

# EVENT PERMIT

Ordinance 17-08

## GREAT STRIDES WALK

**PERMIT NUMBER:** TMP2018-00048.

**Date(s) of Event:** April 21, 2018 from 5:00am-12:00pm

**Property Owner:** LEE COUNTY

**Applicant:** CYSTIC FIBROSIS FOUNDATION

**Contact:** SHEENA SCOTT

**Description:** Cystic Fibrosis Foundation fundraising walk

**Location of event:** 9190 9398 CORKSCREW PALMS BLVD ESTERO 33928  
ESTERO COMMUNITY PARK\*\*\*813-374-9041

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  
Lee County, Florida

  
County Manager      Date



**Lee County**  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

TMP 2018-00048

# Lee County Event Permit Application



## Event Application

Check the appropriate box(es) below:

- ☒ 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	Cystic Fibrosis Foundation Great Strides Walk
Date(s) of Event / Production:	APRIL 21, 2018
Location(s) of Event:	Estero Community Park, 9200 Corkscrew Palms, Blvd.
Name of Applicant:	Cystic Fibrosis Foundation
Applicant Address:	5100 W. Kennedy Blvd., Ste. 195, Tampa, FL 33609
Applicant Phone Number:	813-374-9041
Contact Person: (If different from applicant)	Sheena Scott
Contact Phone Number: (If different from applicant)	813-374-9041
Email Address:	sscott@cff.org
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	The CF Foundation's largest national fundraising event is perfect for those who want to be involved at a local level while making an impact nationwide. Get together with family, friends or coworkers to form a walk team, fundraise and take steps to help find a cure. On event day, all participants come together to walk and celebrate.
Hours of Operation:	5:00 am to 12:00 pm
STRAP # of Parcel:	
Owner of Premises*:	

\*Notarized statement from the property owner specifically consenting to the proposed use required.

## Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? CF

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

\* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: \_\_\_\_\_

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

Cystic Fibrosis Foundation, 5100 W. Kennedy, Ste., 195, Tampa, FL 33609

Type of Food being Served: Fruits, packaged snacks, water, gator aid, etc.

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Cystic Fibrosis Foundation

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: Cystic Fibrosis Foundation

Address of Charity: 5100 W. Kennedy, Blvd., Ste 195, Tampa, FL 33609

Phone Number: 813-374-9041

Non-profit certificate/registration number: 13-1930701

(Proof of registration with the Dept. of Agriculture & Consumer Services 5496.405 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 County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: \_\_\_\_\_

(Required if alcohol is to be SOLD at the event)

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 further details

## Lee County Event Permit Application



### Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

☐ TV Movie or Special

☐ TV Series / Pilot

☐ TV Commercial

☒ Still Photos

☐ Public Service Announcement

☐ Industrial / Documentary

☐ Other: \_\_\_\_\_

Will any of the following be needed or included\*?

Street Closure

☐ Yes ☒ No

Traffic / Crowd Control

☐ Yes ☒ No

Fire or Burning

☐ Yes ☒ No

Explosives or Pyrotechnics

☐ Yes ☒ No

Animals, Large or Small

☐ Yes ☒ No

Construction of Any Kind

☐ Yes ☒ No

Large and/or Numerous Vehicles

☐ Yes ☒ No

Helicopters, Boats, etc.

☐ Yes ☒ No

Stunts

☐ Yes ☒ No

Other

☐ Yes ☒ No

\* For any marked Yes, provide further details below:

We expect approximately 250 walkers.

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: \_\_\_\_\_

Number in Crew: \_\_\_\_\_

Number of locals hired: \_\_\_\_\_

Total budget: \_\_\_\_\_

Estimate amount spent in Lee County: \_\_\_\_\_

Hotel room nights: \_\_\_\_\_

Number of shooting days: \_\_\_\_\_

number of rooms 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 premises 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

*Ryan Reid*  
Print Name of Applicant and Title

*12/7/17*  
Date

Witness

*Sheena Scott*  
Print Name of Witness

*2/9/18*  
Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(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

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

Parking:

Parking in authorized areas only.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

Event is staying within the confines of the park.

Print Name: Captain J. Loethen

Signature:

*Capt J. Loethen 9249*

Title:

Special Operations Commander

Date:

12-18-17



## Lee County Event Permit Application



### 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  
☐ 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.

Fire Guards (How Many?)

N/A

Fee for Services:

N/A

Flammable Vegetation:

N/A

First Aid Equipment:

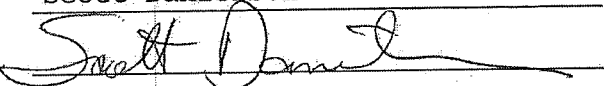
Call 911 for Emergencies

Fire Extinguishing:

Call 911 for Emergencies

Special Arrangements:

Print Name: Scott Danielson

Signature: 

Title: Lt. Fire Prevention

Date: 12/11/2017

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ 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:

None required.

Medical Personnel:

None required.

Medical Supplies /  
Equipment:

None required.

Safety Requirements:

None required.

Fee for Services

None required.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange for special event coverage, call 533-3911.

Print Name: Benjamin Abes

Signature:

Title:

Chief

Date:

1/26/18

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION  
1500 MONROE STREET  
FORT MYERS, FL 33901  
(239) 533-8580

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

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

Parking:

No event parking on Lee County maintained road 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: 2017.12.12 09:30:57 -05'00'

Title: Senior Project Manager

Date: December 12, 2017

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION  
3410 PALM BEACH BOULEVARD  
FORT MYERS, FLORIDA 33916  
(239) 533-7275

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

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

Illumination:

The event organizer is to provide own lighting if needed.

Parking Areas:

All vehicles must use designated parking area in the parking lots. No vehicles on the central lawn area. Organizers may drop off supplies via the service road between the Rec Center and the Chiller area and then remove vehicles. For overflow parking, contact Select Real Estate Office Manager, Stephanie Miller at 239-851-0995 Stephanie@selectre.net and also contact Keith at Collier Association Management 239-793-1643. Must obtain authorization to use their respective parking lots.

Special Arrangements:

No staking of tents or any inflatable devices, must use water barrels or sand bags. Organizers must order a dumpster if food vendors are on site and portable toilets if needed at organizers expense.

Outdoor restrooms open at 7:00 am and close at 9:00 pm

Parks Gates open at 5:30 am

Rec Center restrooms open Sat and Sun at 9:00 am - 5:00 pm

Contact Trever Snearley at 239-771-1079 or the Rec Center at 239-498-0415 for questions

Print Name: Alise Flanjack

Signature:

*Alise Flanjack*

Title:

Deputy Director

Date:

Dec 19, 2017

*Cystic Fibrosis  
Great Strides Walk  
Estero park 4/21/18*

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR  
2115 SECOND STREET  
FORT MYERS, FLORIDA 33901  
(239) 533-2221

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

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

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

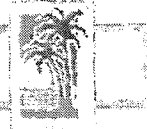
Print Name: Mike Figueroa

Signature:

Title: Risk Program Manager

Date: February 6, 2018

**Lee County Event Permit Application**



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

*Check the appropriate box(es) below:*

☐ FILM PERMIT ONLY

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

Special Arrangements:

--

Other:

--

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_



DATE (MM/DD/YYYY)  
02/02/2018

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> Willis of Pennsylvania, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b></td> </tr> <tr> <td><b>PHONE (A/C, No. Ext):</b> 1-877-945-7378</td> <td><b>FAX (A/C, No):</b> 1-888-467-2378</td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> certificates@willis.com</td> </tr> <tr> <td><b>INSURER(S) AFFORDING COVERAGE</b></td> <td><b>NAIC #</b></td> </tr> <tr> <td><b>INSURER A:</b> Great Northern Insurance Company</td> <td>20303</td> </tr> <tr> <td><b>INSURER B:</b> Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td><b>INSURER C:</b> American Guarantee and Liability Insurance</td> <td>26247</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b>		<b>PHONE (A/C, No. Ext):</b> 1-877-945-7378	<b>FAX (A/C, No):</b> 1-888-467-2378	<b>E-MAIL ADDRESS:</b> certificates@willis.com		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> Great Northern Insurance Company	20303	<b>INSURER B:</b> Federal Insurance Company	20281	<b>INSURER C:</b> American Guarantee and Liability Insurance	26247	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
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<b>INSURER D:</b>																					
<b>INSURER E:</b>																					
<b>INSURER F:</b>																					
<b>INSURED</b> Cystic Fibrosis Foundation 4550 Montgomery Ave Suite 1100 N Bethesda, MD 20814																					

## REVISION NUMBER:

COVERAGES

CERTIFICATE NUMBER: W5214742

REVISION NUMBER:

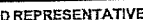
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED										
INSR LTR	TYPE OF INSURANCE		ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY			3598-2749	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
	<input type="checkbox"/>							MED EXP (Any one person)	\$ 10,000	
	<input type="checkbox"/>							PERSONAL & ADV INJURY	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:									
<input checked="" type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ Included		
	OTHER:								\$	
B	AUTOMOBILE LIABILITY				(18) 7358-67-86	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/>	ANY AUTO OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person)				\$		
	<input type="checkbox"/>	HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	BODILY INJURY (Per accident)				\$		
	<input type="checkbox"/>		<input type="checkbox"/>	PROPERTY DAMAGE (Per accident)				\$		
	<input type="checkbox"/>		<input type="checkbox"/>					\$		
C	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	AUC 5946566-09	01/01/2018	01/01/2019	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/>	EXCESS LIAB	<input type="checkbox"/>	CLAIMS-MADE				AGGREGATE	\$ 5,000,000	
	<input checked="" type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$ 0					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	No	7175-00-87	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
									E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

Chapter: Florida - Tampa  
Event Name: Naples/Ft. Myers Great Strides  
Description of Event: GS Walk  
Event Date: 4/21/2018  
Requisition Number: 286312

ble MF 02/02/18

## CANCELLATION

CERTIFICATE HOLDER	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
Lee County Board of County Commissioners PO Box 398 Ft. Myers, FL 33902	<p>AUTHORIZED REPRESENTATIVE</p> 

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY Willis of Pennsylvania, Inc.		NAMED INSURED Cystic Fibrosis Foundation 4550 Montgomery Ave Suite 1100 N Bethesda, MD 20814	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

The Certificate Holder is named as Additional Insured, ATIMA, for General Liability, per written contract or agreement.



#286312

**Chapter Contract Coversheet** 9-17 SG

Please allow adequate time for contract & insurance approval process. Keep in mind that requisitions with a higher estimated cost require a longer processing time for additional approvals.

**EVENT INFORMATION**

Chapter: Southwest Florida—Tampa Event Date: April 21, 2018  
Event Name: Naples/Ft. Myers Great Strides  
Third Party Event: Yes ☐ No ☒  
Description of Event: Great Strides Walk  
Estimated Number of Participants: 200 Net Revenue: \$ 45,000

**PAYMENT**

Vendor Name: Lee County Payment Required Now: \$ 0  
Total Estimated Cost (Requisition Total): \$ 1,100.00 Cost Per Person: \$ \_\_\_\_\_

**ALCOHOL**

Alcohol at Event: Yes ☐ No ☒ Serving Alcohol: Venue ☐ Hired Server ☐ Donated Alcohol: Yes ☐ No ☐

**INSURANCE**

Please complete below exactly as vendor requires certificate to read per contract. Remember, the Foundation cannot provide liquor liability/general insurance to bartenders, distributors, caterers or hotels.

Certificate of Insurance Holder - This type of certificate does not name the vendor on our policy.

Name: Lee County Board of County Commissioners  
Address, City, State & Zip: PO Box 398, Ft. Myers, FL 33902

Additionally Insured - This type of certificate covers the vendor on our policy. Issued only per written contract.

Name: SAME  
Address, City, State & Zip: \_\_\_\_\_

**PREPARED BY:** Sheena Scott **DATE:** 11/14/17

**Required Documents for Submission:**

- o Bid Analysis Form & Corresponding Bids - Required for contracts with a full estimated cost of \$5,000 or more.
- o Pre-Event Budget - Required for contracts with a full estimated cost of \$2,000 or more.
- o Alcohol Service Form & Alcohol Matrix - Required to be completed when alcohol will be served at the event. If the event is high risk FD approval is required with the matrix.
- o Third Party Event Agreement - Must be attached for third party events and include Field Director's signature.

..... **FOR NATIONAL USE ONLY** .....

Requisition Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

CFF Insurance: Requested ☐ Saved ☐ N/A ☐

Comments: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_