICATE NOMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICIES DESCRIBED HEREIN IS SUBJECT TO WHICH INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH INDICATED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE 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 OLAIMS.								
T	TERMS, EXCLUSIONS AND CONDITIONS		AVP WVP	GIT I GETOLEO. ETIMITO GITTO I		LIMITS		
INSR LTR		Nen	ave				OENERAL AGGREGATE	\$2,000,000.00
	GENERALLIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY	1	l				PERSONAL & ADV INJURY	\$1,000,000.00
١.	ACLAIMS-MADE X OCOUR			SRPGAPML-101-0717	12/31/2017 12:01 AM	01/02/2018 12:01 AM	EACH OCCURRENCE	\$1,000,000,00
I۸							FIRE DAMAGE (Any one fire)	\$300,000.00
							MED EXP (Any one person)	\$0.00
	GENL AGGREGATE LIMIT APPLIES PER:			•				
	X FOLICY PRO-			**************************************	<u> </u>		COMBINED SINGLE LIMIT (Eq. goodant)	\$
	AUTOMOBILE LIABILITY						BODILY INJURY (Per person)	\$
l	ANY AUTO BOHEDULED						BODILY INJURY (Per accident)	\$
	AUTOB . AUTOB	1.					PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTO AUTO8							
<u></u>	 	-{				<u> </u>	EACH OCCURRENCE	\$
	UMBRELLA LIAB OCCUR						AGGREGATE	ş
	EXCESS LIAB CLAIMG-MADE	-						
	DEC REYENTION 6	_	-		1		EACH OCCURRENCE	8
							GENERAL AGGREGATE	\$
		+-	\vdash		 	1	EACH OCCURENCE	3
					-		GENERAL AGGREGATE	8
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) New Years Eve Party Lee County BOCC, a political subdivision & Charter County of the State of Florida is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Host Liquor is included Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage Old Mf (200) 17								

CERTIFICATE HOLDER	CANCELLATION
Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33092	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 REPRESENTATIVE Italiano Insurance Svcs Inc

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