

EVENT PERMIT



Ordinance 17-08

WALK LIKE MADD/MADD DASH

PERMIT NUMBER: TMP2018-00137

Date(s) of Event: September 29, 2018 from 7:00am until 12:00pm

Property Owner:

LEE COUNTY

Applicant:

LORI BURKE 239-791-7560

Description:

Walk and 5K run to raise awareness and funds for MADD's mission in Southwest

Florida per approved race route

Location of event:

11500 FENWAY SOUTH DR, FORT MYERS 33913

JETBLUE PARK AT FENWAY

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

Date County Manager

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check i	he 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	Walk Like MADD/ MADD Dash
Date(s) of Event / Production:	09/29/18
Location(s) of Event:	JetBlue Park at Fenway South
Name of Applicant:	Mothers Against Drunk Driving
Applicant Address:	13130 Westlinks Terrace, Suite 8, Fort Myers, FL 33013
Applicant Phone Number:	239.791.7560
Contact Person: (If different from applicant)	Lori Burke
Contact Phone Number: (If different from applicant)	
Email Address:	lori.burke@madd.org
Estimated Attendance:	500-750
Event Description: Include each activity, when activities take place, etc.	The event is a walk and 5K run to raise awareness and funds for MADD's mission in Southwest Florida. The walk and run will start at 830am after registration from 7am - 8am and follow a route out of the park, east on Daniels, north on Gateway Blvd, west on Commerce Lakes Drive, south on Westlinks Terrace and west on Daniels Parkway with the finish line at JetBlue Park. After the walk and run, there will be community partners, food and beverages available.
Hours of Operation:	7am - 12pm
STRAP # of Parcel:	24452502000060000
Owner of Premises*:	Lee County

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



Fill out the following questions for all permit types:

What is the Zoning Classification of the	nremises? MPD	
Are any temporary structures to be inst	alled for the event? Yes X No T	ype:
Do you have the appropriate permits fo	r the temporary structures?	☐ Yes ☐ No
 For a 'Special Event' and 'Use of Cour indentified, including all parking areas. 	ity Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company Insuring the Event:	Arthur J. Gallagher Risk Management Service	es, Inc.
Note: Certificate of Insurance must be submitted	ed at time of application	
Surety Company Bonding this Event (Na	ame and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes No	⊠ Yes ☐ No	☐ Yes
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization For A	ood vendors have not been confirmed. Howe ramark, Dunkin Donuts, Jason's Deli, Starbuck	ver, they will be companies such as s, Publix, etc.
Type of Food being Served: Coffee, Wa	ter. Donuts, Fruit, Bagels, smoothies	
Type of Food being Served:	ACCENTED AND AND AND AND AND AND AND AND AND AN	kinintoinin sikataksa kuuta ka kininta ja ka kiilinta ja ka
Section II - USE OF COUNTY P	PROPERTY PERMIT	
Organization Sponsoring the Event: M	others Against Drunk Driving	ktoria a a programmikal viens kera grownii selinis viens en ministrat destitucioles interpretamente parte es d
	r Solicitation in the County Rights-of-Way	<i>'</i> :
Name of Charity: Mothers Against Drur		
	`_	
Address of Charity: 13130 Westlinks Tel	rrace, Suite 8, Fort Myers, FL 33913	1
Phone Number: 239.791.7560		
Non-profit certificate/registration nur	nber: 94-2707273	
	& Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES P	FRMIT
Section in - Sale/Consolvir		
Is alcohol being sold/consumed on Coll Yes, then a "Lee County Alcohol Permit" is required	unty Property? d. Only non-profit organizations can sell alcohol on County	Yes No Property.
Non-profit certificate/registration nur (Required if alcohol is to be <u>SOLD</u> at the event)	nber:	
Please note: A permit from the State of Florid further details	a Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie	or Special	TV Series / Pilot	<u> </u>	V Comme		Still		
Public Serv	vice Announcemer	nt 🔲 Industrial / Document	tary 🗍 (Other:				
l any of the	e following be nee	ded or included*?						
	Street Closure			☐ Yes	L v	lo		
	Traffic / Crowd Co		a angang manangga ik	┌ Yes		lo ·		
	Fire or Burning	minesta. Est stante estimatum tunatum taka (2019-1904) kamine minesta (3009-300-300)	en amazar i serre er ar se annen å	Yes	<u></u>	lo		
	Explosives or Pyro	technics		Yes		lo :		
	Animals, Large or	Small	, ,	☐ Yes	_ r	lo		
	Construction of A	ny Kind	***************************************	Yes		lo		
	Large and/or Num	nerous Vehicles		☐ Yes		lo		
	Helicopters, Boats	s, etc.		☐ Yes		lo		.w.,
	Stunts			☐ Yes		lo		
	Other	A med Andred over transmittant committeents to a Suit a 1112 annumb Andreas annum a tagentum		Yes		10		
For any m	arked Yes, provide	further details below:						
	larked Yes, provide							
Special Parl	king Requirements		facilities, etc	.)				
Special Parl	king Requirements	•	facilities, etc	.)				
Special Parl City or Cou	king Requirements unty Services Requi	•	cords on pro	duction in	Florida tole.	o track t	he econo	mic impa
pecial Parl City or Cou The followi he industr	king Requirements unty Services Requi ing information is r	: red: (Personnel, equipment, equired for local and state re	cords on pro nate as close	duction in ly as possil	ole.	o track t		mic impa
Special Parl City or Cou	king Requirements unty Services Requi ing information is r ry. If exact figures a	red: (Personnel, equipment, equired for local and state re are not available, please estin	cords on pro nate as close w:	duction in ly as possil Nur	ole.			mic imp

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.

Signature of Applicant	Witness
Print Name of Applicant and Title	Print Name of Witness
Date	Date



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

Check the appropria	te box(es) belo	W:		
☐ SPECIAL EVE	NT PERMIT			
☑ USE OF COL	INTY PROPERTY P	PERMIT		
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WIT	THIN LEE COUNTY F	ACILITIES
FILM PERMI	Т	•		
•				
AFTER REVIEWING THE	APPLICATION, PL	EASE INDICATE BELOW WHAT	ARRANGEMENTS Y	OUR ORGANIZATION
WILL REQUIRE THE APPL	ICANT TO COMPL	Y WITH FOR THEIR EVENT.		
Parking:	Park in authorized	d areas only.		
Deputies (How Many?):	Four deputies an	d Seven VOICE members for traf	ffic control and safety	of partcipants from
Deputies (How Many.).	0700-1100 hrs			
,				
Fee for Services:		*		-
ree for services.		•		
Special Arrangements:	Should VOICE m deputies. Vendor	nembers be unavailable, vendor w r will be responsible for contacting	vill be responsible for y VOICE office @ 23	cost of additional 9-477-1422 to set up.
	-		-	
	11/1/			
	Table Control of the			
	Print Name:	Captain James Loethen		
	Print Name.	Captain values Education		run.
	Signature:	Capt / Zoch	Tu-92/4)	7
	Title:	Special Events, Permits and del	tails	
	Date:			



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	w:				•.
☐ SPECIAL EV ☑ USE OF CO ☐ FILM PERM	UNTY PROPERTY F	PERMIT				
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE	EASE INDICATE BE WITH FOR THEIR	LOW WHAT ARRA	ANGEMENTS Y	OUR ORGAN	NIZÁTIÓN
Fire Guards (How Many?)	0					
Fee for Services:	N/A					
Flammable Vegetation:	N/A					•
First Aid Equipment:	CALL 911 IF NEEDED					•
Fire Extinguishing:	N/A					
Special Arrangements:	N/A					·
	Print Name:	Nate Burley	Digitally Ligned by Nate Burley	To Nation and State Beautiful		
	Signature: Title:	Nate Burley Fire Marshal	Digitary signed by the country of the confidence	re ussuict, que Pile Prevention, LUS	*	•
	Date:	May 2, 2018				



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

Check the appropria	te box(es) below	
FILM PERM	JNTY PROPERTY PER IT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEA	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	We will require a bike	team (preferable) or cart team, as we have done in the past.
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precaut	tions necessary.
Fee for Services	Fee is waived per Chi	ef Abes.
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name: Signature: Title:	Douglas B. Higgins Douglas B. Higgins Olighally signed by Douglas B. Higgins Ditt. embouglas B. Higgins Ditt. embouglas B. Higgins One of Douglas B. Higgins Ditt. embouglas B. Higgins One of Douglas B. Higgins One of Douglas B. Higgins Ditt. embouglas B. Higgins One of Douglas B. Higgins Division Chief
	Date:	09-19-18



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

Check the appropri	ate box(es) belo	ow:	
	ENT PERMIT		
⊠ USE OF CO	UNTY PROPERTY	PERMIT	
film iii		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERM	11T .		
FTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	No event parking o	n Lee County maintained road rights-of-way.	
ngress and Egress:	Use all established	means of ingress and egress.	
Special Arrangements:	to be stationed at a Gateway Boulevard referencing FDOT will be used at a m	eriff's Office for assistance with traffic control. Deputies or Vall major intersections/driveways along the route and the sign. Applicable turn lane closures at Daniels & Gateway Blvd was Roadway Design standards, Index 600, or at the direction of inimum along lane closures to the north of Daniels on the sopened to traffic as soon as practicable under the direction	gnalized intersection at vill be accomplished f Law Enforcement. Cones ide-streets. All lane
	·		-
	Print Name:	Bryan Miller	
	Signature:	Bryan D. Miller Date: 2018.05.02 11:04:21 -04'00'	
	Title:	Senior Project Manager	
	Date:	May 2, 2018	



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

Check the appropri	ite box(es) bel	ow:
Total states a	UNTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	N/A - Daytime ever	nt
Parking Areas:	Event organizer modriveways and road	ust ensure that parking is restricted to designated areas and provide open accessible dways for emergency vehicle access.
Special Arrangements:	Must coordinate ev	vent with both the Red Sox staff and the on-site Parks and Recreation staff.
	Print Name:	Alise Flanjack
	Signature:	Alse Flayock
	Title:	Deputy Director
	Date:	May 3, 2018

Walk Like MADD 5K 9-29-18 @ Jet Blue



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

Check the appropriat	e bux(es) bei	OVV.	
SPECIAL EVE	NT PERMIT		
, ✓ USE OF COU		PERMIT	
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L PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE C	LOGNIT FACILITIES
FILM PERMIT	Γ		
AFTER REVIEWING THE A	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGE	MENTS YOUR ORGANIZATIO
		LY WITH FOR THEIR EVENT.	
	•		
	·		
Insurance Requirements:	Commercial generation	eral liability insurance with minimum limits of One otect against bodily injury and/or property damag	: Million Dollars (\$1,000,000) per le relative to applicants use of
	aforementioned	event within Lee County.	
,			
	J		
Special Arrangements:	A Certificate of In	nsurance shall be submitted as evidence of the req	uired coverage listing Lee County
	Board of County	Commissioners, P.O. Box 398, Fort Myers, FL 3390.	2 as the certificate holder and as an
	additional insule	:a,	
	Subject to proof	of insurance.	

		•	
			 A second control of the control of the
•	Print Name:	Mike Figueroa	
	a		
	Signature:		
	Title:	Risk Program Manager	
	, , , , ,	- Institution of the second of	
	Date:	September 18, 2018	÷



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/28/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Matt Banker
NAME: Matt Banker
PHONE
(A/C. No. Ext): 972-813-2160
E-MAIL
ADDRESS: matt_banker@ajg.com Arthur J. Gallagher Risk Management Services, Inc. FAX (A/C, No): 972-663-6070 Two Lincoln Centre 5420 LBJ Freeway, Suite 400 NAIC# INSURER(S) AFFORDING COVERAGE Dallas TX 75240 25224 INSURER A: Great Divide Insurance Company INSURER B: Berkley National Insurance Company 38911 INSURED Mothers Against Drunk Driving INSURER C: 511 E. John Carpenter Fwy., Suite 700 INSURER D : Irving TX 75062-3983 INSURER E : INSURER F DEVISION NUMBER

COL	OVERAGES CERTIFICATE NUMBER: 142/685513 REVISION NOMBER: 201/685513								
CUI	IER	AGES GEN	11111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE CONTRACTOR OF THE PERSON WAS A PERSON OF THE PERSON OF	N ICCUED TO	THE INCLIDE	D NAMED ABOVE FOR TH	HE POLICY PERIOD
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CE	ERTI	FICATE MAY BE ISSUED OR MAY	PERI	AIIV,	THE INSURANCE AT ONDED BY	TEDLICED BY	DAID OLAIMS		
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NSR LTR		TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	2000	
	V	COMMERCIAL GENERAL LIABILITY			CPA7502810-10	7/1/2018	7/1/2019	EACH OCCURRENCE	\$ 1,000,000
Α	Λ.	COMMERCIAL GENERAL LIABILITY			317117-227			DAMAGE TO RENTED	NAME OF THE PARTY
		CLAIMS-MADE X OCCUR		1				PREMISES (Ea occurrence)	\$ 500,000
		CLAIMS-MADE OCCUR		1					£ 5 000
			1					MED EXP (Any one person)	\$ 5,000
	_							PERSONAL & ADV INJURY	\$ 1,000,000
			1					PERSONAL & ADV 1140011	Ψ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							
	X	PRO- LOC	1	1				PRODUCTS - COMP/OP AGG	\$ 2,000,000

•		The state of the s					PERSONAL & ADV INSURT	Ψ 1,000,000
	-						GENERAL AGGREGATE	\$ 2,000,000
	-	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- JECT LOC			wi j		PRODUCTS - COMP/OP AGG	\$ 2,000,000
١	-	X POLICY JECT LOC						\$
F	Б.	OTHER:	-	CAA 7502887-10	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
١	В	AUTOMOBILE LIABILITY		0,0,7,7652507 12			BODILY INJURY (Per person)	\$
I	-	X ANY AUTO SCHEDULED					BODILY INJURY (Per accident)	\$
١	-	AUTOS ONLY AUTOS					PROPERTY DAMAGE (Per accident)	\$
l	1	X HIRED AUTOS ONLY AUTOS ONLY					(i er accident)	\$
ŀ	Α	X UMBRELLA LIAB X OCCUR		CUA 7503088-10	7/1/2018	7/1/2019	EACH OCCURRENCE	\$ 8,000,000
-	^	- COCCIN					AGGREGATE	\$ 8,000,000
١		TOPANIO III OP						\$
-		DED RETENTION \$ WORKERS COMPENSATION		WCA 7503002-16	7/1/2018	7/1/2019	X PER OTH-	
١	Α	AND EMPLOYERS' LIABILITY Y / N		A STATE OF THE STA			E.L. EACH ACCIDENT	\$ 1,000,000
		ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	N/A			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
		(Mandatory in NH) If yes, describe under		×			E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
1		DESCRIPTION OF OPERATIONS below						
1					1			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event Description: Walk Like MADD & 5K Dash
Date of Event: September 29, 2018
Name of Contract: Boston Red Sox Baseball Club Ltd Facility Event License Agreement

OK ME

New England Sports Ventures LLC, N.E.S.V. I, LLC; N.E.S.V. II, LLC; N.E.S.V. IV, LLC; Lee County and NESV Florida Real Estate, LLC are included as Additional Insured as respects General Liability policy as per endorsement #CG 20 26 07/04 Auto policy (form #CA 20 48, edition 02/99). Waiver of Subrogation applies to Certificate Holder with respect to general liability coverage as per endorsement CG 24 04, edition 10/93, Auto Liability Waiver Blanket as required by written contract executed prior to a loss per endorsement CA 04 44, edition 03/10 and Workers Compensation Waiver Blanket as required by written contract as

CERTIFICATE HOLDER	CANCELLATION			
Lee County Board of County Commissioners Attn: Mike Figueroa	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
PO Box 398 Fort Myers FL 33902 USA	Wes VI D Voor			

AGENCY CUSTOMER ID: LOC #:								
ACORD® ADDITIONAL	L REMA			Page 1	_ of1_			
AGENCY Arthur J. Gallagher Risk Management Services, Inc.	Mothers Against D 511 E. John Carpe Irving TX 75062-39							
POLICY NUMBER		11 Wing 1X 75002-50						
CARRIER	NAIC CODE	EFFECTIVE DATE:						
ADDITIONAL REMARKS	4							
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACC FORM NUMBER: 25 FORM TITLE: CERTIFICATE O	ORD FORM,	NSURANCE						
executed prior to a loss.		TOOTVAINOL						
30 Days Notice of Cancellation except 10 Days for Non-Payment of	of Premium.							
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LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropria		· .				•	
☐ FILM PERMI							
AFTER REVIEWING THE A	APPLICATION, PLE. CANT TO COMPLY	ASE INDICA WITH FOR	TE BELOW \ THEIR EVENT	WHAT ARRA 	NGEMENTS	YOUR O	RGANIZATION
		-					
Special Arrangements:							
			-				
Other:					,		
	Print Name:					-	
	Signature:				-	-	
	Title:						٠
	Date:					-	
•							

