

EVENT PERMIT



Ordinance 17-08

All That Jazz and Boca Grande Live Concert

PERMIT NUMBER: TMP2018-10121

Date(s) of Event: Various dates from November 8, 2018 until April 18, 2019

from 4:30pm until 10:00pm LEE COUNTY

Property Owner:

Applicant:

DEBBIE FRANK

941-964-0827

Description:

Music Performances

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

Boca Grade Community Center and Crowninshield House

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?

Sold and 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

ftmpprmt_specialevent.rpt

0-31-18



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Multiple Friend's Events at the Boca Grande Community
Park and Louise DuPont Crowninshield House

Tmp2018-10/21



Event Application

Check the appropriate box(es) below:

SPECIAL EVEN	IT PERMIT		
USE OF COUN	NTY PROPERTY PERMIT		
PERMIT TO SE	ELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES		
FILM PERMIT			
Section I - GENERAL INFO	ORMATION (All Permit Types)		
Title of Event / Name of Production	All That Jazz and Boca Grande Live Concerts		
Date(s) of Event / Production:	All That Jazz Series: 1/7/19, 2/11/19, 3/10/19, 3/11/19, 4/8/19 Boca Grande Live Series: 11/8/18, 11/9/18, 1/18/19, 2/2/19, 2/9/19, 2/22/19, 3/23/19, 4/14/19, 4/18/19		
Location(s) of Event:	Crowninshield House: 11/8/18, 1/7/19, 1/18/19, 2/11/19, 3/10/19, 3/11/19, 4/8/19, 4/18/19 Boca Grande Community Park: 11/9/18, 2/2/19, 2/9/19, 2/22/19, 3/23/19, 4/14/19		
Name of Applicant:	Friends of Boca Grande Community Center		
Applicant Address:	131 First Street West Boca Grande, FL. 33921		
Applicant Phone Number:	941-964-0827		
Contact Person: (If different from applicant)	Debbie Frank		
Contact Phone Number: (If different from applicant)			
Email Address:	dfrank@fobgcc.org		
Estimated Attendance:	150-200		
Event Description: Include each activity, when activities take place, etc.	Music Performances		
Hou rs of Ope ration:	4:30pm - 10:00pm		
STRAP # of Parcel:	14432001000050010		
Owner of Premises*:	Lee County Government		



Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises? Park/Public Facility	
Are any temporary structures to be insta	alled for the event? Yes 🔀 No	Type:
Do you have the appropriate permits fo		☐ Yes ☐ No
 For a 'Special Event' and 'Use of Coun indentified, including all parking areas. 	ty Property' permit, submit a site plan w	vith all proposed facilities and activities
Insurance Company Insuring the Event:	United States Fire Insurance	
Note: Certificate of Insurance must be submitte	d 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 No
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:	/a	
Type of Food being Served:		
Section II - USE OF COUNTY F		
Organization Sponsoring the Event: Fr	iends of Boca Grande Community Center	
Fill out this portion for applications fo	or Solicitation in the County Rights-of-W	/ay:
Name of Charity: n/a		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	mber:	20442045)
(Proof of registration with the Dept. of Agriculture	& Consumer Services §496.405 or proof the organizat	ion is exempt from this requirement, 93 (0.2045)
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES	S PERMIT
is alcohol being sold consumed on Co If Yes, then a "Lee County Alcohol Permit" is require	unty Property? d. Only non-profit organizations can sell alcohol on Co	Yes No No No No No
Non-profit certificate/registration nul (Required if alcohol is to be <u>SOLD</u> at the event)		
Please note: A permit from the State of Florio further details	da Division of Alcoholic Beverages and Tobacco n	nay also be required; please call (239) 344-0885



Section IV - FILM	I / VIDEO / PHOTOGI	RAPHY PERMIT	Т	N/A			
Type of Production (ch	oose all that apply):						
TV Movie or Specia	al TV Serie	s / Pilot		TV Commer	cial [Still Photos	
Public Service Ann	ouncement Industria	/ Documentary		Other:			
Will any of the followi	ng be needed or included*	?					
Street 0	Closure			Yes		lo ·	
Traffic /	/ Crowd Control			Yes		lo	
Fire or	Burning			Yes		lo	
Explosiv	ves or Pyrotechnics			Yes		lo	
Animals	s, Large or Small			☐ Yes		10	
Constru	uction of Any Kind			Yes		10	
Large a	nd/or Numerous Vehicles			Yes		lo .	
Helicop	oters, Boats, etc.			Yes			
Stunts				Yes		No	
Other				Yes		No	
Special Parking Rec	quirements:				D. AARD PARTY CO.		
			~ ** **********				
City or County Ser	vices Required: (Personne	l, equipment, facil	ities, e	etc.)			
The following inforthe industry. If ex	rmation is required for loca act figures are not available	al and state record e, please estimate	ls on p as clo	production in esely as possi	Florida ble.	to track the econor	nic impact o
Number in Cast:		Number in Crew:		Nu	mber of	locals hired:	
Total budget:	7	Estimate amount s	pent ir	Lee County:		* ,	Desire the second secon
Hotel room nights:		Number of shootin	g days	•			, , , , , , , , , , , , , , , , , , ,
9	number of rooms x number of nights	i ,			(8)		

Page | 3

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.

Debbie Frank Dignay Sapracy O January Frank of Pinnie of Boca Canada, ou, anniel-drank affoliogoc.org, c=US Date: 2014.09, 18 1502:261-2070	Joseph R Wier	
Signature of Applicant	Witness	
Debbie Frank, Program Director	Joe Wier	
Print Name of Applicant and Title	Print Name of Witness	
9/18/2018	9/18/18	
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 EVI 「 USE OF COU 「 PERMIT TO	INTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
arking:	Parking in authorized areas only. Any large vehicles such as an RV/Bus are not exempt from improperly parking.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	None
	Print Name: Lt. K. Sonier Signature: 45087 Title: Special Events, Permit and Details Date: 10/29/18



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 approp	riate box(es) b	velow:
SPECIAL E	EVENT PERMIT	
☐ USE OF C	OUNTY PROPERT	TY PERMIT
FILM PER	MIT	
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, LICANT TO COME	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)		
Fee for Services:		
Flammable Vegetation:		
First Aid Equipment:		
Fire Extinguishing:		
The Extinguishing:		
Special Arrangements:		_
	In cas	se of emergency - Dial 911
·		
	Print Name:	C.W Blosser
	Signature:	C.W. Blosser
	Title:	Fire Chief
	Date:	10/23/2018



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 EVE	ENT PERMIT	
₩ USE OF COL	JNTY PROPERTY PER	MIT
FILM PERM	IT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEA ICANT TO COMPLY V	SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
-4.0. F		
Safety Requirements:	No additional precaut	ions necessary.
Fee for Services	Not applicable.	
	and the second s	
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 Douglas B. Higgins Display dynamic by Champton Higgins Display Douglas Higgi
	Title:	Division Chief
	Date:	10-16-18



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

спеск те арргорп	ute box(es) be	IOVV.		
SPECIAL EV	ENT PERMIT		•	
USE OF CO	UNTY PROPERTY	PERMIT		
* ***			RAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERN				
• ,				
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, F LICANT TO COMF	PLEASE INDICATE BELOV PLY WITH FOR THEIR EV	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated	l areas.		
arking.				
	}			
		I manne of language and page		
ngress and Egress:	Use all established	l means of ingress and egre	55.	
pecial Arrangements:	None.			
	<u></u>	******	e construir de la company de la construir de l	garan sa an magas sala yang galaran ya ya nayar kayaran araken kan kan kan kan kan kan kan kan kan ka
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.10.24 13:27:22 -04'00'	
	Title:	Project Manager		
y en en en	Date:	October 24, 2018		_
-				

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		
USE OF CO	UNTY PROPERTY	PERMIT	•
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ЛІТ		
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, F	PLEASE INDICATE BELO PLY WITH FOR THEIR EV	W WHAT ARRANGEMENTS YOUR ORGANIZATION ENT.
Illumination:	Additional lighting	must be provided by perm	nit holder. Open flames are prohibited
	1		
Parking Areas:	Parking is permitte	ed in existing parking areas	located at the Boca Grande Community Park and grounds
]		
Special Arrangements:	must be contained	l inside of the Room or buil	er ordinance #95-09 (selling and consumption). All alcohol ding being used at the Boca Grande Community Park. All e Boca Grande Community Park for all outdoor concerts.
	Lee County Parks & already granted at	& Recreation Director or De the Boca Grande Commun	outy Director approves this alcohol permit (2 - permits ity Park) by signing below.
	All program arrang	gements must be approved	by Joe Wier prior to each event (parking, set-up, etc.)
	Print Name:	Jesse Lavender	Joe Wier
	Signature:	Jesse Lavender	Digitally signed by Jesse Lavender Date: 2018.10.23 16:12:11 -04'00'
	Title:	Director	Supervisor
•	Date:	Oct 23, 2018	10/23/18



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

Check the appropriat	te box(es) bei	low:	
SPECIAL EVE			
USE OF COU			
Electric Control of the Control of t		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERMIT	Ī		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dotect against bodily injury and/or property damage relative event within Lee County.	ollars (\$1,000,000) per to applicants use of
	(\$1,000,000) per	Liquor Liability insurance will be required with minimum lir occurrence. Should Host Liquor Liability coverage be afforc policy, minimum acceptable limits will be Two Million Dolla	l under the Commercial
Special Arrangements:	A Certificate of Ir Board of County additional insure	nsurance shall be submitted as evidence of the required cov Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the co	erage listing Lee County ertificate holder and as an
	Subject to proof	of insurance.	
			,
	Print Name:	Mike Figueroa	
,	Signature:	Note Join-	
	Title:	Risk Program Manager	
9	Date:	October 23, 2018	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/OD/YYYY) 2/26/2018

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT PRODUCER ITALIANO INSURANCE SVCS INC PHONE PHONE FAX 441 PALM AVE 9419640400 (409) 722-2906 **BOCA GRANDE, FL 33921** 9419640400 INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND

Friends of Boca Grande Community Center PO BOX 1222 **BOCA GRANDE, FL 33921**

E-MAIL ADDRESS:	(pug, no):	
	insurer(s) affording coverage	NAIC #
INSURERA:	United States Fire Insurance	21113
INSURER 8:		
INSURER C:		
INSURERD:	A	
INSURERE:		
INSURERF:		

POI	ACD A	0220
CUI		GES

CERTIFICATE NUMBER:

USS355804

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

NOR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD		POLICY EFF (HM/DD/YYYY)	POLICY EXP (MW/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMPIOP AGG	\$2,000,000.00
	CLAIMS-MADE X OCCUR				04/08/0049	04/08/0040	PERSONAL & ADV INJURY	\$1,000,000.00
A				SRPGAPML-101-0717	01/08/2018 12:01 AM	01/08/2019 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
ļ		-				12.017.00	FIRE DAMAGE (Any one fire)	\$300,000.00
	GENT. AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$0.00
	X POLICY PRO-							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	ş
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			*			BODILY INJURY (Per accident)	\$
	HIRED AUTO NON-OWNED AUTOS	2					PROPERTY DAMAGE (Per socident)	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	DED RETENTION S						AGGREGATE	\$
7		Alama-Sit				-	EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$
							EACH OCCURENCE	\$
							GENERAL AGGREGATE	\$

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

Jazz and Vocal Concerts

Host Liquor Liability is included.

The Cartificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

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

<u>_</u>	EKIIPIGAIE ROLDEK	CANCELLATION
P	ee County Board of County Commissioners O Sox 398 ort Myers, FL 33092 Ok 10/23/2018	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	That foi-	AUTHORIZED REPRESENTATIVE
L		Italiano Insurance Svcs Inc

ACORD 25 (2010/05) v141120.001

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Premises:	
	ı
Pro Leaf	
Project: Jazz and Vocal Concerts Host Liquor Liabilit With Respects to certificate number USS355804	
Limitation of Coverage Endorsement is Used fo 1/28/18, 2/2/18, 2/12/18, 2/17/18, 3/12/18, 3 11/8/18, 11/9/18, 1/7/19.	
If no entry appears above, information required to complete	this endorsement will be shown in the Declaration

as applicable to this endorsement.)

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

- 1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
- 2. The project shown in the Schedule.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/17/2018

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in ileu of such endorsement(s).

17	ALIANO INSURANCE SVCS INC	•			NAME:			
	1 PALM AVE	•			PHONE (A/C, No, Ext):	(941)-964-0	400 FAX (AJC, No):	(409) 722-2905
BOCA GRANDE, FL 33921					E-MAIL ADDREES:			
{9	11)-964-0400				INSURER(8) AFFORDING COVERAGE			NAIC#
ĺ					INSURERA:	United State	es Fire Insurance	21113
INS			ASSO	CIATION (PURCHASING GROUP) AND	INSURER B:			
	ITS PARTICIPATING MEMBERS	i:			INSURER C:			
Fr	ends of Boca Grande Commun	ity (ente	er .	INSURER D :		***************************************	
PC	BOX 1222				INBURERE:			
B	CA GRANDE, FL 33921					·····		
					INSURER F:			
	IVERAGES CE			E NUMBER: USS380458			REVISION NUMBER:	
INSR	HIS CERTIFICATE MAY BE ISSUED C ERMS, EXCLUSIONS AND CONDITIONS	OF S	SUCH	POLICIES, LIMITS SHOWN MAY H	AVE BEEN REDU	POLICY EXP	CRIBED HEREIN IS SUBJECT CLAIMS.	CT TO ALL THE
LTR	TYPE OF INSURANCE	INBR	WVD	POLILIT NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)		40 000 000 00
	GENERAL LIABILITY			SRPGAPML-101-0718	01/08/2019 12:01 AM	01/08/2020 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	CLAIMS-MADE X OCCUR	1					PERSONAL & ADV INJURY EACH OCCURRENCE	\$1,000,000.00
Α		X						\$1,000,000.00
	GENL AGGREGATE LIMIT APPLIES PER:						FIRE DAMAGE (Any one fire) MED EXP (Any one person)	\$300,000.00
			[MEDEYL (MIX ALR SHARM)	\$0.00
	X POLICY JECT LOC	+	-				COMBINED SINGLE LIMIT	Ś
	ANY AUTO						(Es socident) BODILY INJURY (Per person)	Š
	ALL OWNED SCHEDULED	1					BODILY INJURY (Per accident)	\$
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE	s
	AUTOS				1	1	A. a. directoris.	· · · · · · · · · · · · · · · · · · ·

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

Jazz and Vocal Concerts

UMBRELLA LIAB

RETENTION \$

EXCESS LIAB

DED

OCCUR

CLAIMS-MADE

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Host Liquor is included

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

CERTIFICATE HOLDER		CANCELLATION		
Lee County Board of County Commissioners PO Box 388 Ok 10/23/2018 Fort Myers, FL 33092		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
		AUTHORIZED REPRESENTATIVE		
		Italiano Insurance Svcs Inc		

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EACH OCCURRENCE

EACH OCCURRENCE

EACH OCCURENCE

GENERAL AGGREGATE

GENERAL AGGREGATE

AGGREGATE

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\$0.00

\$0.00

\$

\$

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Premises:				······································
•				
		•		

Project: With Respects to cer	tificate number(s) USS390459		
Limitation of Coverage End	orsement is Used	for the Follows	na Event Dates.	1/10/10
2/2/19, 2/9/19, 2/11/19, 4/18/19	2/22/19, 3/10/1	9, 3/11/19, 3/	23/19, 4/8/19,	4/14/19,
If no entry appears above, informat	ion required to comple	to this and many	udit to the	5

as applicable to this endorsement.)

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

- 1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
- 2. The project shown in the Schedule.

