

EVENT PERMIT



Ordinance 17-08

Janeiro Wedding & Reception

PERMIT NUMBER: TMP2018-10057

Date(s) of Event: October 6, 2018 from 8:00am until 12:00am

Property Owner:

LEE COUNTY

Applicant:

Courtney Janeiro

941-268-0111

Description:

Wedding Ceremony on Banyan Street and Reception at Community House

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

*BANYAN STREET AND LOUISE DUPONT CROWNINSHIELD HOUSE BOCA GR

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?

To Be Consumed

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

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Janeiro Wedding (Banyan Street and Louise DuPont Crowninshield House) 10/6/18

Tmp 2018-10057



Event Application

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SEXXXXX CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Job# 135545

| Section I - GENERAL INF | ORMATION (All Permit Types) |
|--|---|
| Title of Event / Name of Production | WEDDING & RECEPTION |
| Date(s) of Event / Production: | OCTOBER 6, 2018 |
| Location(s) of Event: | BANYAN STREET and THE LOISE DUPONT CROWNINSHIELD HOUSE IN BOCA GRANDE |
| Name of Applicant: | COURTNEY & JORDAN JANEIRO |
| Applicant Address: | 1042 ORTEN STREET PORT CHARLOTTE, EL 33952 |
| Applicant Phone Number: | 941-268-0111 |
| Contact Person: (If different from applicant) | |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | COURTNEYMJANEIRO@GMAIL.COM |
| Estimated Attendance: | 65 |
| Event Description: Include each activity, when activities take place, etc. | Wedding Ceremony on Banyan Street 2:30PM - 5:30p (includes set-up, wedding, clean-up Reception at Community House: Set-up 8:00am. Reception & Clean-up 12:00pm - 11:59pm |
| Hours of Operation: | 8:00a.m 11:59p.m. |
| 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 p | oremises? D.O.T RIGHT OF WAY / I | Public Facility |
|--|---|--|
| are any temporary structures to be insta | | No Type: |
| o you have the appropriate permits for | | ☐ Yes No |
| For a 'Special Event' and 'Use of Count ndentified, including all parking areas. | y Property' permit, submit a site | plan with all proposed facilities and activitie |
| nsurance Company Insuring the Event: | RV Nuccio and Associates - Firema | n's Fund Insurance Company |
| Note: Certificate of Insurance must be submitted | f at time of application | |
| Surety Company Bonding this Event (Na | me and Address): N/A | |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Ev | vent? Will Alcoholic Beverages be served/consumed at this Event? |
| ☐ Yes 🔽 No | ⊠ Yes ☐ No | ▼ Yes No |
| If yes, automobile coverage must be included on the certificate of insurance. | If yes, products liability coverage mu included on the certificate of insura | If yes, liquor liability coverage must be included on the certificate of insurance |
| Name & Address of Organization Bei | ing provided by Family | |
| Organization Sponsoring the Event: N// Fill out this portion for applications for | A | s-of-Way: |
| Name of Charity: | | |
| Address of Charity: | | |
| Phone Number: | | |
| Non-profit certificate/registration num | nber: | |
| | Consumer Services \$496,405 or proof the or | rganization is exempt from this requirement. §316.2045) |
| Section III - SALE/CONSUMPT | ION OF ALCHOLIC BEVERA | AGES PERMIT |
| is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required. | inty Property? Only non-profit organizations can sell alcoh | Yes No |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | | bacco may also be required; please call (239) 344-088 |
| | | |



| e of Production (choose all that apply): | I . | | | | |
|--|---|---------------------------------------|--|---|-----------|
| TV Movie or Special TV Serie | s / Pilot | TV Comme | rcial | Still Photos | |
| Public Service Announcement Industria | I / Documentary | Other: | | | |
| l any of the following be needed or included | | | | | |
| Street Closure | | Yes | ☐ No | | |
| Traffic / Crowd Control | | Yes | ∏ No | | ÷. |
| Fire or Burning | | Yes | ∏ No | | |
| Explosives or Pyrotechnics | | Yes | ∏ No | | |
| Animals, Large or Small | | Yes | □ No | | |
| Construction of Any Kind | | Yes | □ No | | |
| Large and/or Numerous Vehicles | | Yes | □ No | | |
| Helicopters, Boats, etc. | | Yes | ☐ No | | |
| Stunts | | Yes | ☐ No | | |
| Other | | Yes | ∏ No | | |
| Special Parking Requirements: | | | | | |
| | | د د د د د د د د د د د د د د د د د د د | an and general property of the control of the contr | a anga ang kapa hang adalah asama pambanga dibadikah sa minus m | |
| City or County Services Required: (Personne | l, equipment, facilities, | etc.) | | | |
| | | | | | |
| The following information is required for loc the industry. If exact figures are not available | al and state records on e, please estimate as cl | production in osely as poss | i Florida to Ible. | track the econ | omic impa |
| Number in Cast: | Number in Crew: | Nu | mber of loc | als hired: | |
| | | à Lao County | • | | |
| Total budget: | Estimate amount spent i | n tee County. | | | <u> </u> |

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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.

Date

Witness Will Loseph Zwiel

PLEASE SEE ATTACHED SIGNED AGREEMENT



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

| Check the appropria | te box(es) beloi | N: |
|--|--------------------------------------|---|
| ☐ SPECIAL EVE ☐ USE OF COL ☐ PERMIT TO S | INTY PROPERTY P | ERMIT ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERMI | Т | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLICANT TO COMPL | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. |
| Parking: | Parking in authoria | zed parking areas only. |
| _ | | |
| l Deputies (How Many?): | Two deputies for and Gilchrist while | road closure, traffic control and security on Banyan Street between Park Ave e wedding takes place. |
| | | |
| Fee for Services: | Traffic detail is \$5 | 60/hr per deputy with a four hour minimum. |
| Special Arrangements: | Inadialpanta All C | yan Street must be blocked in order to provide safety and security to hairs, tables and other items used for the event must be removed from the as possible in order to reopen Banyan Street. |
| | | |
| | Print Name: | Lt. K. Sonier |
| | Signature: | Hotel Jon 95'087 |
| | Tit l e: | Special Events, Permits and Details |
| | Date: | 7/26/18 |
| | | |



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: |
|-----------|-------------|---------|--------|
|-----------|-------------|---------|--------|

- F SPECIAL EVENT PERMIT
- IX 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.

| ire Guards (How Nany?) | | None |
|---------------------------|---|---|
| ee for Services: | | None |
| lammable Vegetation: | | None |
| irst Aid Equipment: | | |
| | | None |
| ire Extinguishing: | | |
| | | None |
| Special Arrangements: | Be advised that and all objects fr vehicles white m | EMERGENCY access on Banyan St. is required. Be prepared to move an from the street to allow emergency vehicle access. Any damage to BGFD naking access to emergency will be the responsibility of the permit holder. In case of emergency - DIAL 911 |
| | Print Name: | C.W. Blosser |
| | Signature: | CAL |
| | Title: | Fire Chief |
| | Date: | 10/06/2018 |

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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

| FILM PERMI | INTY PROPERTY PEF T | | |
|--|---------------------------------------|---|--------------------------|
| FTER REVIEWING THE AVEL OF THE APPLICATION OF THE A | APPLICATION, PLEA CANT TO COMPLY \ | SE INDICATE BELOW WHAT ARRANGEMENTS YOU WITH FOR THEIR EVENT. | DUR ORGANIZATION |
| Treatment Facilities: | None necessary. | | |
| Medical Personnel: | None necessary. | | |
| Medical Supplies / Equipment: | None necessary. | | |
| Safety Requirements: | No additional precaut | ions 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 | e, contact our office at |
| | Print Name: | Douglas B. Higgins | |
| | Signature: | Douglas B. Higgins The action plant following and accomply the Higgins The action plant is followed and accomply the Higgins The action plant is followed and the Action Supplementary and | |
| | Title: | Division Chief | |
| | Date: | 07-31-18 | • |

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

| Check the appropria | | w. | |
|--|---------------------------------------|--|---|
| SPECIAL EVE | | | |
| USE OF COL | INTY PROPERTY P | ERMIT | |
| | | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | |
| FILM PERM | IT | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PL ICANT TO COMPL | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. | |
| Ī | D. daily designated a | reas. No event parking on Banyan Street right-of-way. | |
| Parking: | Park in designated a | Teas. No event parameters | |
| | | | ; |
| | | neans of ingress and egress. | |
| Ingress and Egress: | Use all established i | ficalls of myress and eg. | |
| | | | |
| | | |] |
| Special Arrangements: | Use Lee County She | eriff's Office for assistance with traffic control. | |
| Special Arrangements. | , , , , , , , , , , , , , , , , , , , | | |
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| | | | |
| | | | |
| | Print Name: | | |
| • | Signature: | Bryan D. Miller Digitally signed by Bryan D. Miller Date: 2018.07.26 11:19:36 -04'00' | |
| | Title: | Senior Project Manager | |
| | Date: | July 26, 2018 | |
| | | | |



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

| Check the appropri | ate box(es) belo | w: | | |
|---|---|---|--|--|
| ☐ PERMIT TO | UNTY PROPERTY P SELL AND CONSUI MIT | ME ALCOHOLIC BEVER. | AGES WITHIN LEE COUNTY | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | : APPLICATION, PLI LICANT TO COMPL | EASE INDICATE BELOV Y WITH FOR THEIR EVE | V WHAT ARRANGEMENTS ' ENT. | YOUR ORGANIZATION |
| llumination: | No open flames alou No illumination on t | ud on premises. Any additi rees or bushes On Banyan | onal lighting must be provided Street | by permit holder. |
| Parking Areas: | Use Community Ho | use parking lot and existin | g parking at the Boca Grande Co | ommunity Park and Center |
| Special Arrangements: | stay on County proj - All trash must fit ir - Must provide insu- guidelines set forth - Alcohol must be c | perty at all times nto two 90 gallon garbage rance with Lee County BO by the Loise DuPont Crow | orth by LEE COUNTY D.O.T representations provided by the Common the Common and the County Director approves this also ity Park) by signing below. | nmunity House. nd adhere to all rules and e. |
| | Print Name: | Jesse Lavender | Joe Wier | |
| | Signature: | Jesse Lavender | Digitally signed by Jes (1989) Date: 2018.07.26 10:34:16 -04:00 | R Wier |
| | Title: | Director | Supervisor | _ |
| | Date: | 7/26/18 | 7/17/18 | <u>-</u> |
| | | | | |



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

| | | • |
|-------------------------|---|--|
| Check the appropriat | e box(es) belo | ow: |
| F SPECIAL EVE | NT PERMIT | |
| IX USE OF COU | NTY PROPERTY | PERMIT |
| IX PERMIT TO \$ | EKKANIA CONSU | IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERMIT | ŕ | |
| AFTER REVIEWING THE A | PPLICATION, P | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| Insurance Requirements: | occurrence to pro | ral llability insurance with minimum limits of One Million Dollars (\$1,000,000) per stect against bodily injury and/or property damage relative to applicants use of event within Lee County. |
| | 1/\$1 000 000\ ner c | Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate. |
| Special Arrangements: | A Certificate of In Board of County additional Insure Subject to proof | |
| | Print Name: Signature: Title: Date: | Mike Figueroa Risk Program Manager July 26, 2018 |

| ACORD |
|-------|
| |

DATE (MINIDDAYYYY)

| V Nuccio and Associates D148 Riverside Drive Diuca Lake, CA 91602 BURED DE Wier 61 Lambert street D15 CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIGHTED BELOW HAVE INDUCATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISBUED OR MAY PERTAIN, THE INSURANCE AFFORDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIVE OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIVE OF SUCH POLICIES, LIMITS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIVE OF SUCH POLICIES, LIMITS OF | Olicy(Iss) must be e dorsement. A staten convect representation of the convector of the con | ndorset. nent on thi Nuccio 4-2433 Prynuccio. LER(S) AFFOR Fund Insur THE INSURE OR OTHER I DESCRIBEI ALD CLAMS. | HE ISBUING INSURER If SUBROGATION IS VI a certificate does not a certificate does not a living coverage ance Company REVISION NUMBER: D NAMED ABOVE FOR TO THE COMMENT WITH RESPI O HEREIN IS SUBJECT TO THE COMMENT WITH RESPI EACH OCCUMENT WITH RESPI O HEREIN IS SUBJECT TO THE COMPANY TO TH | THE POINT TO ALL | JTHORIZED , subject to lights to the 980-1595 NAIC # 21873 |
|--|--|---|--|--|--|
| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the prite terms and conditions of the policy, certain policies may require an end certificate holder in fleu of such andorsement(s). COUCEA V Nuccio and Associates 21.48 Riverside Drive Coluca Lake, CA 91602 BURED DIE Wier 61 Lambert street Cort Charlotte, FL 33948 CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIGTED BELOW HAVE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISBUED OR MAY PERTAIN, THE INSURANCE AFFORDE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS OF SU | CONTROT CONTROC CON | Nuccio 4-2433 Prynuccio. LERIO AFFOR Fund Insur ENSURE OR OTHER I DESCRIBEI ALD CLAMP HADDYYYYI | COITI DING COVERAGE ANCE COMPANY REVISION NUMBER: D NAMED ABOVE FOR COUMENT WITH RESPI D HEREIN IS SUBJECT TO THE COMPANY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (FE SCCUTENCE) MED EXP (Any one parson) PERBONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMPIOP AGG COMPINED BINGLE LIMIT (EES SECCESSOR) BODILY INJURY (Per person) | THE POI | 980-1595 NATO # 21873 LICY PERIOD WHICH THIS THE TERMS, 1,000,000 1,000,000 None 1,000,000 2,000,000 |
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| (Mandatory in NH) | | | E.L. DISEASE - EA EMPLOY | ı | |
| if yes, describe under DESCRIPTION OF OPERATIONS below | | | E.L. DISEASE - POLICY LIMI | 1 9 | |
| | | | | | |
| Description of operations/Locations/vehicles (Atlant Accro 16), Additional Remarks Date of Event: From 12:01AM on 10/06/2018 to 12:01AM 10/06/2018 Type of Event: Wedding (Rehearsal, Rehearsal Dinner, Ceremony, Recadditional Insured: Lee County Board of County Commissioners Word the state of Florida are additionally insured on the general liability as THIS CERTIFICATE IS NOT VALID WITHOUT THE RVNA ADDITIONAL I | 8 ception) ding: Lee County B required by written | oCC, a pol contract | DA4 | | County of |
| CERTIFICATE HOLDER | CANCELLATION | | | | |
| Lee County Board of County Commissioners P.O. Box 398 | SHOULD ANY OF THE EXPIRATION ACCORDANCE WI | I DATE T | DESCRIBED POLICIES BE HEREOF, NOTICE WILL ICY PROVISIONS. | e Cance Be t | ELLED BEFORE DELIVERED IN |
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| | Robert V. Nuccio | • | CORD CORPORATION | M All - | lohis reserver |
| ACORD 25 (2010/05) The ACORD name and logo a | @19 | | | | - Chian innei 100 |





PRIVATE EVENT INSURANCE / Personal Liability Coverage Additional Insured Endorsement

You, the Honoree and we agree that SECTION XI PRIVATE EVENT CANCELLATION INSURANCE LIABILITY COVERAGE is amended to include as an insured, the person or organization shown below as an additional insured, but only to the extent that liability results from the sole negligence of the Named Insured.

Additional Insured(s)

61. Additional Insured Name

Lee County Board of

County Commissioners

Street Address

P.O. Box 398

City

Ft. Myers

State

FL

Zip Code

33902

Effective Date

12:01AM on 10/06/2018

All other terms and conditions of the policy remain unchanged. This endorsement does not provide the Additional Insured(s) with any coverage under SECTION I - PRIVATE EVENT INSURANCE PROPERTY

Cobert V. Junio Robert V. Nuccio

Authorized Signature



WEDSURE"
The wording insurance capests

PRIVATE EVENT CANCELLATION INSURANCE / Declarations

Issuing Company Fireman's Fund Insurance Company 777 San Marin Drive Novato, CA 94998-2000 1-800-ENGAGED Program Administrator R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drivs, 2nd Floor Toluca Lake, CA 91602 Policy Number: OLP1029370

Part 1 - General Information 01. Named Insured and Address: Joe Wier 161 Lambert street Port Charlotte, FL 33948

02. Honoree 1 Name and Address: Courtney Janetro 1042 Ortan Street Port Charlotte, FL 33952 03. Honores 2 Name and Address: Jordan Janeiro 161 Lambert street Port Charlotte, FL 33948

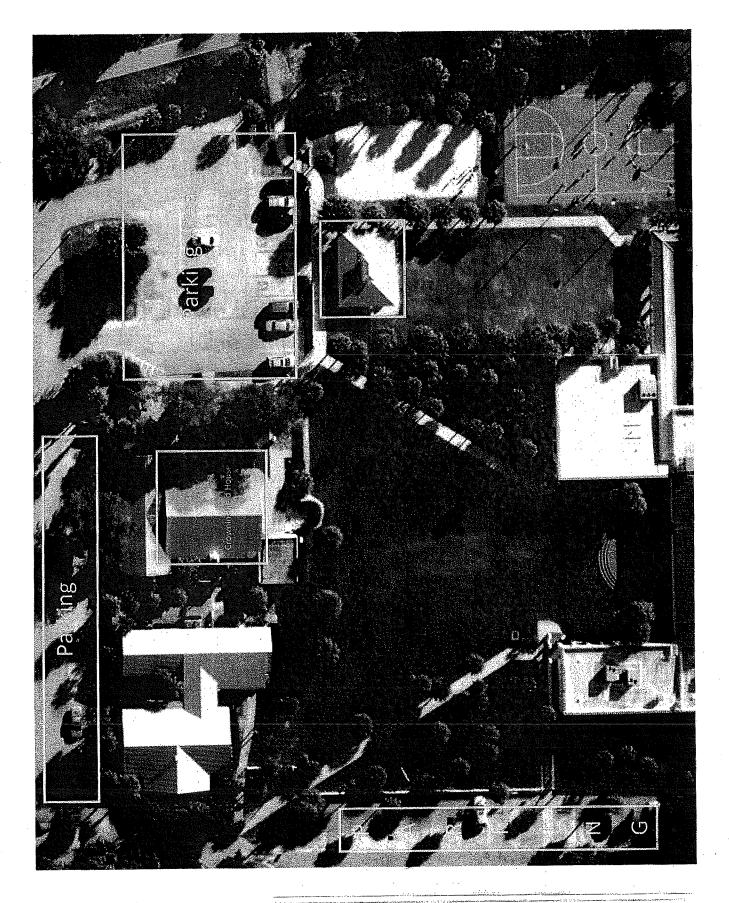
04. Private Event Ceremony Site And Date:
Banyan Street & Louise DuPont crowninshield
House
131 Banyan Street
Boca Grande, FL 33921
Date: 10/06/2018

Part 2 - Policy Period
Inception Date 07/27/2018 12:01a.m. to Expiration Date 10/08/2018 12:01a.m. Standard Time at the Named Insured's address as stated above.

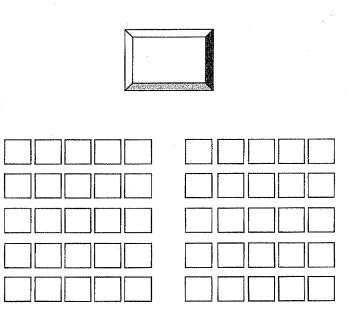
Part 3 - Private Event Type Event Type: Wedding

Part 4 - Forms and Endorsements Attached

01. See attached



Gilchrist Ave.



5

CHAIRS = 40

Park Ave.