

EVENT PERMIT



Ordinance 17-08

ECHO'S GLOBAL FOOD AND FARM

PERMIT NUMBER:

TMP2018-00059

Date(s) of Event:

March 17, 2018 9:00am until 4:00pm

Property Owner:

ECHO INC

Applicant:

ECHO GLOBAL FARM

Contact: DANIELLE FLOOD

Description:

(ECHO'S GLOBAL FOOD AND FARM FESTIVAL)

Open-air festival including educational displays, workshops, special tours, chidrens

crafts, etc.

Location of event:

17387 391 DURRANCE RD NORTH FORT MYERS 33917

BAYSHORE RD TO DURRANCE RD***236-567-3312

Will the event be attended by 1000 or more people? Yes

Will the event be held on County Owned Property? No

Will there be alcohol consumed or sold at the event? No

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

County Manager Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



COMMUNITY DEVELOPMENT

TMP2018-00059



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 INFO	ORMATION (All Permit Types)
Title of Event / Name of Production	ECHO's Global Food and Farm Festival
Date(s) of Event / Production:	March 17, 2018
Location(s) of Event:	ECHO Global Farm, 17391 Durrance Road, North Fort Myers, FL 33917
Name of Applicant:	Danielle Flood, Festival Chairperson, PR Manager at ECHO
Applicant Address:	17391 Durrance Road, North Fort Myers, FL 33917
Applicant Phone Number:	239.567.3312
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	dflood@echonet.org
Estimated Attendance:	2000
Event Description: Include each activity, when activities take place, etc.	Open-air festival from 9-3 on March 17 including educational displays, workshops special tours, childrens crafts, etc.
Hours of Operation:	9am to 4 pm
STRAP # of Parcel:	23-43-25-00-00025.0000
Owner of Premises*:	ECHO Inc.

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



Fill out the following questions for allpermit types:

further details

What is the Zoning Classif	ication of the premises	? ORPH.	ANAGES, NON	N-PROFIT	SERVIC	Ξ / 75
Are any temporary structu	ures to be installed for t	the event? 🔽	Yes No	Type: 1	0x20 tents	3
Do you have the appropria	ate permits for the tem	porary structu	ıres?	▽ Ye	s T	No
* For a 'Special Event' and indentified, including all p	· · · · · · · · · · · · · · · · · · ·	ty' permit, su	bmit a site plan v	vith all pro	posed facili	ties and activities
Insurance Company Insur	ing the Event:BB&T	Г. Our proper	ty coverage is L	loyd's of L	ondon.	
Note: Certificate of Insurance r	nust be submitted at time of	fapplication				
Surety Company Bonding	this Event (Name and /	Address):				
Will Vehicles be Used as Event?	Part of This Will Fo	od be Availab	e at this Event?			Beverages be d at this Event?
┌ Yes	No	√Yes	┌ No		┌─ Yes	√ No
If yes, automobile coverage included on the certificate of	1, 100, 1		coverage must be ate of insurance.			coverage must be ificate of insurance.
Name & Address of Organ Providing Food:		otdogs LLC,	Zaxby's, Sunny	ydays Ice	Creams, o	City Smoke Barbeque.
Type of Food being Serve	d: Hot dogs, Chicke	n Sandwiches	s, Ice Cream trea	ats, and Bl	BQ baskets	s with fries.
Section II - USE OF	COUNTY PROPER	TY PERMIT				
Organization Sponsoring	the Event:					
Fill out this portion for ap	oplications for Solicitat	ion in the Cou	nty Rights-of-W	ay:		
Name of Charity:						
Address of Charity:						
Phone Number:				*****		
Non-profit certificate/reg	gistration number:					
(Proof of registration with the Dep	ot. of Agriculture & Consumer Se	ervices §496.405 o	proof the organizatio	n is exempt fr	om this require	ment. §316.2045)
Section III - SALE/Co	ONSUMPTION OF	ALCHOLIC	BEVERAGES	PERMIT		
Is alcohol being sold/cons If Yes, then a "Lee County Alcohol P			an sell alcohol on Cour	┌─ Ye	s _	No
Non-profit certificate/reg (Required if alcohol is to be <u>SOLD</u> a						
Please note: A permit from the	e State of Florida Division of	Alcoholic Bevera	ges and Tobacco ma	y also be requ	uired; please o	call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	TV Series / Pilot	TV Commercial Still Photos
Public Service Announcemen	Industrial / Documentary	Other:
ill any of the following be need	ed or included*?	
Street Closure		┌─Yes ┌─No
Traffic / Crowd Cor	ntrol	┌─ Yes ┌─ No
Fire or Burning		┌─ Yes ┌─ No
Explosives or Pyrot	echnics	┌─Yes ┌─No
Animals, Large or S	mall	┌ Yes ┌ No
Construction of An	y Kind	┌─ Yes ┌─ No
Large and/or Num	erous Vehicles	┌─Yes ┌─No
Helicopters, Boats,	etc.	┌─Yes ┌─No
Stunts		┌─Yes ┌─No
Other		┌─ Yes ┌─ No
Special Parking Requirements:		
City Cty Ci Bassia	d. (Danaanal annimmaant facil	iliting ata
city or county services Require	ed: (Personnel, equipment, facil	illities, etc.)
The following information is re	quired for local and state record	ds on production in Florida to track the economic impa
_	e not available, please estimate	·
Number in Cast:	Number in Crew:	Number of locals hired:
Total budget:	Estimate amount s	spent in Lee County:
Hotel room nights:	Number of shooting	ng days:
number of rooms		

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

UDN ood	Wolding Fallin
Signature of Applicant	Witness
Mana-Lyda Daniello Flood Print Name of Applicant and Title & Corner of Name of Applicant and Title & Corner of Name of	Print Name of Witness
Print Name of Applicant and Title PR, Communication 2-16-18 Mgr	2-16-18
Date	Date



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

Check the approprie	ate box(es) bek	ow:			
	ENT PERMIT				-
• •	UNTY PROPERTY	PERMIT			
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEV	ERAGES WITHIN LEE	COUNTY FACILITIES	
┌ FILM PERM	1IT				
AFTER REVIEWING THE	APPLICATION, P	LEASE INDICATE BEL	OW WHAT ARRANG	EMENTS YOUR ORG	ANIZATION
WILL REQUIRE THE APP	LICANT TO COMP	LY WITH FUR THEIR	EVENT.	·	
Parking:	parking in authori	ized areas only.			
	ve age				
	-	·			
Deputies (How Many?):	1 deputy for secu	urity and presence			
					•
]				
Fee for Services:	\$40/hr - 4 hour n	ninimum			
Constal Assume management	None				
Special Arrangements:	THORIC .				
	m				•
÷	Print Name:	Captain J Loethen	-1-1A-	·	
. · · · · · · · · · · · · · · · · · · ·	Signature:	(apt)	Josh 5	2/4/9	
•	Title:	Special Events, Perr	mits and Details	÷	
				<u></u>	
	Date:	2-22-18		<u> </u>	



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 CO ☐ FILM PERM	UNTY PROPERTY PERMIT IIT
AFTER REVIEWING THE WILL REQUIRE THE APPU	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	None
Fee for Services:	Nove
Flammable Vegetation:	None
First Aid Equipment:	Call 911 FOR EMERGENCES
Fire Extinguishing:	Insure all food Vendor are complimed will Applicable NFPA Standard FOR FIRE Extinguishing Requirements.
Special Arrangements:	Maintain all FIRE lanks And Access Points For Entergency Vehicle Access
	Print Name: Lawrence Visbet Signature: Title: TIZE Chiel
	Date: \$15)18



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

•			
Check the appropria	te box(es) below		
SPECIAL EVE	ENT PERMIT		-
USE OF COL	JNTY PROPERTY PEI	RMIT	
☐ FILM PERM			
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEA CANT TO COMPLY	ASE INDICATE BELOW WHAT ARRANGEMENTS \ WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		•
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precau	tions necessary.	
Fee for Services	Not applicable.		
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage	ge, contact our office at
	Print Name: Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Obcomploughs B. Higgins or other County, Department of Fulfill's Safety, Obcomploughs B. Higgins or other County, Department of Fulfill's Safety, Obcomploughs B. Higgins or other County, Department of Fulfill's Safety, Obcomploughs B. Higgins Obcomploughs B.	
	Title:	Division Chief	
	Date:	03-02-2018	_



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

Check the appropri	ate box(es) belo	ow:	-riginalista di Salamania. Salamania	
SPECIAL EV	ENT PERMIT			
	UNTY PROPERTY			CA CULTIFC
		JME ALCOHOLIC BEVER	RAGES WITHIN LEE COUNTY	FACILITIES
☐ FILM PERM	IIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P ICANT TO COMP	LEASE INDICATE BELO' LY WITH FOR THEIR EV	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking on	Lee County maintained road rig	hts-of-way.
Ingress and Egress:	Use all established	means of ingress and egre	SS.	
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control as needed.	
Special Arrangements.	Osc Lee County Sin		•	
•				
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.02.23 10:56:21 -05'00'	
•	Title:	Senior Project Manager		
	Date:	February 23, 2018		
			(



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

Check the appropri	te box(es) below:	
☐ SPECIAL EV	ENT PERMIT JNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.	И
Illumination:	N/A	
Parking Areas:	N/A	
Special Arrangements:	Event is not on Parks and Recreation property and will not affect any parks operations or programs.	No. of Art.
Eho parch 7, 2018	Print Name: Alise Flanjack Signature: Are Flanjack Title: Deputy Director Date: 2/21/18	
provide 7, 2018	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) belo	ow:	
SPECIAL EVE	NT PERMIT		
USE OF COU	NTY PROPERTY	PERMIT	
		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERMIT			
AFTER REVIEWING THE A	APPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATIO
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dotect against bodily injury and/or property damage relative event within Lee County.	ollars (\$1,000,000) per to applicants use of
Special Arrangements:	A Certificate of In Board of County additional insure	nsurance shall be submitted as evidence of the required cov Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the co	erage listing Lee County ertificate holder and as an
	Subject to proof	of insurance	
	Subject to proof		
	<u></u>		en e
	Print Name:	Mike Figueroa	
	Signature:	- Y	
	Title:	Risk Program Manager	
	Date:	February 20, 2018	

Client#: 1575629

132ECHO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2018

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 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 any rights to the certificate holder in lieu of such endorsement(s). CONTACT

	DUCER				NAME:	222 422	1525	FAX 90	66-881-5271	
	RT-Oswald Trippe and Company				A/C, No.	Ext): 239 433) - 4333	(A/C, No): O	JU 301 VZ11	
	15 Bell Tower Drive			1	ADDRES					
	t Myers, FL 33907							ORDING COVERAGE	NAIC#	
239	433-4535			1	INSURER A: Great American insurance Company 16691					
NSU					NSURER	В:				
	Echo Inc.			<u> </u>	NSURER	ıc:				
	17391 Durrance Rd			<u></u>	INSURER	D:				
	Fort Myers, FL 33917				INSUREF	KE:				
					INSUREF	ΥF:				
CO	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:	- Links project	
IN	VERAGES VER	QUIRE ERTAI POLIO	MEN N, T CIES.	T, TERM OR CONDITION OF THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE	BY THE BEEN	IE POLICIES I REDUCED E	DESCRIBED H	IEREIN IS SUBJECT TO AL		
NSR LTR	TYPE OF INSURANCE	ADDL:	SUBR WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YTYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			GLP4161308	ŀ	12/12/2017	12/12/2018		1,000,000	
•	CLAIMS-MADE X OCCUR							FINEINIOLO (LE decultorios)	100,000	
	CENTING-MADE 11 000011							med day (viii) and parties	5,000	
							Ĺ	I CITOGITAL OFFICE	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:				ĺ			GENERAL AGGREGATE	3,000,000	
	PRO-							PRODUCTS - COMP/OP AGG	3,000,000	
	POLICY JECT LOC							3	S	
	OTHER:	1		CAP4161309		12/12/2017	12/12/2018	COMBINED SINGLE LIMIT (Ea accident)	1,000,000	
Α				OAI 4103000	Ì			BODILY INJURY (Per person)	5	
	X ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
	AUTOS ONLY AUTOS							PROPERTY DAMAGE (Per accident)	B	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY								\$	
		-	<u> </u>	VIII D 4404040		40/40/0017	12/12/2018	EACH OCCURRENCE	s10,000,000	
Α	UMBRELLA LIAB OCCUR			UMB4161310		12/12/2017	12/12/2010		\$10,000,000	
	EXCESS LIAB CLAIMS-MADE	1						71307123771	\$	
	DED RETENTION \$	ļ	ļ					PER OTH-	Ψ	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		1						\$	
	AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						C.C. C. TONY TO STEE ST.		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
1			L.			<u> </u>	<u> </u>			
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOF	RD 101, Additional Remarks Sched	ule, may	be attached if m	ore space is requ	ulred)		
Le	ee County Board of County Comm	issic	ner	s is included as Addition	onal Ir	sured per	written con	ıracı.		
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1										
								nf or/rollars		
							ou 1	11 02/21		
<u></u>	PATIFICATE HOLDED				CAN	CELLATION				
CE	ERTIFICATE HOLDER				T	****				
	Lee County Board of Commissioners	ounty	/		THE	EXPIRATIO	N DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B DLICY PROVISIONS.	NCELLED BEFORE E DELIVERED IN	
	P. O. Box 398 Fort Myers, FL 33902				AUTH	DRIZED REPRES	ENTATIVE			
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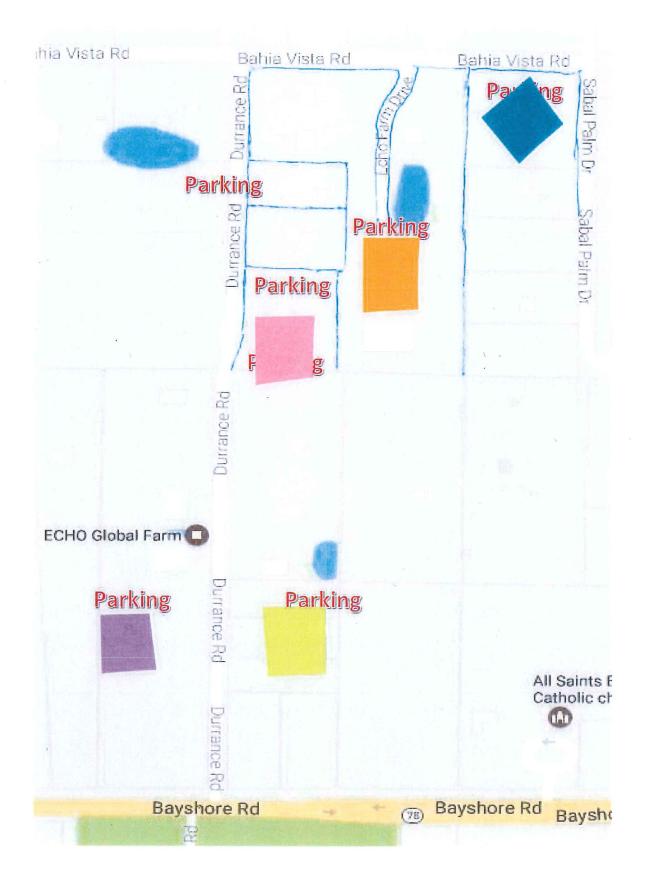
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LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriat	te box(es) be	low:			
FILM PERMI	ΓONLY				
AFTER REVIEWING THE A			ARRANGEMENTS	s your organizat	ΓΙΟΝ
Special Arrangements:					The control of the co
Other:					
	Print Name:				
	Signature:		 		
	Title:				

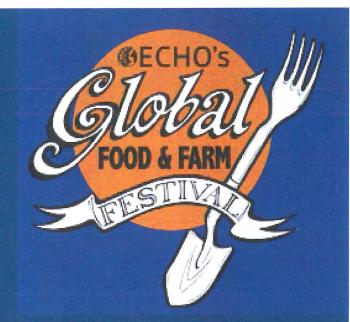
Date:

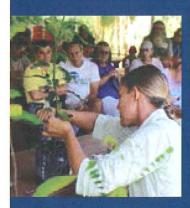


Taste...

Experience...

Explore!











Saturday March 17, 9 to 3 ECHO Global Farm

1 mile east of I-75, Exit 143, Bayshore/Pine Island Road ECHO is a non-profit 501(c)3 organization.

SPECIAL TOURS AND WORKSHOPS:

live cooking classes 40+ variety bamboo tour "how-to" gardening fruit tree grafting

DEMONSTRATIONS:

peanut butter grinding hands-on learning alternative energies interactive exhibits fresh-squeezed sugar cane

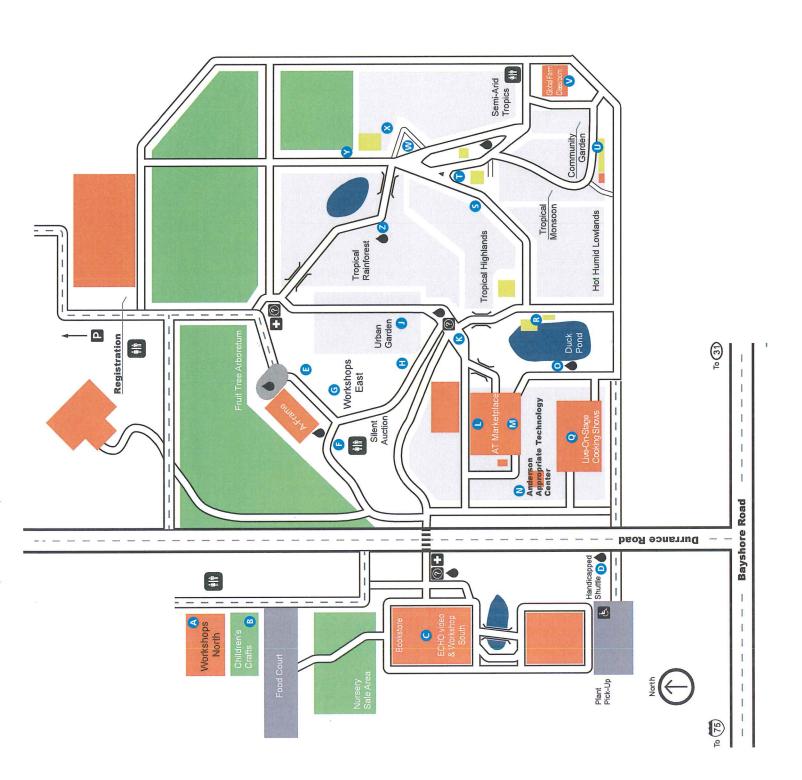
ALSO INCLUDING:

make-and-take crafts exotic food samples farmer's market food trucks

Admission: \$5 per person in advance, \$7 on day of event. Free for those 8 & under







Client#: 1575629 132ECHO

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

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CONTACT NAME:

BALT-Oswald Trippe and Company

FAX (AIC, No): 866-881-5271

PHONE (A/C, No, Ext): 239 433-4535 E-MAIL **BB&T-Oswald Trippe and Company** 13515 Bell Tower Drive ADDRESS: NAIC# Fort Myers, FL 33907 INSURER(S) AFFORDING COVERAGE 16691 INSURER A : Great American Insurance Company 239 433-4535 INSURED INSURER B: Echo Inc. INSURER C: 17391 Durrance Rd INSURER D : Fort Myers, FL 33917 INSURER E : INSURER F : REVISION NUMBER:

CO	VERA	AGES CERT	TIFICA	ICATE NUMBER:				NAMED ABOVE FOR THE	POLICY PERIOD
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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,									
EVOLUCIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY FAIR OF AIM OF AIM.									
INSR LTR				JBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		COMMERCIAL GENERAL LIABILITY	INSR W		GLP4161308			EACH OCCURRENCE	\$1,000,000
Α	X			Ì	GEI 4101000	,		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	\vdash	CLAIMS-MADE X OCCUR					Г	MED EXP (Any one person)	\$5,000
l	\vdash							PERSONAL & ADV INJURY	\$1,000,000
							Ì	GENERAL AGGREGATE	\$3,000,000
	GEN	'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	s3,000,000
		POLICY JECT LOC							\$
<u> </u>	1	OTHER: OMOBILE LIABILITY			CAP4161309	12/12/2017	12/12/2018	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000
Α	-				CAF4101303			BODILY INJURY (Per person)	\$
	X	ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	1	AUTOS ONLY AUTOS	1 1					PROPERTY DAMAGE (Per accident)	\$
	X	AUTOS ONLY X NON-OWNED AUTOS ONLY						(I el acoldent)	\$
ŀ	-	UMBRELLA LIAB OCCUR	\vdash		UMB4161310	12/12/2017	12/12/2018	EACH OCCURRENCE	\$10,000,000
Α		- Occor			OWIB4101310	12/12/2017	12.12,2010	AGGREGATE	\$10,000,000
1		OD WHO HIS IS 2	1						\$
\vdash	10/01	DED RETENTION \$ RKERS COMPENSATION	-					PER OTH- STATUTE ER	
	AND	EMPLOYERS' LIABILITY VIN			·			E.L. EACH ACCIDENT	\$
1		PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	1 ve	ndatory in NH) s, describe under						E.L. DISEASE - POLICY LIMIT	\$
<u> </u>	DÉS	CRIPTION OF OPERATIONS below	+						
L		TO THE OFFICE AND ALL OCATIONS / VEHICLE	CLES (A	COR	D 101 Additional Remarks Schedule, may	be attached if m	ore space is requ	rired)	
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 included as Additional Insured per written contract.									
1		raining Double of Committy Committee							
1									

CERTIFICATE HOLDER

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

CANCELLATION

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

WARKING*
LEAST*
LEAST*

LEAST*
LEAST*
LEAST*
LEAST*
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**LEAS

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