

EVENT PERMIT



Ordinance 17-08

Hogs and Air Dogs

PERMIT NUMBER: TMP2018-10131

Date(s) of Event: November 9, 2018, November 10, 2018, November 11,

2018 from 9:00am until 5:00 pm

Property Owner:

TMCFM INC

Applicant:

PAUL HOWELL

239-332-0364

Description:

Fundraiser for Gulf Coast Humane Society

Location of event:

9501 THUNDER RD, FORT MYERS, FL 33913

9501 Thunder Rd.

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

No

Will there be alcohol consumed or sold at the event?

No

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

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



COMMUNITY DEVELOPMENT



Event Application

Check the appropriate SPECIAL EVEN USE OF COUN PERMIT TO SE FILM PERMIT	
Section I - GENERAL INFO	DRMATION (All Permit Types)
Title of Event / Name of Production	Hogs and Air Dogs
Date(s) of Event / Production:	Nov. 9.10 11
Location(s) of Event:	Six Bonds Harley - Davidson, 9501 Thurst Rd 33913
Name of Applicant:	But Coast Humane Society
Applicant Address:	2010 Arcadia Street, Ft. Mysws FL 33916
Applicant Phone Number:	239-332-636/ V1321
Contact Person: (If different from applicant)	Paul Havel
Contact Phone Number: (If different from applicant)	
Email Address:	events & gufferast human & society org
Estimated Attendance:	700t
Event Description: Include each activity, when activities take place, etc.	
Hours of Operation:	9-5 all 3 days
STRAP # of Parcel:	224525L3240060010
Owner of Premises*:	Jeffern Scott Fischer
*Notarized statement from	om the property owner specifically consenting to the proposed use required.



Fill out the following questions for a	llpermit types:	
What is the Zoning Classification of the	premises? Commercial	
Are any temporary structures to be insta		Type: 000 000
Do you have the appropriate permits for	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 wit	th all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address):	<u> </u>
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 T No	1
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:	18Q	
Section II - USE OF COUNTY F	ROPERTY PERMIT	
Organization Sponsoring the Event:		
	r Solicitation in the County Rights-of-Wa	y:
Name of Charity: Garaff Coo	A Hamane Sorreta	
1/	EM 68	c El 33916
Address of Charity: 20(0)	readia Si. Terripe	J FL DOING
Phone Number: <u>23</u> 4-332	0364	
Non-profit certificate/registration nul	mber: & Consumer Services 5496.405 or proof the organization	n is exempt from this requirement. §316.2045)
	TION OF ALCHOLIC BEVERAGES	
		A Company of the Comp
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 Cour	Yes No
Non-profit certificate/registration nu (Required if alcohol is to be <u>SOLD</u> at the event)		11 2000 014 0000 5
Please note: A permit from the State of Florid further details	da Division of Alcoholic Beverages and Tobacco ma	ry also be required; please call (239) 344-0885 fo



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

ype of Production (choose all that apply):	TV Commercial Still Photos
TV Movie or Special TV Series / Pilot TV Series / Pocumentary	
Public Service Announcement Industrial / Documentary	of the state of th
Vill any of the following be needed or included*? Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics	☐ Yes K No ☐ Yes No ☐ Yes No ☐ Yes No
Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other * For any marked Yes, provide further details below:	Yes No
Family pets (Dogs) jumping lut Special Parking Requirements:	o pool from clock
City or County Services Required: (Personnel, equipment, facilitie	s, etc.)
The following information is required for local and state records on the industry. If exact figures are not available, please estimate as	n production in Florida to track the economic impact of closely as possible.
Number in Cast: Number in Crew:	Number of locals hired:
Total budget: Estimate amount sper	nt in Lee County:
Hotel room nights: Number of shooting d	ays:
number of rooms x number of nights	

Applicant Agreement - Signature Required



SECTION 1 - 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

Date

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

Print Name of Applicant and Title

| O/8/2018 | O/8/2018



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

Check the appropriat	e box(es) below:		
SPECIAL EVE USE OF COU PERMIT TO S FILM PERMI	NTY PROPERTY PERM ELL AND CONSUME	MIT ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
• •	ADDITICATION, PLEAS	SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZA WITH FOR THEIR EVENT.	TION
Parking:	Parking on-site in	authorized areas only.	
Deputies (How Many?):			
Fee for Services:	None.		
Special Arrangements:	Event should not will be responsible their expense.	t impede the normal flow of traffic. If it is found to, vendor le for hiring extra duty detail deputies for traffic control at	
	Signature:	Lt. D Petracca Special Operations UNIX	



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) belov	v:		
(continue)	UNTY PROPERTY PI	ERMIT		
FILM PERM				
AFTER RËVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLE CANT TO COMPLY	ASE INDICATE BELC WITH FOR THEIR EV	W WHAT ARRANGEMENTS Y	OUR ORGANIZATION
Fire Guards (How Many?)	0			
Fee for Services:	NA .			
Flammable Vegetation:	NA			·
First Aid Equipment:	CALL 911 IF NEEDED			
Fire Extinguishing:	Any cooking must ha	ve appropriate extingu	isher on site.	
Special Arrangements:	N/A	,		
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2018.11.01 15:02:20 -04'00'	
	Title:	Fire Marshal		
	Date:	11/01/2018		



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

Check the appropria	ıte box(es) below	<i>y:</i>	
SPECIAL EVI	ENT PERMIT		
USE OF COL	JNTY PROPERTY PE	RMIT	
FILM PERM			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEA	ASE INDICATE BELOW WHAT ARRANGEMENTS YOU WITH FOR THEIR EVENT.	OUR ORGANIZATION
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.		
Safety Requirements:	No additional precau	tions necessary.	
Fee for Services	Not applicable.	·	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage	e, contact our office at
	Print Name:	Douglas B. Higgins	
	Signature:	Douglas B. Higgins Douglas & Higgs of the County Operation of Public Safety, Operation of My County Operation of M	
	Title:	Division Chief	
	Date:	11-02-18	



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

Check the appropria	te box(es) belo	ow:	
PERMIT TO	JNTY PROPERTY I SELL AND CONSU IT	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY I	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLICANT TO COMPL	EASE INDICATE BELOW WHAT ARRANGEMENTS `LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	Park in designated a	areas. No event parking on Lee County maintained road righ	nts-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.	
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance with traffic control, as needed.	
£	Print Name: Signature: Title:	Bryan Miller Digitally signed by Bryan D. Miller Date: 2018.10.19 13:16:26 -04'00' Senior Project Manager	
	Date:	Ocotber 19, 2018	



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

Check the approp	oriate box(es) belo	ow:				
	EVENT PERMIT			•		٠
☐ USE OF	COUNTY PROPERTY F	PERMIT				
F PERMIT	TO SELL AND CONSU	IME ALCOHOLIC BEVER	AGES WITHIN L	EE COUNTY FAC	CILITIES	
FILM PE	RMIT					
AFTER REVIEWING T WILL REQUIRE THE A	THE APPLICATION, PL APPLICANT TO COMP	EASE INDICATE BELOW LY WITH FOR THEIR EVE	/ WHAT ARRAI	ngements you	JR ORGANIZATI	ION
llumination:	N/A					
narimation.	,			•		
Parking Areas:	N/A					
		V				
Special Arrangemen	ts: N/A - Event is not o or programs.	n or near Lee County Parks	and Recreation p	roperty and will no	ot affect our opera	tions
v.	1 .					
	Print Name:	Alise Flanjack				
	Signature:	Alise Flanjack	Dignaty size of try like Hausick Other milde Respirit, was 5, underland Rearch Relieved for improving this do convent Date: 2014 London 1484 55 40 70	uten, avolet Cause, e nucleila e beger zen		
	Title:	Deputy Director				
	Date:	October 19, 2018				
	production of the	-				
.i	5					
Hogs and Ali	r vogs	Page 10		- companies with 1997 y and a second discount of the second discount of	11	
Hogs and Air 6 Beness 11/9-11/11						



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	DW:	
	NTY PROPERTY ELL AND CONSL	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY F	ACILITIES
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, PI	LEASE INDICATE BELOW WHAT ARRANGEMENTS Y LY WITH FOR THEIR EVENT.	OUR ORGANIZATION
nsurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Do otect against bodily injury and/or property damage relative to event within Lee County.	llars (\$1,000,000) per o applicants use of
Special Arrangements:	A Certificate of In Board of County additional insure Subject to proof		rage listing Lee County tificate holder and as an
	Print Name: Signature:	Mike Figueroa	
	Title:	Risk Program Manager	<u>.</u>
	Date:	October 17, 2018	

Client#: 1766995

132GULFCOA19

ACORD_{TM}

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/05/2018

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 be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may require an end certificate holder in lieu of such endorsement(s).		
PRODUCER	CONTACT NAME: PHONE (AJC, No, Ext): 239 433-4535 FAX (AJC, No): 866-8	81-5271
13515 Bell Tower Drive	E-MAIL ADDRESS:	T
Fort Myers, FL 33907	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A : Great American Insurance Compan	16691
A CONTRACTOR OF THE CONTRACTOR	INSURER B : Zenith Insurance Company	13269
Gulf Coast Humane Society	INSURER C:	
2010 Arcadia Street	INSURER D:	
Fort Myers, FL 33916	INSURER E:	-
	INSURER F:	
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED OF THE PROPERTY OF THE PRO	D BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TH	

CE	ERTIFICATE MAY BE ISSUED OR MAY P (CLUSIONS AND CONDITIONS OF SUCH	EKTAI	IN, I	LIMITS SHOWN MAY HAVE BEE	N REDUCED E	BY PAID CLAIR	MS.	
		ADDLIS	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3
INSR LTR	THE PART OF THE PA	INSR \	NVD	4803800			EACH OCCURRENCE	\$1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			4003000	11/0-4/2010		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	CLAIMS-MADE X OCCUR			g ²		1	MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	ADDI (CS DED)						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
							· ·	\$
-	OTHER: AUTOMOBILE LIABILITY		_	4803801	11/04/2018	11/04/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
Α				4000001			BODILY INJURY (Per person)	\$
	X ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS			,	1		(i or decident)	\$
-	L. J. WEDELLA LIAR Y	-		4803802	11/04/2018	11/04/2019	EACH OCCURRENCE	\$1,000,000
Α	X UMBRELLA LIAB X OCCUR			4000002			AGGREGATE	\$1,000,000
	EXCESS LIAB CLAIMS-MADE	1						\$
	DED X RETENTION \$10000 WORKERS COMPENSATION	+-		Z126666802	06/23/2018	06/23/2019	X PER OTH-	
В	AND EMPLOYERS' LIABILITY V/N			212000002	0.1.23/2010		E.L. EACH ACCIDENT	\$1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	1 000 000
-	DÉSCRIPTION OF OPERATIONS below							
	2							
					8			
					. I		uirod)	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is requ Certificate Holder included as Additional Insured

Ok 10/17/2018

CERTIFICATE HOLDER

Lee County Board of County Commissioners P. O. Box 398 Fort Myers, FL 33902

CANCELLATION

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

pleasen Fitzgrad. I Keston

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Client#: 1766995

132GULFCOA19

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/05/2018

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).

RODUCER	semei	11(3).		CONTACT				
BB&T-Oswald Trippe and Company			re 1	CONTACT NAME: PHONE	20.42	2 AE2F	FAX	866-881-5271
13515 Bell Tower Drive				PHONE (A/C, No, Ext): 2 E-MAIL	39 43	ა-4 ე აე	(A/C, No):	000-001-0211
Fort Myers, FL 33907				ADDRESS:				
-ort Myers, F£ 33907 239 433-4535							ORDING COVERAGE	16691
						an Insurance Compa	In .	13269
SURED Gulf Coast Humane Societ	łv			INSURER B : Zer	nith Insura	nce Company		10200
2010 Arcadia Street	.,			INSURER C:				
Fort Myers, FL 33916				INSURER D:				
1 011 mg 010, 1 m 000 10		,		INSURER E :				
			NUMBER:	INSURER F :			REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH	OF I QUIRE PERTA POLI	INSUF MEN IN, T CIES.	RANCE LISTED BELOW HA T, TERM OR CONDITION O HE INSURANCE AFFORDE LIMITS SHOWN MAY HAY	F ANY CONTR O BY THE POI /E BEEN REDI	RACT OF LICIES UCED E	THE INSURED R OTHER DOO DESCRIBED H BY PAID CLAIM	NAMED ABOVE FOR THE CUMENT WITH RESPECT IEREIN IS SUBJECT TO A	IO MHICH ITIS
SR TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLIC (MM/DD	Y EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	S
X COMMERCIAL GENERAL LIABILITY			4803800	11/04	/2018	11/04/2019	EACH OCCURRENCE	\$1,000,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000,000
POLICY PRO- JECT LOC						-	PRODUCTS - COMP/OP AGG	s2,000,000
OTHER:	ļ!						COMBINED SINGLE LIMIT	\$
AUTOMOBILE LIABILITY			4803801	11/04	/2018		COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X ANY AUTO						1	BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS				-		I	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$
X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$
								\$
X UMBRELLA LIAB X OCCUR			4803802	11/04	/2018	Г	EACH OCCURRENCE	\$1,000,000
EXCESS LIAB CLAIMS-MADE	4					1	AGGREGATE	\$1,000,000
DED X RETENTION \$10000							X PER OTH-	\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			Z126666802	06/23	/2018	06/23/2019		-4 000 000
ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A						E.L. EACH ACCIDENT	\$1,000,000
						}	E.L. DISEASE - EA EMPLOYEE	
(Mandatory in NH)							E.L. DISEASE - POLICY LIMIT	\$1,000,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	+							
If yes, describe under DESCRIPTION OF OPERATIONS below			Add Additional Security Co.	ulo mau ha alfa-	had if m-	ve enace le regui	(red)	
If yes, describe under DESCRIPTION OF OPERATIONS below	CLES (A	ACOR	D 101, Additional Remarks Sched	ule, may be attac	hed if mo	re space ls requi	red)	
If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	oles (a	ACORI Insi	0 101, Additional Remarks Schedured	ule, may be attac	hed if mo	ore space ls requi	red)	
If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	oles (ACORI I Ins i	0 101, Additional Remarks Schedured	ule, may be attaci	hed if mo	ore space is requi	red)	
If yes, describe under DESCRIPTION OF OPERATIONS below	CLES (a	ACORI I Ins i	D 101, Additional Remarks Schedured	ule, may be attaci	hed if mo	ore space is requi	red)	
If yes, describe under DESCRIPTION OF OPERATIONS below	CLES (a	ACORI I Insi	0.101, Additional Remarks Schedured	ule, may be attac	hed if mo	ore space is requi	red)	_
if yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder included as Additi	CLES (A	ACORI I Insi	0.101, Additional Remarks Schedured	ule, may be attack		ore space is requi	ired)	-
if yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder included as Additi	CLES (ACORI	D 101, Additional Remarks Schedured	CANCELLA	TION			
if yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder included as Additi	ional	I Ins	D 101, Additional Remarks Schedured	CANCELLA SHOULD A	TION NY OF 1	THE ABOVE DE	ESCRIBED POLICIES BE CA	NCELLED BEFOR
if yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder included as Additi	ional	I Ins	0 101, Additional Remarks Schedured	CANCELLA SHOULD A THE EXP	TION NY OF IRATION	THE ABOVE DE		ANCELLED BEFOR
if yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC Certificate Holder included as Additi CERTIFICATE HOLDER Lee County Board of Co	ional	I Ins	0 101, Additional Remarks Schedured	CANCELLA SHOULD A THE EXP	TION NY OF IRATION	THE ABOVE DE	ESCRIBED POLICIES BE CA	ANCELLED BEFOR E DELIVERED II

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Heren Fitzgrid. 1 Keston