

EVENT PERMIT



Ordinance 17-08

Boca Grande Art Center- Art & Photography Shows

PERMIT NUMBER: TMP2018-10129

Date(s) of Event: Various dates from November 6, 2018 until April 15, 2019

from 4:00pm until 7:30pm

Property Owner:

LEE COUNTY

Applicant:

JOY STROTHER

941-964-1700

Description:

Art photography meetings/shows with a cocktail reception

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

Dishong-Bowen Community House/Boca Grande Community Park

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

HA I HA

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Boca Grande Art Center - Art Shows - 2018/19 Season



Event Application

Check the appropriate box(es) below:		¥
SPECIAL EVENT PERMIT	ě.	
S USE OF COUNTY PROPERTY PERMIT	SECULIAL LEE COLINTY F	ACILITIES
VISE OF COUNTY PROPERTY PERMIT PERMIT TO SELLAND CONSUME ALCHOLIC BEVERAGE	E2 MILHIN FFF COOKER.	
FILM PERMIT		

Section I - GENERAL INFO	DRMATION (All Permit Types)
tle of Event / Name of roduction	Boca Grande Art Center - Art & Photography Shows
rate(s) of Event /	11/6/2018, 11/15/2018, 12/14/2018, 12/19/2018, 1/17/2019, 1/25/2019, 2/7/2019, 2/12/2019, 2/15/2019, 2/21/2019, 3/8/2019, 3/21/2019, 3/25/2019, 4/4/2019, 4/15/2019
ocation(s) of Event:	Dishong-Bowen Community House / Boca Grande Community Park / Dishong Bowen House
lame of Applicant:	Joy Strother
Applicant Address:	236 Banyan Street Boca Grande, Fl 33921
Applicant Phone Number:	1-941-964-1700
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	joy@bocagrandeartcenter.org
Estimated Attendance:	200
Event Description: Include each activity, when activities take place, etc.	Art/Photography meetings/shows with a cocktail reception.
Hours of Operation:	4:00p.m 7:30p.m.
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County Government the appropriate owner specifically consenting to the proposed use required.

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



Fill out the following questions for allpermit types:

out the jonowing questions of the pr	romicos? Public Facility	
hat is the Zoning Classification of the pr		ype:
e any temporary structures to be instal		
you have the appropriate permits for t	the temporary structures?	A a
dentified, including all parking areas.	y Property' permit, submit a site plan wit	h all proposed faculties and activities
nsurance Company Insuring the Event: I	Italiano Insurance Services, Inc.	
ote: Certificate of Insurance must be submitted	at time of application	
ourety 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 Event?	Will Alcoholic Beverages be served/consumed at this Event?
Yes X No	▼ 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 N/ Providing Food: Type of Food being Served: Hors d'oeu Section II - USE OF COUNTY P	vers PROPERTY PERMIT	
Organization Sponsoring the Event: BC		ak:
Name of Charity:		
Address of Charity:		
Phone Number:	r.	
Non-profit certificate/registration nu	mber:	5316 2045)
(Proof of registration with the Dept. of Agriculture	& Consumer Services §496.405 or proof the organizati	on is exempt from this requirement, 3510.25 Gy
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES	PERMIT
Is alcohol being **/consumed on Co		⊠ Yes No
Non-profit certificate/registration nu		
(··=-d=) T - b - acc n	nay also be required; please call (200) 544 000.



ction IV - FILM / VIDEO / PHOTOGRAPHY PERMIT	
e of Production (choose all that apply): TV Movie or Special TV Series / Pilot	TV Commercial
Public Service Announcement Industrial / Documentary	Other:
any of the following be needed or included*?	and the second s
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
Large and/or Numerous Vehicles	☐ Yes ☐ No
Helicopters, Boats, etc.	☐ Yes ☐ No
Stunts	☐ Yes ☐ No
Other	☐ Yes ☐ No
Special Parking Requirements:	
City or County Services Required: (Personnel, equipment, facili	ties, etc.)
City of County 35, 1105	
The following information is required for local and state record the industry. If exact figures are not available, please estimate	s on production in Florida to track the economic impacase as closely as possible.
Number in Cast: Number in Crew:	Number of locals hired:
Fstimate amount's	pent in Lee County:
Total budget:	
Total budget: Hotel room nights: Number of shootir	

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 are acted 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.

County property in quant	to the hest of
The applicant does acknowledge and hereby affirms the his/her knowledge.	Witness
Signature of Applicant Ty Strother Office Man Print Name of Applicant and Title	Tonyatt Joherty Print Name of Witness
10.25:18	10.25.18 Date



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

Check the appropria	te box(es) belo	N:	,		-		
☐ SPECIAL EVE	NT PERMIT		÷			•	
□ USE OF COU □ PERMIT TO S	INTY PROPERTY P SELL AND CONSU	ERMIT ME ALCOHOL	IC BEVERAG	SES WITHIN	LEE COUNT	Y FACILITIES	
FILM PERMI	AL EVENT PERMIT OF COUNTY PROPERTY PERMIT IIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES PERMIT G THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION E APPLICANT TO COMPLY WITH FOR THEIR EVENT. Parking in authorized areas only. None None						
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMPL	EASE INDICA Y WITH FOR	TE BELOW:	WHAT ARF	RANGEMENT	S YOUR ORG	ANIZATION
	,				3		
Parking:	Parking in auth	orized areas	s only.	•			
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Deputies (How Many?):	None					÷	
			į				
Fee for Services:	None					*	
	action in the state of the stat					•	
Special Arrangements:	Alcoholic bev	erages mus	t remain wi	ithin the c	onfines of th	ne event.	
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	Drint Name	· I+ K Soni	ier /			· ·	
•		111	7	00057	-		
	Signature:	Of Alex	.,		-1-3-		
	Title:	Special Ev	rents, Pern	nits and D	ecaus		
	Date:	10/30	18			-	
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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.

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Check the appropria		V:			•
SPECIAL EVE					
T	NTY PROPERTY PE	RMIT			
FILM PERMI					
AFTER REVIEWING THE A	PPLICATION, PLEA	ASE INDICATE BELC)W WHAT ARRA	NGEMENTS YOU	R ORGANIZATION
WILL REQUIRE THE APPLIC	ANT TO COMPLY	MITH FOR THEIR EV	ENI.		
Fire Guards (How Many?)					
Fee for Services:		· ·			
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Flammable Vegetation:					
	*	•			
First Aid Equipment:		>			
			•		
Fire Extinguishing:					
				\$.	
Special Arrangements:	In case of en	nergency dial 911.			
	, property and the second seco	į.			
	From the same of t	C.W. Blosser			
·	Print Name:				*
	Signature:	C.W. Blosser		,	
and the second second	Title:	. Fire Chief	·	*	•
	Date:	10/30/2018	*		
•	Date.	1,010012010		· · · · · · · · · · · · · · · · · · ·	>



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

Check the appropria	rte box(es) below		
. SPECIAL EV	ENT PERMIT		
,	UNTY PROPERTY PER	RMIT	,
FILM PERM		•	,
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEA	SE INDICATE BELOW WHAT ARRANGEMENTS WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Treatment Facilities:	None necessary.	·	
			7
Medical Personnel:	None necessary.		,
			*
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precaut	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 covera	ge, contact our office at
	Print Name:	Douglas B. Higgins	· —·
	Signature:	Douglas B. Higgins Departs spred to-Douglas Brigary Observated Address Control Observation of the Address Safety, October Spread Safety, Control Address Safety, Control Address Safety, October Spread Safety, Control Address Safety, October	· · ·
•	Title:	Division Chief	
•	Date:	11-05-18	



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

Check the appropriat	te box(es) below	:		· · · · · ·
☐ SPECIAL EVE ☐ USE OF COU ☐ PERMIT TO S ☐ FILM PERMI	NT PERMIT NTY PROPERTY PEI SELL AND CONSUM T	RMIT IE ALCOHOLIC BEVERAG		•
AFTER REVIEWING THE WILL REQUIRE THE APPLI	ICANT TO COMI ET	•		
	1	oas No event parking on Lee	e County maintained road	rights-of-way where parking
Parking:	Park in designated are is prohibited or would	d restrict emergency vehicle	access.	
	• •	· ·	and the second s	· · · · · · · · · · · · · · · · · · ·
Ingress and Egress:	Use all established m	eans of ingress and egress.		
	And the second s			
Special Arrangements:	None.		1	
•				
			and the second s	
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Mill Date: 2018.11.01 08:48:35 -04'00	er ''
	Title:	Senior Project Manager		
	Date:	November 1, 2018		
•			e e e e e e e e e e e e e e e e e e e	

Boca Grande Art Center - Art Shows - 2018/19 Season

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) belo	w:		
SPECIAL EV	ENT PERMIT		•	
5.00	UNTY PROPERTY F	PERMIT		
			AGES WITHIN LEE COUNTY FA	ACILITIES
FILM PERM	· ·	•	•	
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AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, PL	EASE INDICATE BELOV LY WITH FOR THEIR EV	V WHAT ARRANGEMENTS YO ENT.	OUR ORGANIZATION
-				
Illumination:	Additional lighting i	must be provided by perm	it holder and removed after the ev	ent. Open flames are
•				
Parking Areas:	Parking is permitted	d in existing parking areas	ocated at the Boca Grande Comm	unity Park.
		<i>*</i>		
		Commence of the Commence of th		
Special Arrangements:	Permit Holder must consumption must Grande Community	stay within the designated	r ordinance #95-09 (selling and col area discussed with the P&R supe	nsumption). All alcohol rvisor at the Boca
				t
	Lee County Parks & already granted at	Recreation Director or Dep the Boca Grande Commun	outy Director approves this alcoholity Park) by signing below.	permit (2 - permits
	•			
	1		en per a communicación de la seguidad de la seguidad de la companya del la companya de la compan	
			•	,
	Print Name:	Jesse Lavender	Joe Wier	*
	· Signature:	Jesse Lavender	Digitally signed by Jestone h R Date: 2018.10.30 10:29:15-0400	≀ Wier
•	Title:	Director	Supervisor	
	Date:	10/30/18	10/30/18	· · · · · · · · · · · · · · · · · · ·
-		è		



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

Check the appropriat	te box(es) belo	ow:
SPECIAL EVE	NT PERMIT	
⋉ USE OF COU	NTY PROPERTY	PERMIT
▼ PERMIT TO ∑	ELX XND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Γ.	
*		
AFTER REVIEWING THE AWILL REQUIRE THE APPLIC	APPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
	(\$1,000,000) per i	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 Ir Board of County additional insure	nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an
•	Subject to proof	of insurance. A NEW CERTIFICATE OF INSURANCE WILL BE REQUIRED AT RENEWAL
•	Print Name:	Mike Figueroa
	Signature:	January Lagranian
	Title:	Risk Program Manager
	Date:	October 30, 2018

OP ID: KT



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Italiano Insurance Services In PRODUCER PHONE (A/C, No, Ext): 941-964-0400 FAX (A/C, No): 941-964-0595 ITALIANO INSURANCE-BOCA E-MAIL (Mitalianoinsurance.com P. O. Box 1406 Boca Grande, FL 33921 Italiano Insurance Services In NAIC# INSURER(S) AFFORDING COVERAGE Hartford INSURER A Boca Grande Art Center Inc INSURER B: P O Box 979 INSURER C Boca Grande, FL 33921 INSURER F **REVISION NUMBER CERTIFICATE NUMBER:** COVERAGES 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. ADDL SUBR POLICY EFF POLICY EXP LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 EACH OCCURRENCE A X COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 11/20/2018 OCCUR 21SBMRS7373 11/20/2017 CLAIMS-MADE 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMPIOP AGG POLICY JECT COMBINED SINGLE LIMIT (Ea accident) OTHER: AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS BODILY INJURY (Per accident) 5 OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) NON-OWNED AUTOS ONLY HIRED ONLY EACH OCCURRENCE UMBRELLA LIAB AGGREGATE EXCESS LIAB CLAIMS-MADE RETENTION S DED PER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The above listed certificate holder has been named as additional insured
with respects to the above listed General Liability policy for the event on
11/6/18 and 11/15-18/2018. Host liquor for 11/6/18 and 11/15/18 only.

Ok 10/30/2018 (New Certific Ok 10/30/2018 (New Certificate will be needed at renewal) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners P O Box 398 AUTHORIZED REPRESENTATIVE Fort Myers, FL 33902

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2018

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 CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES OF THE POLICIES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AN	ID THE C	ERTIFICATE HOLDER.				A. MOUDER	arovisions	or ha	andorsed
IMPORTANT: If the certificate holder if SUBROGATION IS WAIVED, subject this certificate does not confer rights to	to the te	erms and conditions of I	ne polici	/, cenam po	icies may r	equire an end	orsement.	A stat	ement on
PRODUCER		-964-0400	CONTAC NAME:	T Italiano Insura	nce Services in				
TALIANO INSURANCE-BOCA			PHONE IAIC No.	Ext. 941-964	1-0400		FAX 94 (A/C, No):	1-964-05	95
. O. Box 1406 loca Grande, FL 33921			E-MAIL	s: @ltaliano	insurance.	com	vracer		
zilano insurance Services in			ADDITED			DING COVERAGE			NAIC#
			INSUDER	RA: Hartford				· .	
NSURED Boca Grande Art Center Inc			INSURE		yenemanları ülereliklik 60.462° V	· · · · · · · · · · · · · · · · · · ·			
P O Box 979			INSURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Boca Grande, FL 33921			INSURE		Production of the Section of the Sec				
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			INSURE						
	TICICAT	E NUMBER:	1 8100712		······································	REVISION NÚ	MBER:		
COVERAGES CEF THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSU	JRANCE LISTED BELOW H ENT, TERM OR CONDITION	DED BY	THE POLICIES	DESCRIBED	D NAMED ABO DOCUMENT WIT D HEREIN IS SI	VE FOR TH TH RESPEC UBJECT TO	E POLICE T TO V	CY PERIOD WHICH THIS HE TERMS,
	ADDL SUE	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMITS	3	
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. CLAIMS-MADE OCCUR	· · · · · · · · · · · · · · · · · · ·	21SBMRS7373	1	11/20/2017	11/20/2018	DAMAGE TO REN PREMISES (Ea oc	TED	5	1,000,000
- CENTRO-GIADE CONTROL					*	MED EXP (Any on		\$	10,000
		4				PERSONAL & AD		3	1,000,000
	.					GENERAL AGGR	EGATE	5	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROLICY LOC	AMBROOK STOP AND A SECOND					PRODUCTS - CO	MP/OP AGG	\$ 5	2,000,000
OTHER:						COMBINED SING	LE LIMIT	 S	
AUTOMOBILE LIABILITY						(Ea accident) BODILY INJURY	(Dec entenn)	- 3	
ANY AUTO OWNED SCHEDULED						BODILY INJURY		\$	
AUTOS ONLY AUTOS						PROPERTY DAM (Per accident)	AGE	s	***************************************
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						(Per accident)		\$	***************************************
			P	i i		EACH OCCURRE	*hb**C	ŝ	
UMBRELLA LIAB OCCUR	_					AGGREGATE	23 9 24 4	\$	
EXCESS LIAB CLAIMS-MAD	E					ABGREGATE		5	***************************************
DED RETENTIONS					***************************************	PER STATUTE	OTH-		***************************************
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	,					E.L. EACH ACCI	Annual Management	s	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NIA					E.L. DISEASE - E		1	
(Mandatory in NH) If yes, describe under	-					E.L. DISEASE - F			
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - P	OLIOT CHART	<u> </u>	***************************************
				-		,			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI The above listed certificate holder has been named a with respects to the above listed General Liability po 17/5/18 and 17/15-18/2013. Host liquor for 11/6/18 and	CLES (ACC s additiona licy for the d 11/15/18 d	DRD 101, Additional Remarks Sch I insured event on only.	edule, may t	e attached if mo	e space is requi	ired)			•
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Lee County Board of C Commissioners P O Box 398 Fort Myers, FL 33902			SH TH AC	OULD ANY OF	THE ABOVE IN DATE TO OTH THE POL	DESCRIBED PO HEREOF, NOTI ICY PROVISION	CE WILL	CANCEL BE DE	LED BEFORE LIVERED IN