

EVENT PERMIT



Ordinance 17-08

Erwin / Lee Reception

PERMIT NUMBER: TMP2018-10070

Date(s) of Event: December 15, 2018

Property Owner:

LEE COUNTY

Applicant:

Taryn Erwin 856-237-4544

Description:

Wedding Reception with Dinner, Band, and Dancing

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

Crowninshield House in Boca Grande

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

Erwin / Lee Reception at the Louise DuPont Crowninshield House on 12/15/18

TMP2018-10070



Event Application

Check the	appropriate	box(es)	below:
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SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SEX EXPLYCONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Erwin / Lee Wedding Reception
Date(s) of Event / Production:	12/15/18
Location(s) of Event:	LOISE DUPONT CROWNINSHIELD HOUSE IN BOCA GRANDE
Name of Applicant:	Taryn Erwin
Applicant Address:	4101 Royalview Road Knoxville, TN 37921
Applicant Phone Number:	865-237-4544
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	.Tarynterwin@hotmail.com
Estimated Attendance:	80
Event Description: Include each activity, when activities take place, etc.	Set-up in the A.M. WEDDING RECEPTION TO BE BEGIN AT 5:00P.M. AND CONTINUE UNTIL 11:59PMDinner, Band, Dancing
Hours of Operation:	9:00AM - 11:59PM
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:

Marie Classification of the	promises? PUBLIC FACILITY	'
What is the Zoning Classification of the		
Are any temporary structures to be insta	alled for the event? Yes X No	Type:
Do you have the appropriate permits fo	r the temporary structures?	┌─Yes ┌─No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	TBD	
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address): N/A	
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	⊠ Yes	⊠ 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 Providing Food:		
Type of Food being Served: TBD		
	DODEDTY DEDMIT	And the state of t
Section II - USE OF COUNTY P	ROPERTY PERIVITI	ng paga sa manang kabupatan daga mata sa kalang kabupatan kalang sa kalang kalang kalang kalang kalang kalang Kalang kalang
Organization Sponsoring the Event:		
Fill out this portion for applications fo	r Solicitation in the County Rights-of-Wa	ry:
Name of Charity:		
Address of Charity:	-	
Phone Number:		
Non-profit certificate/registration nun	nber:	
(Proof of registration with the Dent of Agriculture 8	Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES I	PERMIT
Is alcohol being xxxx / consumed on Cou	unty Property? CONSUMED ONL d. Only non-profit organizations can sell alcohol on Coun	Y ⊠ Yes ☐ No
Non-profit certificate/registration nun	nber:	
Please note: A permit from the State of Florida further details	a Division of Alcoholic Beverages and Tobacco may	y also be required; please call (239) 344-0885 for



e of Production (choose all that app	ply):				
TV Movie or Spec	ial T	TV Series / Pilot	TV Comme	rcial Still	Photos	
Public Service An	nouncement $ extstyle ext$	Industrial / Documentary	Other:			
 I any of the follov	ving be-needed or	included*?				
	Closure		Yes	┌ No	9 - -	
•	/ Crowd Control	and the second s	Yes	┌ No	4	
	· Burning	and the second control of the second control	┌ Yes	∏ No		
-	ives or Pyrotechn	ics	┌ Yes	∏ No		
·	ls, Large or Small	Lagrangia de la companya de la constante de la	Yes	┌ No		
	ruction of Any Kin	and the control of the control of the control of the control of	┌ Yes	┌ No		
	and/or Numerous	and a second sec	Yes	┌ No		
_	pters, Boats, etc.		┌ Yes	┌ No		
Stunts	`. }	A CONTRACT OF THE PROPERTY OF	┌ Yes	┌ No	:	
Other		And the second s	☐ Yes	┌ No		
For any marked \	Yes, provide furthe	er details below: 				
For any marked \	Yes, provide furth	er details below: 				
		er details below:				
		er details below:				
		er details below:	·			
pecial Parking Re	quirements:		lities, etc.)			
pecial Parking Re	quirements:	Personnel, equipment, faci	lities, etc.)			
pecial Parking Re	quirements:		lities, etc.)			
Special Parking Re	quirements:		lities, etc.)			
pecial Parking Re City or County Sel	quirements: rvices Required: (ds on production in	Florida to track ble.	the ecor	nomic impa
pecial Parking Re City or County Sel The following info	quirements: rvices Required: (Personnel, equipment, faci	ds on production in as closely as possi	Florida to track ble. mber of locals hir		nomic impa
Special Parking Re City or County Sel	quirements: rvices Required: (Personnel, equipment, faci ed for local and state record t available, please estimate Number in Crew:	ds on production in as closely as possi	ble.		nomic impa
Special Parking Re City or County Sel The following info	quirements: rvices Required: (Personnel, equipment, faci ed for local and state record t available, please estimate	ds on production in as closely as possi	ble.		nomic im

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

Signature of Applicant

Witness

Witness

Stacker 3. Text

Witness

Print Name of Applicant and Title

Print Name of Witness

Q Q 18

Date

Date

PLEASE SEE ATTACHED



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

Check the appropri	ite box(es) below:	
SPECIAL EV	ENT PERMIT	
☑ USE OF CO	UNTY PROPERTY PERMIT	
/ \	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM		
,		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION COMPLY WITH FOR THEIR EVENT.	N
Parking:	Parking in authorized areas only.	_
·		
Deputies (How Many?):	None	
, ,		
Fee for Services:	None	
Special Arrangements:	None	
	Print Name: Lt. K. Sonier	
	Signature: J. Julyn 8087	
	Title: Special Events, Permits and Details	
	Date: 8/3-7//8	



FIRE DEPARTMENT

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

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

Check the appropri	ate box(es) belo	ow:	-			
SPECIAL EV						
区: USE OF CO	UNTY PROPERTY I IIT	PERMIT				
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PL CANT TO COMPLY	EASE INDICATE Y WITH FOR TH	E BELOW WHA	AT ARRANGEN	MENTS YOUR O	RGANIZATION
Fire Guards (How Many?)		<u></u>				
Fee for Services:						· · · · · · · · · · · · · · · · · · ·
Flammable Vegetation:						
First Aid Equipment:		A CONTRACTOR OF THE CONTRACTOR				
Fire Extinguishing:						
Special Arrangements:	In case of e	emergency - Dia	l 911	***************************************	The state of the s	Assessment April 2015 (1) The second of the
	Print Name: Signature:	C. W. Blo		and the second s		
	Date:	08/28/2018				



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

. г	(239) 533-3911	
Check the appropriate box(es) below:		·

• •	UNTY PROPERTY PE	ERMIT	
FILM PERM			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	ASE INDICATE BELOW WHAT ARRANGEMENTS Y WITH FOR THEIR EVENT.	OUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.		· · · · · · · · · · · · · · · · · · ·
Safety Requirements:	No additional precau	itions necessary.	
Fee for Services	Not applicable.		
			and the second second
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverag	e, contact our office at
	Print Name:	Douglas B. Higgins	~
	Signature:	Douglas B. Higgins Dit corbogale R. Higgins of Uk, mid-dopplase groups, electric Courts, Dispersment of Public Safety, and Courts of Uk, mid-dopplase groups, electric Courts, Dispersment of Public Safety, and Courts of Uk, mid-dopplase groups, electric Courts,	-
	Title:	Division Chief	-
	Date:	08-24-18	-



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

Check the appropri	ate box(es) belo	ow:		
┌ SPECIAL EV	ENT PERMIT			
I ∑ : USE OF CO	UNTY PROPERTY	PERMIT		
⋉ PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	TY FACILITIES
FILM PERM				
• .				
AFTER REVIEWING THE	APPLICATION, P	LEASE INDICATE BELC	W WHAT ARRANGEMENT	'S YOUR ORGANIZATION
WILL REQUIRE THE APPI	LICANT TO COMP	TA MITH FOR THEIR EV	CINI.	
Parking:	Park in designated is prohibited.	areas. No event parking o	n Lee County maintained road i	rights-of-way where parking
		and the second of the second o		
Ingress and Egress:	Use all established	means of ingress and egr	ess.	
		anga kang mang mang a mang mang mang mang mang		Control Contro
Special Arrangements:	None.			
				ı.
],	and the second of the second o	wang kanali atau kanali ka	and the second of the second o
	Print Name:	Bryan Miller		
			Digitally signed by Bryan D. Miller	
	Signature:	Bryan D. Miller	Date: 2018.08.29 12:22:35 -04'00'	
	Title:	Senior Project Manager		
	Date:	August 29, 2018		
				-

Erwin / Lee Reception at the Louise DuPont Crowninshield House on 12/15/18

Lee County Event Permit Application

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

Check the appropri	ate box(es) be	low:		•
SPECIAL EV	ENT PERMIT			
区 USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVER	AGES WITHIN LEE COUNT	TY FACILITIES
FILM PERA	/IT			
		PLEASE INDICATE BELOV PLY WITH FOR THEIR EVI	V WHAT ARRANGEMENT ENT.	S YOUR ORGANIZATION
ilumination:	No open flames alo	oud on premises. Any additi	onal lighting must be provide	d by permit holder.
Parking Areas:				
	Use Community H	ouse parking lot and existing	g parking at the Boca Grande (Community Park and Center
Special Arrangements:		to two 90 gallon garbage co rented by permit holder.	ntainers provided by the Com	nmunity House or a
			being additionally insured an Ainshield House representative	
	Alcohol must be co	ontained inside of the Louise	DuPont Crowninshield House	e.
] ,	the second secon		
	Print Name:	JESSE LAVENDE	En Joe Wier	_
	Signature:	June Janh	Joseph	R Wier
	Title:	Director	Supervisor	_
	Date:	8/24/18	8/21/18	_
		<i>I</i> = 1 F	:	



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

Check the appropriat	e pox(es) peic	JW:	
「 SPECIAL EVEI	NTY PROPERTY I PALXIANIA CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE A	PPLICATION, PI	LEASE INDICATE BELOW WHAT ARRANGEMENT LY WITH FOR THEIR EVENT.	S YOUR ORGANIZATIO
Insurance Requirements:	In addition, Host	eral liability insurance with minimum limits of One Million otect against bodily injury and/or property damage relativ event within Lee County. Liquor Liability insurance will be required with minimum occurrence. Should Host Liquor Liability coverage be affo policy, minimum acceptable limits will be Two Million Dol	limits of One Million Dollars
Special Arrangements:	A Certificate of In Board of County additional insure Subject to proof		overage listing Lee County certificate holder and as an
	Print Name: Signature:	Mike Figueroa	-
	Title: Date:	Risk Program Manager September 7, 2018	



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriate box(es) below:

FILM PERMIT ONLY

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

Special Arrangements:		2			! !
					:
Other:					
		a de la companio de	 ,	e de la companya de	
	Print Name:				
	Signature:		-		
	Title:				
	Date:				
1. The control of the			*		

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/24/2018

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 DEPORTS THAT THE OR PRODUCER AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.	
REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE ACCEPT. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to 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	
the terms and conditions of the policy, certain policies may require an endorsement. A statement of the policy, certain policies may require an endorsement. A statement of the policy, certain policies may require an endorsement. A statement of the policy, certain policies may require an endorsement.	
	CONTACT Robert V. Nuccio
FRODUCK	NAME: PHONE (A/C, No. Ext); (800) 364-2433 FAX (A/C, No.); (818) 980-1595
	EMAIL Support@rvnuccio.com
10148 Riverside Drive Toluca Lake, CA 91602	INSURER(S) AFFORDING COVERAGE NAIC #
Toluca Lake, CA 91002	INSURER A: Fireman's Fund Insurance Company 21873
	INSURER B:
INSURED	INSURER C:
Taryn Erwin 4101 royalview road	INSURER D:
Knoxville, TN 37921	INSURER E :
THIOXYMEY THE OFFICE	INSURER F:
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:
TO THE INCHES TO THE MAMEN AROVE FOR THE POLICE PERIOD	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AND INTERPOLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE POLICIES DESCRIBED HEREIN WITH RESPECT TO WHICH THIS INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INDICATED HEREIN IS SUBJECT TO ALL THE TERMS, 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.	
	POLICY EFF POLICY EXP LIMITS
LTR TYPE OF INSURANCE INSR WVD POLICY NUMBER	1,000,000 \$ 1,000,000
A GENERAL LIABILITY V OLP1030486	12/15/2018 12/17/2018 DAMAGE TO RENTED \$ 1,000,000 PREMISES (Ea occurrence) \$ 1,000,000
COMMERCIAL GENERAL LIABILITY	MED EXP (Any one person) \$ None
CLAIMS-MADE V OCCUR	PERSONAL & ADV INJURY \$ 1,000,000
✓ Host Liquor Incl	GENERAL AGGREGATE \$ 2,000,000
	PRODUCTS - COMP/OP AGG \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	S S
POLICY PRO- LOC	COMBINED SINGLE LIMIT (Ea accident) \$
AUTOMOBILE LIABILITY	BODILY INJURY (Per person) \$
ANY AUTO	BODILY INJURY (Per accident) \$
ALL OWNED SCHEDULED AUTOS AUTOS	PROPERTY DAMAGE S
HIRED AUTOS NON-OWNED AUTOS	(Per accident) \$
	FACH OCCURRENCE \$
UMBRELLA LIAB OCCUR	
EXCESS LIAB CLAIMS-MADE	AGGREGATE \$
DED RETENTION\$	WC STATU- OTH-
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY Y/N	
ANY PROPRIETOR/PARTNER/EXECUTIVE	E.L. EACH ACCIDENT \$
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	E.L. DISEASE - EA EMPLOYEE \$
If yes, describe under DESCRIPTION OF OPERATIONS below	E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
Date of Event: From 12:01AM on 12/15/2018 to 12:01AM 12/17/2018	
1 Caremony Reception)	
A County Commissioners Wording Lee Lounty Board of County Commissioners, a political	
A charter of Charter County of the State of Florida are Additional Insured on the General Elability as required by	
THIS CERTIFICATE IS NOT VALID WITHOUT THE RVNA ADDITIONAL INSURED ENDORSEMENT TOKEN	
OK, 09/07/2018	
CERTIFICATE HOLDER CANCELLATION	
SUCH DAMAGE THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	
Lee County Board of County Commissioners	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN
PO Box 398	ACCORDANCE WITH THE POLICY PROVISIONS.
Ft. Myers, FL 33902	AUTHORIZED REPRESENTATIVE
	Robert V. Nuccio
	Robert V. Nuccio





PRIVATE EVENT INSURANCE / Personal Liability Coverage Additional **Insured Endorsement**

You, the Honoree and we agree that SECTION II 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)

01. Additional Insured

Name

Lee County Board of

County

Commissioners

Street Address

PO Box 398

City

Ft. Myers

State

Zip Code

33902

Effective Date

12:01AM on

12/15/2018

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 COVERAGE.

Robert V. Nuccio

Authorized Signature

Lobert V. Junio

