

EVENT PERMIT



Ordinance 17-08

Perfect Game 14U Baseball

PERMIT NUMBER: TMP2018-10045

Date(s) of Event: September 2, 2018 from 6:00pm until 10:00pm

Property Owner:

LEE COUNTY

Applicant:

Ben Ford 239-344-5225

Description:

Amateur baseball game ending with fireworks.

Location of event:

11500 FENWAY SOUTH DR, FORT MYERS, FL 33913

JetBlue Park

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

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?

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners Lee County, Florida

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Perfect Game 14U Baseball Select Festival
Date(s) of Event / Production:	Sunday, September 2, 2018
Location(s) of Event:	jetBlue Park
Name of Applicant:	Ben Ford
Applicant Address:	4301 Edison Ave Fort Myers, FL 33916
Applicant Phone Number:	(239)344-5225
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	BenFord@PerfectGame.org
Estimated Attendance:	1,000+
Event Description: Include each activity, when activities take place, etc.	amateur baseball game ending with fireworks. Fireworks company will submit permit as well.
Hours of Operation:	6:00pm-10:00pm
STRAP # of Parcel:	unknown
Owner of Premises*:	Lee County

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



Fill out the following questions for allpermit types:

further details

What is the Zoning C	Classification of the	premises? MPD (fro	m 2017 fireworks app	olication)	
Are any temporary s	tructures to be insta	alled for the event?	⊤Yes ⋉ No	Гуре:	
Do you have the app	ropriate permits for	the temporary struc	ctures?	┌ Yes ┌	No
* For a 'Special Even indentified, including		ty Property' permit, :	submit a site plan wit	h all proposed fac	ilities and activities
Insurance Company	Insuring the Event:	Allied Specialty Insu	rance Inc. (Zambelli I	Fireworks)	
Note: Certificate of Insur	ance must be submitted	d at time of application			
Surety Company Bor	nding this Event (Na	me and Address):			
Will Vehicles be Us Ever		Will Food be Availa	able at this Event?		c Beverages be ned at this Event?
Yes	▼ No	▼ Yes	┌ No	Yes	▼ No
If yes, automobile c included on the certif	-	If yes, products liabili included on the cert			ity coverage must be rtificate of insurance.
Name & Address of Providing Food:	Organization Ar	amark			
Type of Food being S	Served: 11500 Fen	way South Drive For	t Myers, FL 33913		
Section II - USE	OF COUNTY PI	ROPERTY PERMI	T		
Organization Spons	oring the Event: Le	e County Sports Dev	elopment		
			ounty Rights-of-Way	•	
Name of Charity:					
Address of Charity:		TO SHOW THE			
Phone Number:				Parameter All Million Control	
Non-profit certificat	e/registration num	ber:		· C	
(Proof of registration with t	he Dept. of Agriculture & 0	Consumer Services §496,405	or proof the organization is	exempt from this requi	irement. §316.2045)
Section III - SAL	.E/CONSUMPTI	ON OF ALCHOLI	C BEVERAGES PE	ERMIT	
Is alcohol being sold, If Yes, then a "Lee County Al			ns can sell alcohol on County		? No
Non-profit certificat (Required if alcohol is to be		oer:			
Please note: A permit fr	om the State of Florida	Division of Alcoholic Beve	rages and Tobacco may al	so be required; please	e call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special TV Se	ries / Pilot	Г	TV Commerc	ial —	Still Photos	
Fublic Service Announcement ☐ Indust			Other:		J. 1110103	
Will any of the following be needed or include	d*?					
Street Closure			☐ Yes	⊠ No		
Traffic / Crowd Control			Yes	IX No		
Fire or Burning			r Yes	IX No		
Explosives or Pyrotechnics			▼ Yes	┌ No		
Animals, Large or Small			Yes	IX No		
Construction of Any Kind			┌─ Yes	▼ No		
Large and/or Numerous Vehicle	S		∀es	┌ No		
Helicopters, Boats, etc.			☐ Yes	⊠ No		
Stunts			┌ Yes			
Other			┌ Yes	⊠ No		
Special Parking Requirements:		Time-				
City or County Services Required: (Personne Usage of jetBlue Park	el, equipment, faciliti	es, et	c.)			
	al and state records	00 050	eduction in Ele	wide be t	vo ali Alia anno un austra	
The following information is required for loc the industry. If exact figures are not available					rack the econom	iic impact of
Number in Cast:	Number in Crew:		Numb	er of local	s hired:	200000000000000000000000000000000000000
Total budget:	Estimate amount sper	nt in Le	ee County:			
Hotel room nights:	Number of shooting d	lays:	MAN-			

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.

Jung Ford	Q0. If
Signature of Applicant	Witness
Print Name of Apolicant and Title	Jason D. Gerst Print Name of Witness
8-2-18	8-2-18
Date	Date



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

□ USE OF COU	UNTY PROPERTY PERMIT
☐ PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
i di kilig.	
Deputies (How Many?):	5 deputies for traffic control. 3 deputies at the West gate and 2 deputies at the east gate.
, , , , , , , , , , , , , , , , , , , ,	
Fee for Services:	\$50/hr per deputy for traffic control plus a \$15 vehicle fee per deputy.
Special Arrangements:	None
-	
	a a
	_
	Drint Namo
	Print Name: Lt. K. Sonjer
	Signature: If In Jon 95087
	Title: Special Events, Permits and Details

Date:





State of Florida County of Lee

Exhibit A Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

The current detail rat	es are:		10
Security	\$40/hr	Traffic	\$50/hr
Funeral Escort	\$40/hr	Security Supervisor	\$50/hr
Escort	\$40/hr	Traffic Supervisor	\$60/hr
Boat	\$40/hr	Civil Stand-by	\$60/hr
Holiday/Last Minute	\$60/hr	Prisoner Transport	\$60/hr

Details are charged a \$15 <u>per deputy</u> vehicle rate (when applicable). All boat details are charged a \$20 per hour boat rate (when applicable).

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety without penalty.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed <u>unarmed</u> security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

LEE COUNTY SHERIFF'S OFFICE USE ONLY				
Total Deputy(ies) 5	Total Hours 5.5	Rate per Hour <u>\$50</u>	Vehicle Rate \$15	
Supervisory Deputy(ies)	Total Hours	Rate per Hour	Vehicle Rate	
Entity				



LCSO Details Main Phone Number: 239-477-1199				
Vendor	Information			
Business Name: Perfect Game Inc				
Street: 850 Twixt Town Rd NE				
	State: <u>IA</u> Zip Code: <u>52402</u>			
	Phone: <u>319-360-8825</u>			
hanford@nerfectgame.org				
Ellali Address.				
Event l	Information			
Detail Location:				
Street:11500 Fenway South Dr				
	State: FL Zip Code: 33913			
Contact During Event: Ben Ford				
Event Date: 9/2/18	0.0000000000000000000000000000000000000			
	Type of Event: Baseball game			
	No If Yes, how many?			
Permits Attached: Yes No	Alcohol Served: Yes V No			
Detail Information				
Security Traffic 💆	Prisoner Transport			
Escort Holiday	Funeral Escort			
Last Minute Stand-by				
Marked Vehicle Yes No	Unmarked Vehicle Yes No			
Uniformed Deputy Yes No	Plain Clothes Deputy Yes V No			
Detail Description:				
Three uniformed deputies at West gate and two uniformed deputies at East gate for traffic control while baseball game takes place.				





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	ENT PERMIT			
□ USE OF CO	UNTY PROPERTY P	ERMIT		
FILM PERM	1IT			
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLE CANT TO COMPLY	EASE INDICATE BEL WITH FOR THEIR E	OW WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	N/A			
Flammable Vegetation:	ENSURE ALL FLAMM.	ABLE VEGETATION IS C	LEARED A MINIMUM OF 50' FROM L	AUNCH SITE.
First Aid Equipment:	CALL 911 IF NEEDED			
Fire Extinguishing:	PROVIDE EXTINGUISI	HERS AS REQUIRED FO	R FIREWORKS DISPLAY	
Special Arrangements:	COVERAGE. 1 BRUSI DAYS BEFORE EVENT	H TRUCK AND TWO PEF T, THE SHOW WILL BE C BE INSPECTED BY A FIF	RE INSPECTOR PRIOR TO THE SHOW	OT MADE PRIOR TO 7
	BE READY FOR INSPI	ECTION NO LATER THA Nate Burley	N 1 HOUR FROM SHOW TIME.	+
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2018.08.16 15:14:41 -04'00'	-
	Title:	Fire Marshal		-
	Date:	08/16/2018		-



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

Check the appropria	te box(es) below	
SPECIAL EV	ENT PERMIT	
	JNTY PROPERTY PEI	RMIT
FILM PERM		
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEA	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	tions necessary.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Obten Douglas A. Higgins Country, Department of Public Safety, Obten Douglas A. Higgins Country, Country, Department of Public Safety, Obten Douglas A. Higgins Country, Department of Public Safety, Department of Public Sa
	Title:	Division Chief
	Date:	08-21-18



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

	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.08.03 07:29:15 -04'00'	
	Print Name:	Bryan Miller	·	
Special Arrangements:	Use Lee County Sh	eriffs Office for assistance v	with traffic control as needed.	
Ingress and Egress:		means of ingress and egre		
Parking:		n Lee County maintained r		
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELO	W WHAT ARRANGEMENTS \ ENT.	OUR ORGANIZATION
,	UNTY PROPERTY SELL AND CONSU		RAGES WITHIN LEE COUNTY F	FACILITIES
Check the appropri	ate box(es) bel	ow:		

Senior Project Manager

August 3, 2018

Title:

Date:



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

Check the appropri	te box(es) below:	
SPECIAL EV	ENT PERMIT	
⋉ USE OF CO	JNTY PROPERTY PERMIT	
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
☐ FILM PERM	IT .	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.	NC
Illumination:	All illumination must follow county ordinance and FAA regulations	
Parking Areas:	Event organizer must ensure that parking is restricted to designated areas and ensure that driveways and roadways remain accessible for emergency vehicles.	
Special Arrangements:	Must coordinate event with on-site Parks and Recreation staff. Must ensure all parking areas are clean and free of trash at the conclusion of the event. Fireworks display must comply with all state and feder guidelines. Fireworks display must be supervised under the direction of the local Fire Marshal/Inspector and must be completed by 11:00 pm. Event organizer must notify the Port Authority at least 30 minutes prior to start of fireworks display. Keep in contact with the Port Authority if there is a weather delay or if display is canceled.	ral
	Print Name: Alise Flanjack Signature: Alise Flangack Title: Deputy Director	
	Date: $8/2/18$	

Page |10

PG 14V Select Jet Blue 9/2/18



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

Check the appropriate box(es) below: X SPECIAL EVENT PERMIT □ USE OF COUNTY PROPERTY PERMIT PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES FILM PERMIT AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. Insurance Requirements: |Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County. A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Special Arrangements: 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:

Risk Program Manager

August 8, 2018

Title:

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/08/2018

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).

	is certificate does not confer rights to				ich end	orsement(s)		-			
PROD	DUCER				CONTAC NAME:			[=	,		
Am	erican Specialty Insurance & Risk Servic	ces, Ir	ıc.		PHONE (A/C, No.	Ext): 260-96	9-5203	FAX (A/C	, No):	260-969	9-4729
					E-MAIL						
7609 W. Jefferson Blvd., Suite 100			INSURER(S) AFFORDING COVERAGE						NAIC#		
For	t Wayne			IN 46804	(A/C, No.):				11150		
INSURED						INSURER B:					
Perfect Game, Inc.					INSURER C:						
850 Twixt Town Road					INSURER D:						
	INSU						INSURER E :				
Cedar Rapids IA 52402					INSURER F:						
COVERAGES CERTIFICATE NUMBER: 1001594824											
IN	DICATED NOTWITHSTANDING ANY RE	QUIR	EMEN AIN, T	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY ED BY BEEN R	CONTRACT THE POLICIES EDUCED BY I	OR OTHER I S DESCRIBEI PAID CLAIMS.	OCUMENT WITH RE	ESPEC	T TO W	HICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	I	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS		
HIR	COMMERCIAL GENERAL LIABILITY	INSD	AAAD	. Calor nomean							0,000
	CLAIMS-MADE X OCCUR								ce)	\$ 1,000	0,000
			SBCGL0022001								ıded
Α		Υ				01/01/2018	01/01/2019	PERSONAL & ADV INJUI	RSONAL & ADV INJURY \$ 1,000,0		0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	-	-	
	POLICY PRO- LOC							PRODUCTS - COMP/OP			0,000
	X OTHER: EVENT									\$	
	AUTOMOBILE LIABILITY							(Ea accident)	IIT	\$ 1,000	0,000
	X ANY AUTO							BODILY INJURY (Per per			
Α	OWNED SCHEDULED AUTOS			SBAUT0022101		01/01/2018	01/01/2019				
	X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)			
						Carrow Name of Control of Control		NON-OWNED/HIRED AL	υτο		
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE		•	00,000
Α	X EXCESS LIAB CLAIMS-MADE			SBFXS0022201		01/01/2018	01/01/2019	AGGREGATE		\$ 10,0	00,000
	DED RETENTION\$							I DED I I		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							STATUTE			
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	PROPRIETOR/PARTNER/EXECUTIVE									
	(Mandatory in NH)										
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY	LIMIT	\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) - The following physical damage deductibles apply to the Automobile Liability policy: HIRED AUTOS - Collision \$1,000 For Each Covered Auto; Comprehensive \$1,000 For Each Covered Auto. SCHEDULED AUTOS - Collision \$1,000 For Each Covered Auto; Comprehensive \$1,000 For Each Covered Auto. - The Certificate Holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form 00S GL002900 Additional Insured - Designated Person or Organization Written Contract or Written Agreement, effective August 08, 2018.											
CE	RTIFICATE HOLDER				CANO	CELLATION					
LEE COUNTY BOARD OF COMMISSIONERS C/O RISK MANAGEMENT					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
100	BOX 398			0-1	AUTHO	RIZED REPRESE			1		
FORT MYERS FL 33901					Drew Sunt						

	AGEN	ICY CUSTOMER ID:	
		LOC #:	
ACORD [®] ADDITIONA	L REMA	ARKS SCHEDULE	Page 1 of 1
AGENCY		NAMED INSURED	
American Specialty Insurance & Risk Services, Inc.		Perfect Game, Inc.	
POLICY NUMBER		850 Twixt Town Road	
SBCGL0022001		4	
CARRIER	NAIC CODE	Cedar Rapids, IA 52402	
ARCH Insurance Company	11150	EFFECTIVE DATE: 01/01/2018	
ADDITIONAL REMARKS		And the second s	
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO AC		NCUDANCE Configure #4004504994	
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE C	JE LIABILITY I	NSDRANCE - Certificate #1001594824	
(WWBA); dba Perfect Game All American Classic; dba Perfect G High School Spring Swing; dba Perfect Game College Spring Sv Crosschecker (data subscription services for scouts); dba PG Co (PGBA); Perfect Game Insurance Agency, LLC; World Amateur	ving; dba Perfe ollege Ticket (d	ect Game Foundation; dba PG Star; dba Perfe lata subscription services for scouts); Perfect (ct Game Youth; dba PG Game Baseball Association LLC
·			
		J	