

EVENT PERMIT



Ordinance 17-08

NASHVILLE SONGWRITER

PERMIT NUMBER:

TMP2018-00085

Date(s) of Event:

April 23, 2018 and April 24, 2018 from 4:00pm until 8:00pm

Property Owner:

LEE COUNTY

Applicant:

FRIENDS OF BOCA GRANDE

Contact: REYN GUYER

Description:

Nashville Songwriters Concert

Location of event:

131 135 1ST ST W BOCA GRANDE 33921 BOCA GRANDE COMMUNITY CENTER

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

IA INTO

County Manager Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Nashville Songwriters - April 23rd & 24th, 2018



Event Application

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Nashville Songwriter
Date(s) of Event / Production:	Monday, April 23, 2018 & April 24th, 2018
Location(s) of Event:	BOCA GRANDE COMMUNITY CENTER AUDITORIUM / WOMAN'S CLUB ROOM / OUTDOOR STAGE
Name of Applicant:	REYN GUYER / FRIENDS OF BOCA GRANDE COMMUNITY CENTER
Applicant Address:	P.O. BOX 1082 BOCA GRANDE, FL 33921
Applicant Phone Number:	941-855-0606
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	REYNGUYER@GMAIL.COM
Estimated Attendance:	180
Event Description: Include each activity, when activities take place, etc.	4:00PM - SOUND CHECK 5:00PM - SONGWRITERS PERFORM 6:00 - 8:00PM - RECEPTION WITH ALCOHOL (4/23/18) NASHVILLE SONGWRITERS CONCERT 4/24/18 SPONSORED BY FRIENDS (BYOB - ALCOHOL)
Hours of Operation:	4:00PM - 8:00PM
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	e premises? Public Facility		
Are any temporary structures to be ins	stalled for the event? Yes No	Туре:	
Do you have the appropriate permits f	or the temporary structures?	/ Yes	⊠ No
 For a 'Special Event' and 'Use of Cou indentified, including all parking areas. 	nty Property' permit, submit a site plan wi	th all proposed	facilities and activities
Insurance Company Insuring the Even	t: ITALIANO INSURANCE		
Note: Certificate of insurance must be submit	ted at time of application		
Surety Company Bonding this Event (N	Name and Address):	·	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?		holic Beverages be sumed at this Event?
☐ Yes No	▼ Yes	▼ Ye	s 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.		liability coverage must be ne certificate of insurance.
Name & Address of Organization Providing Food:	NEWL!N'S		
Type of Food being Served, HORS D'O	EUVRES & REFRESHMENTS AT RECEPTION (NO	PLATED DINNE	R, ETC.)
ype of rood being oceved.			
Section II - USE OF COUNTY I	PROPERTY PERMIT	•	
Organization Sponsoring the Event: P	RIVATE PARTY 4/23/18 - FRIENDS OF BOCA G	RANDE COMMU	INITY CENTER ON 4/24/18
	or Solicitation in the County Rights-of-Way		
Name of Charity:	, , ,		
Address of Charity:			
Phone Number:			
Non-profit certificate/registration nu	mber:		
(Proof of registration with the Dept. of Agriculture	& Consumer Services \$496.405 or proof the organization	s exempt from this	requirement, §316,2045)
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES P	ERMIT	
Is alcohol being sold/consumed on Co If Yes, then a "Lee County Alcohol Permit" is require	unty Property? d. Only non-profit organizations can sell alcohol on County	▼ Yes Property.	∏: No
Non-profit certificate/registration nut (Required if alcohol is to be <u>SOLD</u> at the event)	mber: WILL NOT BE SOLD 4/23 & 4/24		
Please note: A permit from the State of Florid	la Division of Alcoholic Beverages and Tobacco may	also be required;	olease call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

e of Production (choose all that apply): TV Movie or Special TV Series / Pilot	Γ	TV Comme	cial	X	Still Photos
Public Service Announcement Industrial / Documen	tary Γ	Other:			-
l any of the following be needed or included*?					
Street Closure		Yes	Г	No	
Traffic / Crowd Control		T Yes	_	No	
Fire or Burning		Yes		No	
Explosives or Pyrotechnics		Yes	Г	No	
Animals, Large or Small		Yes	_	No	
Construction of Any Kind		Yes	<u></u>	No	, ,
Large and/or Numerous Vehicles		Yes	Г	No	
Helicopters, Boats, etc.		T Yes	Γ	No	
Stunts		Yes	Г	No	19. The second
Other		T Yes	Г	No	
For any marked Yes, provide further details below:					
pecial Parking Requirements:		•			gradu et gradus (1999).
	-	7.			7
	fortilla.				
City or County Services Required: (Personnel, equipment,	racilities,	etc.)			
		-			
The following information is required for local and state re the industry. If exact figures are not available, please esti	ecords on process on the contract of the contr	production in osely as possi	Florida ole.	to 1	rack the economic impac
Number in Cast: Number in Cr	ew:	Nui	nber of	loca	ls hired:
Fotal budget: Estimate amo	unt spent i	n Lee County:			
Hotel room nights: Number of sh	ooting days	s:			
,1000,1001,110,110,110,110,110,110,110,					

Applicant Agreement - Signature Required



SECTION 1 - 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, ability 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 lits 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 reself.

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

Signature of Applicant

Drint Name of Applicant and Title

Print Name of Applicant and Title

ricingos

Print Name of Witness

. 2/7/18

Date



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

Check the appropriate box(es) below:

, , , , , , , , , , , , , , , , , , ,	UNTY PROPERTY SELL AND CONSI	PERMIT UME ALCOHOLIC BEVERA	GES WITHIN LEE CO	DUNTY FACILITIES	
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOW PLY WITH FOR THEIR EVEN	WHAT ARRANGEN	MENTS YOUR ORGA	NIZATION
Parking:	Parking in author	rized areas only.	<.1		
Deputies (How Many?):	none				remaining remaining
Fee for Services:	none				
Special Arrangements:	none				
	Print Name: Signature:	Captain J. Loethen Caft Joseph	22149		
	Title: Date:	Special Events, Permits a	and Details		



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropri	ate box(es) belo	ow:		
☐ SPECIAL EV				
Ent and	UNTY PROPERTY	PERMIT		
FILM PERM				• •
AFTER REVIEWING THE WILL REQUIRE THE APPLI				nts your organization
Fire Guards (How Many?)		*		
Fee for Services:		*2	· · · · · · · · · · · · · · · · · · ·	
Flammable Vegetation:				
First Aid Equipment: `				
Fire Extinguishing:	A COMPANIE - 1884 OF THE STREET OF THE STREE	1		
			Andrew Control of the	
Special Arrangements:	In case of e	emergency - Diai 911		
·	Print Name:	C. W. Blosser		
	`Signature: _	- Ul		
	Title: Date:	Fire Chief 03/02/2018		

Page | 7



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 necessary.			
Medical Personnel:	Management			. 3
Medical Personner.	None necessary.			· 12.4
Medical Supplies ,' Equipment:	None necessary.	and the second s		
			(y 'r \$ 1 1 1 1
Safety Requirements:	No additional preca:	tions necessary.		
	· ·			
ee for Services	Not applicable.			
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To	o arrange special event coveraç	ge, contact our office at
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Oate: 2018.03.05 10:45:05 -05'00'	_
	Title:	Chief	·	
	Date:	03/05/2018		



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

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•		OIME ALCOHOLIC REVE	RAGES WITHIN LEE COUNT	IT PACILITIES
FILM PERM	ΛIT			
AFTER REVIEWING THE VILL REQUIRE THE APP	E APPLICATION, F LICANT TO COMP	PLEASE INDICATE BELC PLY WITH FOR THEIR EV	OW WHAT ARRANGEMENT /ENT.	'S YOUR ORGANIZATION
Parking:	Park in designated is prohibited.	areas. No event parking o	n Lee County maintained road i	rights-of-way where parking
ngress and Egress:	Use all established	means of ingress and egr	288.	
				W. C.
		3		
pecial Arrangements:	None.			
				73
	Print Name:	Bryan Miller		_
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018,03.02 09:09:32 -05'00'	
	Title:	Senior Project Manger		
	Date:	March 2, 2018		
				· · ·
			-	

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NASHVILLE SONGWRITERS - MONDAY, APRIL 23RD & 24Th, 2018

Lee County Event Permit Application



Check the appropri	ate box(es) ber	JW.		
SPECIAL E	ENT PERMIT			
⋉ USE OF CC	UNTY PROPERTY	PERMIT		
R PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVER	RAGES WITHIN LEE COUNTY	FACILITIES
FILM PERN	ИТ			
·				
NFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOV LY WITH FOR THEIR EV	N WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
llumination:	Additional lighting prohibited.	munt be provided by perm	it holder and removed after the	event. Open flames are
Parking Areas:	Parking is permitte	d in existing parking areas	located at the Boca Gránde Com	nmunity Park.
pecial Arrangements:	consumption must	stay within the designated	er ordinance #95-09 (selling and I area discussed with the P&R su	l consumption). All alcohol pervisor at the Boca
	already granted at	& Recreation Director or D the Boca Grande Commun urance with Lee County BC	eputy Director approves this ald ity Park) by signing below. CC being additionally insured a be turned in no later than 4/17/1	nd Host Liquor Liability
	- Fan hendal Agree			
	Print Name:	Jesse Lavender	Joe Wier	
	Signature:	Jesse Lavender	Digitally signed by Jesse Lavender Date: 2018.03.02 08;38:25 -05'00'	
	Title:	Director	Supervisor	•
	Date:	3/2/18	3/2/18	



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

Check the appropria	te box(es) belo	w:	•
SPECIAL EVE	NT PERMIT		
	INTY PROPERTY P		
PERMIT TO S	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE CO	UNTY FACILITIES
FILM PERMI	T		
AFTER REVIEWING THE AWARD WILL REQUIRE THE APPLI	APPLICATION, PL	EASE INDICATE BELOW WHAT ARRANGEMY WITH FOR THEIR EVENT.	ENTS YOUR ORGANIZATION
Insurance Requirements:	**************************************	-	
insurante nequirements.			
		-	
Special Arrangements:		And the second second	
		And the second second	
	.,		
	- 1 · M	•	
	Print Name:		
	Signature:		
	Title:		
	Date:		
	_	<u> </u>	
		Page 11	



COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/22/2018

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 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).

441 PALM	NSURANCE SVCS INC AVE NDE, FL 33921	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	9419640400	FAX (A/C, No):	(⊹09)	722-2905
9419640400			INBURER(S) AFFORDING COVERAGE			NAIC#
		INSURER A:	United States Fire Insurance			21113
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:				
,	ITS PARTICIPATING MEMBERS:	INSURER C:				
Reyn Guye		INSURER D :				
PO BOX 1082 BOCA GRANDE, FL 33924-1406		INSURER E :				
BOCA GRANDE, FL 33927-1400						

USS370241

	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.							
INSF	TARE OF MENCANOE	ADDL	NUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<u> </u>	GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000,000.00
ı	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
1	CLAIMS-MADE X OCCUR			* . · · ·		0.40.40040	PERSONAL & ADV INJURY	\$1,000,000.00
A		x		SRPGAPML-101-0717	04/23/2018 12:01 AM	04/24/2018 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
· `					12,017am	12.017.11	FIRE DAMAGE (Any one fire)	\$300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		ļ				MED EXP (Any one person)	\$0.00
Ì	X POLICY PRO- LOC							
┝	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Es accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS				:		BODILY INJURY (Per accident)	\$
	HIRED AUTO NON-OWNED	1					PROPERTY DAMAGE (Per socident)	\$
					:		-	
 	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS MADE						AGGREGATE	\$
	DEO RETENTION \$							
 							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$
_	* :	\Box		· · · · · · · · · · · · · · · · · · ·			EACH OCCURENCE	\$
•							GENERAL AGGREGATE	\$
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLES	(Atta	ich ACORD 101, Additional Remarks Scho	dule, if more space	e is required)		

Lee County BOCC, A Political Subdivision & Charter County of the State of Florida are the additional insured on the general liability policy. Host liquor is included.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE NUMBER:

CERTIFICATE HOLDER	CANCELLATION
Lee County BoCC PO Box 398 Fort Myers, FL 33902	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 hepresentative / Italiano Insurance Svcs Inc

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

ACORD 25 (2010/05) v141120.001

The Nashville Songwriters 2018

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REVISION NUMBER:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/26/2018

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 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).

PRODUCER ITALIANO 441 PALM	INSURANCE SVCS INC AVE ANDE, FL 33921	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	9419840400	FAX (A/C, No):	(409)	722-2905	
94196404		INSURER(S) AFFORDING GOVERAGE				NAIC #	
		INSURER A :	United States Fire Ir	surance		21113	
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B :	1				
	ITS PARTICIPATING MEMBERS:	INSURER C :			٠.		
Friends of Boca Grande Community Center PO BOX 1222 BOCA GRANDE, FL 33921		INSURER D:	12 (4.1.17)	ar in the			
		INSURER E :					
		INSURER F:					
	CEDTICICATE NUMBER: USS355804		REVISIO	N NUMBER:			

C	OVERAGES CEI	RTIF	ICAT	E NUMBER: USS355804			REVISION NUMBER:	
7	THIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY THIS CERTIFICATE MAY BE ISSUED OF TERMS, EXCLUSIONS AND CONDITIONS	S OF	UIRE	JRANCE LISTED BELOW HAVE BE MENT, TERM OR CONDITION OF RTAIN THE INSURANCE AFFOR	DED BY THE F AVE BEEN REDL	POLICIES DESC JCED BY PAID	CRIBED HEREIN IS SUBJE	
INSF	THE OF MOURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	
LTR	GENERAL LIABILITY	INDIX	VVVD				GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
١,	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
A	ODMINISTRATOR X ODDON	х		SRPGAPML-101-0717	01/08/2018 12:01 AM	01/08/2019 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
^				Gra Granic 151 51 11	12:01 AW	12.01 AW	FIRE DAMAGE (Any one fire)	\$300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$0.00
	X POLICY PRO- LOC							
-	AUTOMOBILE LIABILITY	-	 				COMBINED SINGLE I MIT (E2 accident)	\$
	ANY AUTO						BODILY INJULY (Per parson)	\$
	ALLOWNED T SCHEDULED						BODILY NJURY (Per accident)	\$
	AUTOS AUTOS NON-OWNED					}	PROPERTY DAMAGE (Per accident)	\$
	AUTOS .							
-	UMBRELLA LIAB OCCUR		 				EACH OCCURRENCE	\$
	EXCESS LIFE CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$			·				
-			 				EACH OCCURRENCE	\$
							GENERAL AGGREDATE	\$
H	1		\top				EACH OCCURENCE	\$
	· ·		1	·			GENERAL AGGREGATE	\$
-	ESCRIPTION OF OPERATIONS / LOCATIONS / VE	HICLI	ES (Att	tach ACORD 101, Additional Remarks Sin	edule, if more spac	e is required)		
	azz and Vocal Concerts			•				
l H	lost Liquor Liabillty is included.						4 3	

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

The Certificate Holder is added as an additional insured but only with respect to Lability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

ACORD 25 (2010/05) v141120.001

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

Check the	appropriate	box(es)	below.
-----------	-------------	---------	--------

- F SPECIAL EVENT PERMIT
- IX. 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.

> In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afford under the Commercial General Lizbility 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 aradditional insured.

Subject to proof of insulance.

Print Name:	Mlke Figueroa
Signature:	2
Title:	Risk Program Manager
Date:	March 14, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/22/2018

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 holds: 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 cuch endorsement(s). CONTACT ITALIANO INSURANCE SVCS INC 9419840400 FAX A/C, No): (409) 722-2906 441 PALM AVE **BOCA GRANDE, FL 33921** 9419640400 INBURER(8) AFFORDING GOVERAGE NAIC # INSURERA : United States Fire Insurance 21113 SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURC. (ASING GROUP) AND ITS PARTICIPATING MEMBERS: MSURED NOUNERB: INBURERO : Reyn Guyer INSURERD : PO BOX 1082 INSURERE: **BOCA GRANDE, FL 33921-1406** INBURERF:

U99370241

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 OF CONDITION OF ART CONTRACT OF OTHER DECORATIVE WITH RESPECT 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 CLAIMS.							
IN LT		ADDL	SUBR	POLICYNUMBER	POLICY EFF (MH/DD/YYYY)	POLICY EXP (MN/IDD/YYYY)	LIMITS	,
Г	GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000,000.00
l	X COMMERCIAL GENERAL LIABILITY					ŀ	PRODUCTS - COMPIOP AGG	\$2,000,000.00
	GLAIMS-MADE X OGCUR				04/00/0040	04/04/0040	PERSONAL & ADVINJURY	\$1,000,000,00
A		Х	·	SRPGAPML-101-0717	04/23/2018 12:01 AM	04/24/2018 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
				•	12(017411		FIRE DAMAGE (Any one fire)	\$200,000.00
l	GENT AGGREGATE LIMIT APPLIES PER						MED EXP (Any one person)	\$0.00
	X POLICY PRO-							
Г	AUTOMOBILE LIABILITY						COMBINED SWELE UNIT	\$
١	ANY AUTO					İ	BODILY BULLERY (Per person)	\$
	ALL CHANED SCHEDULED					-	BODILY INJURY (Per accident)	\$
ı	HIRED AUTO NON-OVANIED						PROPERTY DANAGE (Peraccident)	\$
						j		
Г	UMBRELLA LIAB CCCUR	T		-			EACH OCCURRENCE	\$
	EXCERS LIAB CLAIMS-MADE			<u>`</u>	·		AGGREGATE	8
	DED RETENTION \$	1						
Г							EACH OCCURRENCE	\$
I	·		Ì				GENERAL AGGREGATE	\$
Γ							each occurence	3
ı							GENERAL AGGREGATE	8
ò	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Adaph ACORD 101, Additional Remarks Schedule, it more space is required)							

Scheduled Activities Exclusion Applies-Plesse Refer to Named insured Member Certificate of Coverage

CERTIFICATE NUMBER:

AMOUNT IALLES ITAMAMIA		
Lee County BoCC PO Box 398 Fort Myers, FL 33902	or well	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	04/	Italiano Insurance Sves Inc

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Lee County BQCC, A Political Subdivision & Charter County of the State of Florida are the additional insured on the general liability policy. Host

CANCELLATION

ACORD 25 (2010/05) v141120.001

The Nashville Songwriters 2018

liquor is included.

CERTIFICATE HOLDER

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REVISION NUMBER:





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/26/2010

	OFILITOLIE OF MINI					
CERTIFICATE DOES N BELOW. THIS CERTIF REPRESENTATIVE OR I	SSUED AS A MATTER OF INFORMATION ONLY AI OT AFFIRMATIVELY OR NEGATIVELY AMEND, E. ICATE OF INSURANCE DOES NOT CONSTITUTE PRODUCER, AND THE CERTIFICATE HOLDER.	A CONTRACT	FER THE COVERAGE BETWEEN THE 198U	AFFORDED B ING INSURER(S), AUTHO	RIZED
to the terms and condit	tificate holder is an ADDITIONAL INSURED, the poons of the policy, certain policies may require an on the policies may require and the policies may be presented in the policies and the polici	nndorsement.	be endorsed, if SUE A statement on this c	ROGATION IS TO STREET HERE	NAIVED, e	nibject rights
PRODUCER		CONTACT NAME:				
ITALIANO INSURANCE 441 PALM AVE	SVCS INC	PHONE IA/C, No. Ext):	8419840400	FAX (A/G, No):	(409) 72	2-2905
BOCA GRANDE, FL 33	921	E-MAIL ADORESS:				
9419640400	,		INBURHIUS) AFFORDING	DOVERAGE		NAIC #
		INBURERA	United States Fire I	nsurance		21113
	ECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INBURER 8 :	10,1%	· . : '		
HE PARTICIPA	TING MEMBERS:	INSURERC:			٠,	
Friends of Boca Grand	e Community Center	INSURER D :		. 32)	7,	
PO BOX 1222 BOCA GRANDE, FL 33	094	INSURER E :	, ,	· ',		
DOOR CHAMPE, I E VI		insurer f 1				
COVERAGES	CERTIFICATE NUMBER: USS355804			ON NUMBER:		entrales principales
INDICATED. NOTWITHST	THE POLICIES OF INSURANCE LISTED BELOW HAVE I ANDING ANY REQUIREMENT, TERM OR CONDITION ISE ISSUED OR MAY PERTAIN, THE INSURANCE AFFO CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY	of any contr Inded by the	POLICIES DESCRIBED	HEREIN IS SUB	orgul iv	& A1 11 CAL 1

INSR LTR	TYPE OF INBURANCE		BUBR		POLICY EFF	POLICY EXP (MM/0D/YYYY)	LIMITS	
Pilt	GENERAL LIABILITY	INDIX	1175	· · · · · · · · · · · · · · · · · · ·			GENERAL AGGREGATE	\$2,000,000.00
1	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OF AGG	\$2,000,000.00
ĺ	OLAIMS-MADE X OCCUR						PERSONAL & ADV MULIRY	\$1,000,000.00
A		Х		SRPGAPML-101-0717	01/08/2018 12:01 AM	01/08/2019 12:01 AM	EACH OCCURRENGE	\$1,000,000.00
' ' '					12.01 AW	IA/UI AINI	FIRE DAMAGE (Any one fire)	\$300,000.00
	OEN'S AGOREGATE LIMIT APPLIES (-ER:						MED EXP (Any one person)	\$0.00
ı	X POLICY PRO- LOC		<u> </u>					
-	AUTOMOBILE LIABILITY						COMBINED BINGLE LIMIT	\$
	ANY AUTO		1				EODILY INJURY (Per person)	\$
ł	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	AUTOS AUTO AUTOB						PROPERTY DAMAGE (Per accident)	\$
١								
-	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE	\$
	DED RETENTION S							
		_	 				EACH OCCURRENCE	\$
١.					·		GENERAL AGGREGATE	\$
-			1				EACH OCCURENCE	\$
		١			1		general aggregate	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space to required)

Jazz and Vocal Concerts

Host Liquor Liability is included.

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy pariod.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

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

ACORD 25 (2010/05) v141120.001

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