



EVENT PERMIT

Ordinance 17-08



SW FL EPILEPSY AWARENESS WALK

PERMIT NUMBER: TMP2018-00087

Date(s) of Event: April 21, 2018 from 8:30am until 11:30am

Property Owner: LEE COUNTY

Applicant: EPILEPSY SERVICES OF SW FL Contact: SHARON KEEN

Description: Southwest Florida Epilepsy Awareness Walk at Lakes Regional Park

Location of event: 7330 GLADIOLUS DR FORT MYERS 33908
LAKES REGIONAL PARK ***941-953-5988

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

 4-4-18
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

TMP 2018-00087

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	Southwest Florida Epilepsy Awareness Walk
Date(s) of Event / Production:	Saturday, April 21, 2018
Location(s) of Event:	Lakes Regional Park, Fort Myers, FL 7330 Gladiolus Dr. Ft. Myers, FL 33908
Name of Applicant:	Epilepsy Services of Southwest Florida
Applicant Address:	Epilepsy Services of Southwest Florida - Headquarters (Additional Offices in Ft. Myers and Naples) 1750 17th Street, Building I-2 Sarasota, FL 34234
Applicant Phone Number:	(941) 953-5988
Contact Person: (If different from applicant)	Kevin Lindberg, Executive Director Sharon Keen, Community Outreach Coordinator
Contact Phone Number: (If different from applicant)	Kevin Lindberg - 941-953-5988, Ext. 303 Sharon Keen 941-953-5988, Ext. 316
Email Address:	Kevin Lindberg - klindberg@esswfl.org Sharon Keen - skeen@esswfl.org
Estimated Attendance:	70-90
Event Description: Include each activity, when activities take place, etc.	Walk for Epilepsy Awareness 8:00 Set-Up 8:30 Registration check-in and t-shirt distribution 9:20 Speaker talking about epilepsy 9:30 Walk Begins 10:00 Refreshments 11:00 Clean-Up
Hours of Operation:	8:30 - 11:30 Set-Up and Clean-Up before and after event
STRAP # of Parcel:	Lakes Regional Park, Pavilion A-1 and D-1
Owner of Premises*:	Lee County Government

*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 Park

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: Bolt Insurance Agency

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

Surety Company Bonding this Event (Name and Address): Commercial General Liability - 9023 Town Center Pkwy, Lakewood Ranch Florida 34207

<p>Will Vehicles be Used as Part of This Event?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="font-size: small;">If yes, automobile coverage must be included on the certificate of insurance.</p>	<p>Will Food be Available at this Event?</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="font-size: small;">If yes, products liability coverage must be included on the certificate of insurance.</p>	<p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="font-size: small;">If yes, liquor liability coverage must be included on the certificate of insurance.</p>
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Name & Address of Organization Providing Food: Jason's Deli - 13550 Reflections Pkwy, Ft. Myers, FL 33907 239-590-9994

Type of Food being Served: Sandwiches - Soft drinks and water

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Epilepsy Services of Southwest Florida

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

Name of Charity: Epilepsy Services of Southwest Florida

Address of Charity: 1750 17th Street, Building I-2, Sarasota, FL 34234

Phone Number: 941-953-5988

Non-profit certificate/registration number: FED ID 59-3281492, Exempts #85-8012565504C-5, Forms emailed to Mary Ellen
 (Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 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



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.



Required Signatures

Some events may require one or more types of permits. Lee County's 'all-in-one' permit application is used for each type of permit, but the required signatures for each vary slightly. Table 1 below indicates which signatures are required for each application.

We strongly recommend starting the application process early; agency review can take some time so begin the process as soon as possible. The deadline for submission is 30 days prior to the event.

Table 1

Agency	Special Event	Use of Lee County Property	Alcoholic Beverages at a Lee County Facility*	Film**
Lee County Sheriff's Department 14750 Six Mile Cypress Parkway Phone: (239) 477-1098	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fire Department - A fire district map and listing of contacts is included at the end of this guide. Contact the district in which your event will take place.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Lee County EMS / Public Safety 14752 Six Mile Cypress Pkwy Phone: (239) 533-3902	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Department of Transportation 1500 Monroe Street Phone: (239) 533-8580	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lee County Parks & Recreation 3410 Palm Beach Boulevard Phone: (239) 533-7275	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lee County Risk Management 2115 Second Street, 4 th Floor Phone: (239) 533-2221	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lee County Visitor & Convention Bureau 2201 Second Street, Suite 600 Phone: (239) 338-3500				<input checked="" type="checkbox"/>

* According to Florida Statute §561.422, a state-issued alcohol permit may also be acquired. For details, contact:
Florida Department of Business & Professional Regulation
Division of Alcoholic Beverages and Tobacco
2295 Victoria Avenue, Suite 145, Fort Myers, FL 33901
Phone: (239) 344-0885

** Contact the Lee County Visitor & Convention Bureau's Film Office for information regarding approvals, insurance requirements, and any needs you may have relating to film permitting. More information available on p. 8.

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:

Walk will take place within the confines of the park.

Print Name: Lieutenant D. Petracca

Signature:

 9/3/17

Title:

Special Operations Unit

Date:

3/15/18

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:

\$0.00

Flammable Vegetation:

N/A

First Aid Equipment:

CALL 911 IF NEEDED

Fire Extinguishing:

N/A

Special Arrangements:

N/A

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley
DN: cn=Nate Burley, o=Lee County Fire Department,
email=nburley@leefire.org, c=US
Date: 2018.04.02 15:20:05 -0400

Title: Fire Marshal

Date: April 2, 2018

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 necessary.

Medical Personnel:

None necessary.

Medical Supplies /
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, ou=Lee County, Department of Public Safety,
serialNumber=14752, email=doug.higgins@lee.fl.us
Date: 2018.03.14 16:17:31 -0400

Title: Division Chief

Date: 03-14-18

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
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☐ FILM PERMIT

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

Parking:

Park in designated areas. 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: 2018.03.12 12:54:29 -04'00'

Title: Senior Project Manager

Date: March 12, 2018

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
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☐ FILM PERMIT

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

Illumination:

Event organizer must provide own lighting if needed to safely run the event.

Parking Areas:

Park Gates Open at 7:00 am
Parking is limited to the designated parking areas inside Lakes Park. All vehicles are required to display their event parking pass.

Special Arrangements:

Event organizer is responsible for set up and break down of race route/event signs, drink stations and first stations. All trash and event debris must be cleaned up and removed prior to check out.
No painting or temporary markings allowed on the roads or pathways. Removable directional signs (IE: survey flags, real estate signs and cones) are permitted.
Event banners may be hung at your Shelters.
No motorized carts or vehicles are permitted on the pathways.
Park Gates Open at 7:00 am

Print Name: Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

3/14/18

*Spices walk
Lakes Park
4/21/18*

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ 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: March 19, 2018



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012565504C-5	02/01/2016	02/28/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

EPILEPSY SERVICES OF SOUTHWEST
FLORIDA INC
1900 MAIN ST STE 212
SARASOTA FL 34236-5927

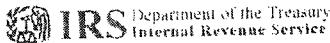
is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



CINCINNATI OH 45999-0038

In reply refer to: 0248206070
June 14, 2016 LTR 4168C 0
59-3281492 000000 00
00016759
BODC: TE

EPILEPSY SERVICE OF SW FL
% KEVIN LINDBERG
1750 17TH STREET BUILDING I-2
SARASOTA FL 34234

123541

Employer ID Number: 59-3281492
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated June 03, 2016, regarding your tax-exempt status.

We issued you a determination letter in July 1995, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Doris Kenwright, Operation Mgr.
Accounts Management Operations 1

1-800-HELP-FLA (435-7352)
www.800helpfla.com
www.freshfromflorida.com



DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

March 7, 2018

Refer To: CH6635

EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.
1750 17TH ST BLDG I-2
SARASOTA, FL 34234

RE: EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.
REGISTRATION#: CH6635
EXPIRATION DATE: March 18, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Fred Hartsfield

Fred Hartsfield
Regulatory Consultant
850-410-3784
Fax: 850-410-3804
E-mail: fred.hartsfield@freshfromflorida.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2018

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(ies) 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 BOLT INSURANCE AGENCY 777 S PALM AVE UNIT 5 SARASOTA, FL 34236-7764 941-952-7517	CONTACT NAME:	
	PHONE (A/C, No, Ext): 941-952-7517	FAX (A/C, No):
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Epilepsy Services of Southwest Florida 1750 17th Street, Building I-2 Sarasota, FL 34234	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Fire Insurance	NAIC # 21113
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** USS371357**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.

TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN EXCEEDED													
INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A	GENERAL LIABILITY		X		SRPGAPML-101-0717	04/21/2018 12:01 AM	04/22/2018 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PRODUCTS - COMP/OP AGG						\$2,000,000.00					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV INJURY						\$1,000,000.00					
		EACH OCCURRENCE						\$1,000,000.00					
		FIRE DAMAGE (Any one fire)						\$300,000.00					
		MED EXP (Any one person)						\$5,000.00					
	GEN'L AGGREGATE LIMIT APPLIES PER:												
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC												
	AUTOMOBILE LIABILITY											COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO											BODILY INJURY (Per person)	\$
<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$						
<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$					
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$					
	DED	RETENTION \$											
							EACH OCCURRENCE	\$					
							GENERAL AGGREGATE	\$					
							EACH OCCURRENCE	\$					
							GENERAL AGGREGATE	\$					

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

5k Walk

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.

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

CERTIFICATE HOLDERLee County Board of county Commissioners
7330 Gladlous Drive
Ft Myers, FL 33908cc ME
03/19/18**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

BOLT Insurance Agency



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2018

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(ies) 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 BOLT INSURANCE AGENCY 777 S PALM AVE UNIT 5 SARASOTA, FL 34236-7764 941-952-7517	CONTACT NAME:	
	PHONE (A/C, No, Ext): 941-952-7517	FAX (A/C, No):
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Epilepsy Services of Southwest Florida 1750 17th Street, Building I-2 Sarasota, FL 34234	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Fire Insurance	NAIC # 21113
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: USS371357

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			SRPGAPML-101-0717	04/21/2018 12:01 AM	04/22/2018 12:01 AM	GENERAL AGGREGATE \$2,000,000.00			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$2,000,000.00			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000.00			
							EACH OCCURRENCE \$1,000,000.00			
							FIRE DAMAGE (Any one fire) \$300,000.00			
							MED EXP (Any one person) \$5,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:									
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									
	AUTOMOBILE LIABILITY									COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO									BODILY INJURY (Per person) \$
<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$				
<input type="checkbox"/> HIRED AUTO						PROPERTY DAMAGE (Per accident) \$				
<input type="checkbox"/> SCHEDULED AUTOS										
<input type="checkbox"/> NON-OWNED AUTOS										
UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$				
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$				
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$										
						EACH OCCURRENCE \$				
						GENERAL AGGREGATE \$				
						EACH OCCURRENCE \$				
						GENERAL AGGREGATE \$				

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

5k Walk

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

CERTIFICATE HOLDEREpilepsy Services of Southwest Florida
1750 17th Street, Building I-2
Sarasota, FL 34234**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

BOLT Insurance Agency



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2018

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PRODUCER BOLT INSURANCE AGENCY 777 S PALM AVE UNIT 5 SARASOTA, FL 34236-7764 941-952-7517	CONTACT NAME:	
	PHONE (A/C, No, Ext): 941-952-7517	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Fire Insurance	
	NAIC # 21113	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Epilepsy Services of Southwest Florida 1750 17th Street, Building I-2 Sarasota, FL 34234	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** USS371357**REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SRPGAPML-101-0717	04/21/2018 12:01 AM	04/22/2018 12:01 AM	GENERAL AGGREGATE \$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COM/OP AGG \$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000.00
							EACH OCCURRENCE \$1,000,000.00
							FIRE DAMAGE (Any one fire) \$300,000.00
							MED EXP (Any one person) \$5,000.00
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							EACH OCCURRENCE \$
							AGGREGATE \$
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$

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

5k Walk

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.

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

CERTIFICATE HOLDER

Lee County Board of county Commissioners
7330 Gladlous Drive
Ft Myers, FL 33908

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

BOLT Insurance Agency

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULED ACTIVITIES EXCLUSION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description Of Activities:

Any activity specifically described in the Named Insured Member Certificate of Coverage (FM 101.0.0029) as an activity that is not covered under the Commercial General Liability policy.

In addition, scheduled activities exclusion endorsement applies: Inflatable Amusement Devices, Carnival Rides, Knockerball/Bubble Soccer, Bungee Devices, Fireworks, Mechanical Bucking Devices: including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Security Forces, Trampolines, and Zip Lines.

With Respect to Certificate Number(s) USS371357

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following exclusion is added to the policy:

2. Exclusions

This insurance does not apply to:

SCHEDULED ACTIVITIES

"Bodily Injury", "Property Damage" or "Personal and Advertising Injury" resulting from or arising out of any activities listed in the above Schedule of this endorsement that are or were arranged and/or conducted by, or on behalf of, the "Named Insured Member".

All other terms and conditions remain unchanged



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/6/2018

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		PHONE (A/C, No, Ext): 941-952-7517	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: United States Fire Insurance	21113
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

Epilepsy Services of Southwest Florida
1750 17th Street, Building I-2
Sarasota, FL 34234

COVERAGES

CERTIFICATE NUMBER: USS371357

REVISION NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000.00
							EACH OCCURRENCE \$1,000,000.00
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							MED EXP (Any one person) \$5,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
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	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
5k Walk

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

CERTIFICATE HOLDER

Epilepsy Services of Southwest Florida
1750 17th Street, Building I-2
Sarasota, FL 34234

CANCELLATION

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AUTHORIZED REPRESENTATIVE

BOLT Insurance Agency



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)

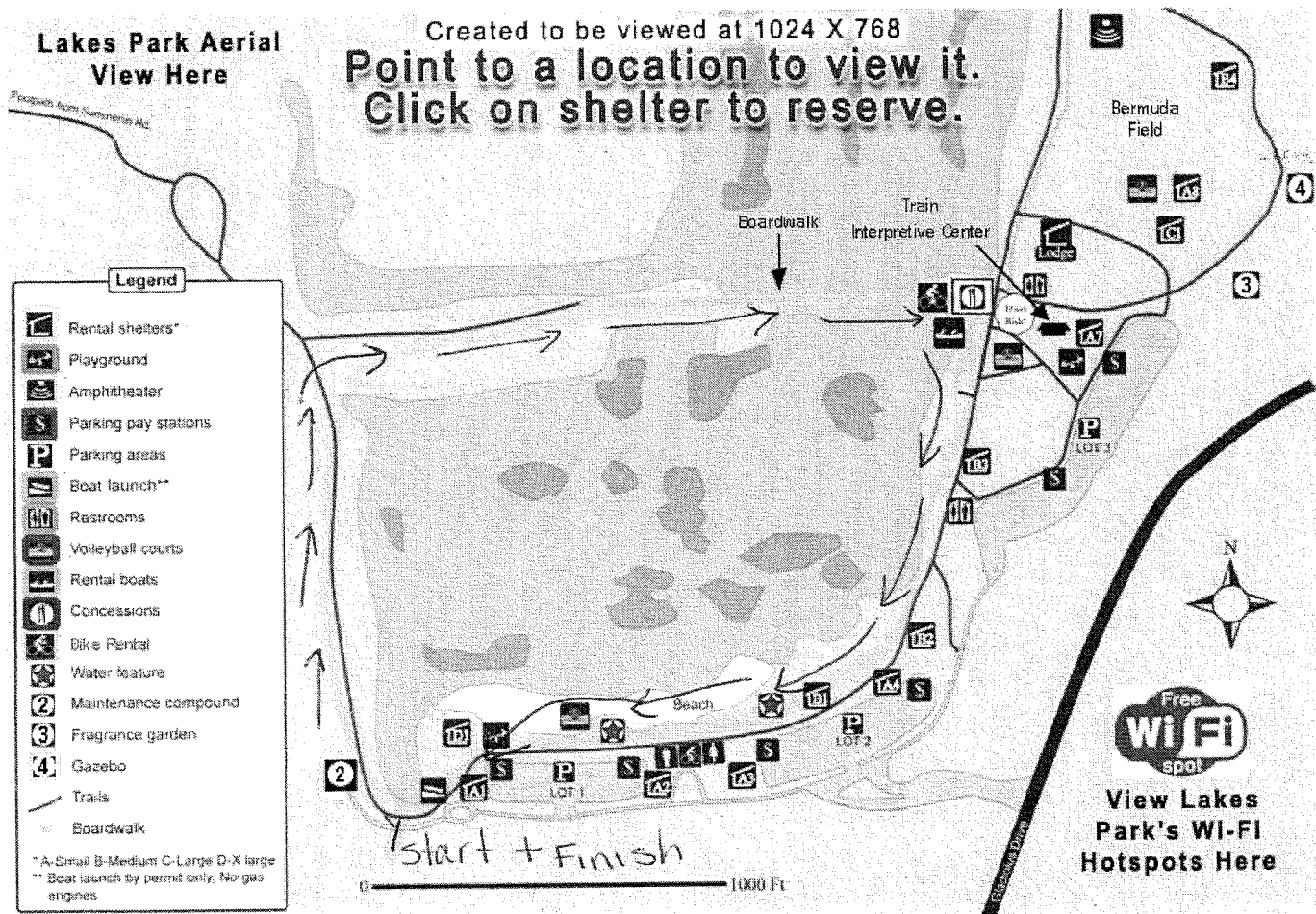
3/6/2018

AGENCY BOLT Insurance Agency		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0717/USS371357	EFFECTIVE DATE 04/21/2018 12:01 AM	NAMED INSURED(S) Epilepsy Services of Southwest Florida		

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Lee County Board of county Commissioners 7330 Gladlulus Drive Ft Myers, FL 33908						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/> LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:			E-MAIL ADDRESS:					

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



Reserved - Southwest Florida Epilepsy Awareness walk

Pavilion A-1

Pavilion D-1

Our group will be walking 1 to 2 loops around the lake, *see arrows on map.
 We expect 70-90 participants