



EVENT PERMIT

Ordinance 17-08



Fall/Foster Wedding

PERMIT NUMBER: TMP2018-10132

Date(s) of Event: December 7, 2018 All day December 8, 2018 2:00pm until 5:00pm

Property Owner: LEE COUNTY

Applicant: Emily Fall
239-410-0661

Description: Welcome Reception and Wedding Ceremony

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921
Crowninshield Community House and Banyan Street

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 ? 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

 11-8-18
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

RECEIVED
NOV 06 2018

COMMUNITY DEVELOPMENT
TMP 2018-10132

Fall/Foster Reception and Wedding on 12/7/18 & 12/8/18

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	Fall/Foster Wedding
Date(s) of Event / Production:	12/7/2018 & 12/08/2018
Location(s) of Event:	Crowninshield Community House - Welcome Reception on 12/7/18 Banyan Street, Boca Grande - Wedding Ceremony on 12/8/18
Name of Applicant:	Emily Fall
Applicant Address:	1016 Shaddelee Lane East Fort Myers, FL 33919
Applicant Phone Number:	239-246-0499
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	239-410-0661
Email Address:	EmFall214@gmail.com
Estimated Attendance:	60 on 12/7 130 on 12/8
Event Description: Include each activity, when activities take place, etc.	Welcome Reception - Set-up, Reception w/ food, break-down - Full Day Rental Wedding Ceremony - Set-up, Ceremony, Breakdown
Hours of Operation:	All day on 12/7/18, 2:00 PM - 5:00 PM on 12/8/18
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County Government

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? Public Facility / Lee County DOT Right of Way

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☒ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: TBD

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): _____

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: _____

Type of Food being Served: _____

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: _____

Address of Charity: _____

Phone Number: _____

Non-profit certificate/registration number: _____

(Proof of registration with the Dept. of Agriculture & Consumer Services 5496.405 or proof the organization is exempt from this requirement. 5316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):

- ☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Will any of the following be needed or included*?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Street Closure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Traffic / Crowd Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives or Pyrotechnics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animals, Large or Small | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stunts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____
 Total budget: _____ Estimate amount spent in Lee County: _____
 Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights

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 premises 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

Emily Fall

Print Name of Applicant and Title

10/31/2018

Date

Joseph P. Wiel

Witness

Joseph P. Wiel

Print Name of Witness

10/31/18

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

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

Parking:	Parking in authorized parking areas only.
Deputies (How Many?):	Two deputies for road closure, traffic control and security on Banyan Street between Park Ave and Gilchrist while wedding takes place.
Fee for Services:	Traffic detail is \$50/hr per deputy with a four hour minimum.
Special Arrangements:	Each end of Banyan Street must be blocked in order to provide safety and security to participants. All chairs, tables and other items used for the event must be removed from the roadway as soon as possible in order to reopen Banyan Street.

Print Name: Lt. K. Sonier
Signature: [Signature] 95287
Title: Special Events, Permits and Details
Date: 8/22/18

Lee County Event Permit Application



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
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☐ FILM PERMIT

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

Fire Guards (How Many?)

1 fire guards @ 4 hours

Fee for Services:

\$50.00 /hour per guard. Total
Contact Nancy at BGFD to make arrangements for payment.

Flammable Vegetation:

First Aid Equipment:

Fire Extinguishing:

Special Arrangements:

Due to the number of guests and chairs, the Permit holder must hire fire guards to be present on Banyan St in case of emergency. In the event that access is needed on Banyan St, fire guards will stop the ceremony and co-ordinate removal of guests/items/etc. placed on Banyan St. Permit holder must have a team available, on site, to facilitate the immediate removal of all items/guests. Any damage to BGFD vehicles while making access to emergency will be the responsibility of the permit holder.
In case of Emergency DIAL 911

Print Name: C.W. Blosser

Signature:

Title:

Fire Chief

Date:

10/15/2018

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

Treatment Facilities:

None necessary.

Medical Personnel:

None necessary.

Medical Supplies /
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Officially signed by Douglas B. Higgins
with Lee County Seal, Emergency Services, Department of Public Safety,
Lee County, Florida, on 08/24/18, 08:00 AM.

Title: Division Chief

Date: 08-24-18

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate box(es) below:

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☐ FILM PERMIT

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

Parking:

Park in designated areas. No event parking on any portion of Banyan Street road right-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2018.11.01 08:37:08 -04'00'

Title: Senior Project Manager

Date: November 1, 2018

Fall/Foster Reception and Wedding on 12/7/18 & 12/8/18

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

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

Illumination:

No open flames aloud on premises. Any additional lighting must be provided by permit holder.
No illumination on trees or bushes On Banyan Street

Parking Areas:

Use Community House parking lot and existing parking at the Boca Grande Community Park and Center

Special Arrangements:

- Must follow all Banyan Street guidelines set forth by LEE COUNTY D.O.T representative.
- Guests must stay on County property at all times
- Deputies required entire length of wedding ceremony
- All trash must fit into two 90 gallon garbage containers provided by the Community House.
- Must provide insurance with Lee County BOCC being additionally insured and adhere to all rules and guidelines set forth by the Laise DuPont Crowninshield House representative.
- Alcohol must be contained inside of the Louise DuPont Crowninshield House during the reception.
- Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit (2 -

Print Name: Jesse Lavender Joe Wier

Signature:

Title:

Director

Supervisor

Date:

8/13/18

8/10/18

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate box(es) below:

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☐ FILM PERMIT

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

Insurance Requirements:

Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

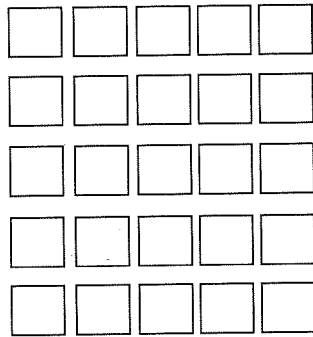
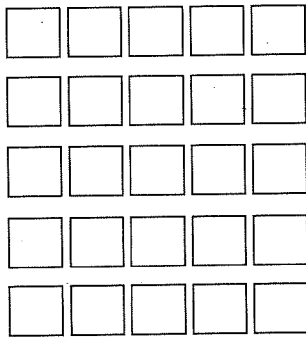
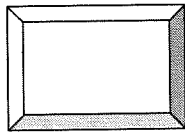
Risk Program Manager

Date:

November 5, 2018

CERTIFICATE OF LIABILITY INSURANCE					ISSUE DATE (MM/DD/YYYY) 01/12/2018	
PRODUCER USAA EVENT PROGRAM 9800 FREDRICKSBURG RD SAN ANTONIO, TX 78288			800-388-0169		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.	
INSURED ANDREW H FOSTER 1016 SHADDELEE LANE EAST Fort Myers, FL 33919			Event Date: 12/08/2018		INSURERS AFFORDING COVERAGE INSURER A: Markel American Insurance Company HONOREE(S) ANDREW FOSTER EMILY FALL	
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ABOVE NAMED INSURED FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HOST LIQUOR INCL. <input checked="" type="checkbox"/> TPPD GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MEL00000413006	12/08/2018	12/08/2018	EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$1,000,000
					MED EXP (Any one person)	Excluded
					PERSONAL INJURY	\$1,000,000
					GENERAL AGGREGATE	\$1,000,000
					DAMAGE TO RNTD PROP	\$1,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					COMBINED SINGLE LIMIT (Each Accident)	
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
					PROPERTY DAMAGE (Per Accident)	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>					AUTO ONLY-EA ACCIDENT	
					OTHER THAN EA ACC	
					AUTO ONLY: AGG	
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	
					AGGREGATE	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU	OTHER
					E.L. EACH ACCIDENT	
					E.L. DISEASE-EA EMPLOYEE	
					E.L. DISEASE-POLICY LIMIT	
OTHER						
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS The Certificate Holder is included as an insured under the Hosting Facility Liability Coverage, but only in respects to claims arising out of the negligence of the Named Insured. If the event continues past 12:00 a.m., at the location named on Declarations Page, such continuation shall be considered as the event date. Event includes set up and break down and the scheduled rehearsal or rehearsal dinner scheduled within 48 hours of the event if the event is a wedding. Set up and break down means decoration and removal of decoration at the event location that occurs no more than 24 hours prior to the event and 24 hours after the event.						
CERTIFICATE HOLDER LEE COUNTY, A POLITICAL SUBDIVISION & CHARTER COUNTY OF THE STATE OF FLORIDA, ITS AGENTS, EMPLOYEES, AND PUBLIC OFFICIALS CROWNINSHIELD COMMUNITY CENTER 240 BANYAN ST Boca Grande FL 33921 <div style="text-align: right; margin-top: 10px;">Ok 11/05/2018 </div>					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 <div style="text-align: right; margin-top: 10px;"></div>	

Gilchrist Ave.



CHAIRS =

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Park Ave.



**MARKEL AMERICAN INSURANCE COMPANY**

P.O. Box 906, Pewaukee, Wisconsin 53072-0906

(800) 236-2862 www.markelamerican.com**Special Event Liability Insurance Policy Declarations Page**

Policy Number:	MEL00000413006	Date of Issue:	01/12/2018	Event Date:	12/08/2018
Policy Period:	12/08/2018				
Named Insured:	ANDREW H FOSTER				
Mailing Address:	1016 SHADDELEE LANE EAST Fort Myers, FL 33919				
Honoree(s):	ANDREW FOSTER EMILY FALL				
Insured Event:	Wedding Ceremony, Reception, and/or Rehearsal				
Policy Premium:	\$195				
Surcharges and Taxes	\$0.00				
Multi Policy Discount	\$0.00 Not Applicable				
Total:	\$195.00				
Event Location 1:	BANYAN STREET BANYAN STREET				
Hosting Facility Insured Extension: <input checked="" type="checkbox"/> (coverage applies if box checked)	Boca Grande FL 33921				
Event Location 2:	GASPARILLA INN 500 PALM AVE				
Hosting Facility Insured Extension: <input type="checkbox"/> (coverage applies if box checked)	Boca Grande FL 33921				
Event Location 3:	CROWNINSHIELD COMMUNITY CENTER 240 BANYAN ST				
Hosting Facility Insured Extension: <input checked="" type="checkbox"/> (coverage applies if box checked)	Boca Grande FL 33921				
Policy Coverage	Limit:	Deductible:			
General Aggregate	\$1,000,000	\$0			
Each Occurrence	\$1,000,000	\$0			
Property Damage	Included	\$1,000			
Administered by:	USAA EVENT PROGRAM 9800 FREDRICKSBURG RD SAN ANTONIO, TX 78288				
Agency 10371 - 000002 800-388-0169					
For Policy Questions Call Toll Free:	800-388-0169				
For Claims Call Toll Free:	800-236-3113				
Policy Form(s):	EVL100-0708,EVL151-0708,,MIL1214-0917,				
Countersignature (if required):	<i>Bruce A. Key</i>				

Forms and endorsements made a part of this policy at inception are those which numbers are entered above.
EVL102-0708



MARKEL AMERICAN INSURANCE COMPANY

PRIVACY POLICY AND OFAC NOTICE

We would like to thank you for your business and let you know we respect your privacy. We are committed to protecting your personal information. Please read this notice, which outlines our privacy policies and practices.

We collect nonpublic information about you from the following sources:

- Information we receive from you on applications or other forms such as your name and address;
- Information about your transactions with us, our affiliates, or others;
- Information we receive from a consumer reporting agency.

We do not disclose any nonpublic information about our customers or former customers to anyone, except as permitted by law.

We may disclose nonpublic personal information about you to the following types of third parties:

- Insurance agents and/or brokers that you have chosen to work with;
- Non-affiliated third parties as permitted by law to provide services you have requested.

We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

**U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN
ASSETS CONTROL ("OFAC")
ADVISORY NOTICE TO POLICYHOLDERS**

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – <https://www.treasury.gov/ofac>.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.



MARKEL AMERICAN INSURANCE COMPANY

Special Event Liability Insurance

Administrative Offices
P.O. Box 906
Pewaukee, WI 53072-0906
800-236-2862

SPECIAL EVENT LIABILITY INSURANCE

Section 1:	Agreement
Section 2:	Policy Period
Section 3:	Definitions
Section 4:	What We Insure
Section 5:	Bodily Injury, Property Damage, and Personal Injury Exclusions
Section 6:	Limits of Liability
Section 7:	Duties in the Event of Loss or Damage
Section 8:	Other Insurance
Section 9:	General Conditions
Section 10:	Hosting Facility Liability Coverage Option

Section 1: Agreement

We will provide insurance described in this policy, subject to all policy terms and conditions, in return for your payment of the premium and compliance with all policy provisions. You have only those coverages for which limits are shown on the **declarations page**.

Section 2: Policy Period

This policy applies to **incidents** on the date specified for the **event** described on the **declarations page** and to **accidents** occurring during **set up and break down**.

Section 3: Definitions

Throughout this policy, most words and phrases that have special meanings appear in bold. Only the pronouns "we", "us", "our", "you", "your", and "yours" are defined, but do not appear in bold. This section defines some of the more general terms used in this policy.

"You", "your" and **named insured(s)** means the individual, business, or organization and the **honoree** named in the **declarations page**.

"We", "us" and "our" means the company providing the insurance and named in the **declarations page**.

Accident means an unexpected and unintended event, including continuous or repeated exposure to substantially the same general conditions that causes **bodily injury** or **property damage** and which arises out of the **event**.

Bodily injury means injury, sickness, disease or death of a person.

Declarations page is the document that identifies the **named insured** and the company issuing the policy. It indicates the effective date of coverage, the amount for the respective coverages afforded under the policy, and describes the **event** for which coverage is afforded. The **declarations page** also lists the policy forms and endorsements that are also a part of this policy, as well as indicating any deductible to be applied to covered losses. The **declarations page** also indicates an election of the hosting facility liability coverage option, if applicable, and in such event identifies the **hosting facility insured**.

Event means the private reception and accompanying ceremony, if any, described on the **declarations page**. **Event** includes **set up and break down** and any rehearsal or rehearsal dinner scheduled within 48 hours in advance of the **event** if the **event** is a wedding.

Honoree means the person or persons named in the **declarations page** as **honoree**, and in whose honor or for whose benefit the **event** is being held.

Incident is an **accident**, or an event, including a series of related offenses giving rise to an actual or alleged **personal injury** committed at the **event** location.

Insured contract means a contract or lease of facilities or premises, fixtures, improvements or contents, for use at, or as, the location of the event.

Organizational Insured means the following:

1. Sole owner, partners, or managers, and their spouses, of the organization named in the **declarations page**, but only with respect to the conduct of the business named in the **declarations page**.
2. The executive officers and directors of the organization named in the **declarations page**, but only with respect to the conduct of the business named in the **declarations page**.
3. **Volunteer workers**, but only while performing duties related to the business named in the **declarations page**; or your employees, but only for acts within the scope of their employment by you while performing duties related to the conduct of your business.

Personal injury means injury other than **bodily injury** that arises out of any of the following acts:

1. False arrest, false detention, or false imprisonment;
2. Malicious prosecution;
3. Wrongful entry or wrongful eviction;
4. Defamation, libel or slander; or
5. Invasion of privacy.

Pollutants means any solid, liquid, gaseous, or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned, or reclaimed.

Policy Territory means the United States and its territories and possessions, Puerto Rico, Canada and cruise ships leaving from a port within these territories.

Property damage means physical damage to or destruction of tangible property. It includes loss of use.

Set up and break down means decoration and removal of decoration at the **event**

location that occurs no more than 24 hours prior to the **event** and 24 hours after the **event**.

Volunteer worker means a person who is not your employee, and who donates his or her work or service and acts at the direction of and within the scope of duties determined by you, and is not paid a fee, salary or other compensation by you or anyone else for their work or service performed for you.

Section 4: What We Insure

1. Bodily Injury, Property Damage and Personal Injury

We will pay damages, including prejudgment interest, due to an **incident** for which you or an **organizational insured** is legally liable because of **bodily injury, property damage, or personal injury** arising out the **event**. We will defend any such suit seeking those damages, even if the allegations are false or groundless, with legal counsel of our choice. We may investigate any reported **incident** and may settle any claim for these damages as we think appropriate. We are not obligated to pay any claim or judgment, or defend any suit, if we have already exhausted the limit of liability set forth in the **declarations page** by paying judgments or settlements; or tendered to the court of jurisdiction the limit of liability set forth in the **declarations page**.

2. Additional Payments

In addition to the limit of liability for this coverage we will also pay:

- a. All costs we incur in the settlement of any claim or defense of any suit;
- b. Interest on damages awarded in any suit we defend accruing after judgment is entered and before we have paid, offered to pay, or deposited in court that portion of the judgment which is not more than our limit of liability;

- c. Premiums on appeal bonds and attachment bonds required in any suit we defend. We will not pay the premium for attachment bonds for an amount above our limit of liability. We have no obligation to apply for this type of bond;
- d. Loss of earnings of up to \$100 a day when we ask you or an **organizational insured** to attend trials or hearings; and
- e. Other reasonable expenses incurred at our request.

Section 5: Bodily Injury, Property Damage and Personal Injury Exclusions

We do not cover:

1. Expected or Intended Injury

Bodily injury or **property damage** caused by the intentional act, or at the direction, of anyone seeking coverage under this policy even if the **bodily injury**, or **property damage** is different from, or greater than, that which is expected or intended.

2. Motor Vehicles, Motorized Vehicles, Aircraft or Watercraft

Bodily injury or **property damage** arising out of the use, ownership, maintenance, or entrustment of any motor vehicle, motorized vehicle, aircraft or watercraft. Use includes loading or unloading. Motor vehicle or motorized vehicle includes any attached trailer.

This exclusion does not apply to negligence that originates at the **event** and arises independently of the use, ownership, maintenance, or entrustment of any motor vehicle, motorized vehicle, aircraft or watercraft. However, we do not cover **bodily injury** or **property damage** that arises out of any imposed vicarious liability, the failure to supervise, or the negligent supervision, of any person, by you or an **organizational insured** in connection with any motor vehicle, motorized vehicle, aircraft or watercraft.

3. Other Premises

Bodily injury, **property damage** or **personal injury** occurring away from the premises or place shown in the **declarations page**. However, **bodily injury** occurring away from the premises or place shown in the **declarations page**, but arising from the negligent conduct of the **named insured** or **organizational insured** at the premises or place shown in the **Declarations Page** for which they are liable, and not otherwise excluded, is covered.

4. Other Than On the Event Date

Bodily injury, or **property damage** occurring on any date other than the date shown as the **event** date on the **declarations page**, unless occurring during **set up and break down**. **Personal injury** occurring on any date other than the date shown as the event date in the **declarations page**. For the purpose of this exclusion, if the **event** continues past 12:00 a.m., at the location named on the **declarations page**, such continuation shall be considered as the **event** date.

5. Commercial Liquor Liability

Bodily injury or **property damage** for which anyone may be held liable by reason of:

- a. Causing or contributing to the intoxication of any person;
- b. Furnishing alcoholic beverages to a person under the legal drinking age or under the influence of alcohol; or
- c. Violation of any law or regulation relating to the sale, distribution or use of alcoholic beverages.

However, part a. of this exclusion applies only if the person or entity seeking coverage is in the business of manufacturing, distributing, selling or furnishing alcoholic beverages.

6. **Punitive or Exemplary Damages**

We cannot be made to pay punitive or exemplary damages, fines or penalties.

7. **Workers Compensation and Similar Laws**

Any obligation of any person under any Workers Compensation, disability benefits, occupational injury or unemployment compensation or similar law.

8. **Employer's Liability**

Any **named insured** or **organizational insured** against **bodily injury** or **personal injury** to:

- a. any employee whose injury arises out of and in the course of their employment by you or an **organizational insured**; or
- b. The spouse, child, parent, brother or sister of that employee as a consequence of paragraph a. above.

This exclusion applies:

- a. Whether you or the **organizational insured** may be liable as an employer or in any other capacity; and
- b. To any obligation to share damages with or repay another entity that must pay damages because of the **injuries incurred**

9. **Property in Care, Custody or Control**

Property damage to property owned by, loaned to, rented to, or in the care, custody or control of you or any **organizational insured**. But this exclusion does not prevent coverage for liability for **property damage**, if otherwise covered, to the premises, fixtures or contents which a **named insured** or **organizational insured** rents or hires for use at, or as the location of, the **event**.

10. **Contract or Bailment Liability**

Damages for which any person seeking

coverage under this policy is obligated to pay by reason of assumption of liability in a contract or agreement or by bailment. However this exclusion does not eliminate coverage for **property damages**:

- a. That any person seeking coverage under this policy would have in the absence of the contract, bailment or agreement, and which are otherwise covered under this policy; or
- b. Assumed by a **named insured** in a contract or agreement that is an **insured contract**.

11. **Bodily Injury or Personal Injury;**

- a. To a **named insured**;
- b. To your partners or managers; a co-employee while in the course of his or her employment or performing duties related to the conduct of your business, or **volunteer workers** while performing duties related to the conduct of your business, if such **bodily injury** or **personal injury** is caused by a co-employee or another **volunteer worker**;
- c. To the spouse, child, parent, brother or sister of an employee injured as a consequence of paragraph b. above;
- d. For which there is any obligation to share damages with or repay another entity that must pay damages because of an injury described in paragraph b. or c. above;
- e. Arising out of the transmission of a communicable disease by you or an **organizational insured**; or
- f. Arising out of actual or threatened sexual abuse or molestation, corporal punishment, or physical or mental abuse.

12. **Material Published With Knowledge of Falsity**

Personal injury arising out of oral or written publication of material, if done by or at the direction of anyone seeking coverage with knowledge of its falsity.

13. Material Published Prior to Event Date

Personal injury arising out of oral or written publication of material whose first publication took place before the date of the **event** shown in the **declarations page**.

14. Criminal Acts

Personal injury arising out of a criminal act committed by or at the direction of anyone seeking coverage.

15. Breach of Contract

Personal injury arising out of a breach of contract.

16. Electronic Chatrooms or Bulletin Boards

Personal injury arising out of the use of an electronic chatroom or bulletin board.

17. Professional Services

Bodily injury, property damage or personal injury arising out of the rendering or failing to render professional services.

18. Pyrotechnics, Fireworks, and Laser Light Shows

Bodily injury, property damage, or personal injury arising out of the preparation or presentation of a pyrotechnic show, firework display, or laser light production.

19. Act or Omission of Provider

Bodily injury, property damage or personal injury arising out of the acts or omissions of any provider of goods or services in conjunction with the **event**, whether or not a paid contractor or vendor.

20. Pollution

Bodily injury, property damage or personal injury arising out of the presence of or the actual, alleged or threatened release, discharge, escape, dispersal, seepage or migration of **pollutants**. This exclusion does not apply to **bodily injury, property damage or personal injury** caused by heat, smoke or fumes from a hostile fire. As used in this exclusion a hostile fire is one which is unintended, breaks out from where it was intended to be, or becomes uncontrollable.

21. Pollution Expense

Any loss, cost or expense arising out of any governmental direction or request that you or any **organizational insured** test for, monitor, clean up, remove, contain, treat, detoxify, or neutralize **pollutants**.

Section 6: Limits of Liability

1. The limits of liability shown in the **declarations page**, and the following provisions, establish the most we will pay regardless of the number of:
 - a. **Named insureds or organizational insureds**;
 - b. Claims made or suits brought;
 - c. **Hosting facility insureds**, if any;
 - d. Persons injured; or
 - e. Items of property damaged.
2. The general aggregate limit is the most we will pay for all damages to which this insurance applies regardless of the number of **incidents** occurring within the scope of this policy.
3. The each occurrence limit is the most we will pay for the total sum of all **bodily injuries, property damage or personal injuries** arising out of any one **incident**.

Section 7: Duties in the Event of Loss or Damage

In the event of an **incident** you (or someone acting for you) must inform us, or our authorized representative, as soon as reasonably practicable. The notice must give:

1. The time, place and other facts; and
2. The names and addresses of all involved persons and witnesses.

In addition to providing us with notice, anyone claiming coverage under this policy must:

1. Cooperate with and assist us in any manner concerning a claim or suit;
2. Cooperate with us to enforce any right of contribution or indemnity from any person or organization who may have liability arising out of the **incident**;
3. Promptly send to us any legal papers received relating to any suit or claim; and
4. Submit to examinations by us, under oath, as we may reasonably require.

Section 8: Other Insurance

The insurance we provide in this policy is primary.

Section 9: General Conditions

Conformity to State Law. When any policy provision is in conflict with the applicable law of the state in which this policy is issued, the law of the state will apply.

Declarations. By accepting this policy you agree that:

1. The statements on the application for this policy are your own;
2. This policy is issued in reliance upon the truth of those representations; and
3. This policy form, the **declarations page** and any endorsements listed on the **declarations page** include all agreements existing between you and us.

False or Fraudulent Acts. Any fraud, intentional misstatement or concealment in the application, or in making of a claim or otherwise howsoever, shall render this

insurance void, and all claims hereunder shall be forfeited. Submitting, or knowingly aiding or abetting another in presenting a claim under this policy will also render the insurance void and payment will be denied.

Assignment. This policy may not be assigned in whole or in part without our consent.

Change or Waiver of Policy Provisions. If we make a change that broadens coverage under this edition of our policy without additional premium charge, the policy will automatically provide the broadened coverage when effective in your state. However, changes implemented through introduction of a subsequent edition of our policy forms will not be automatically provided. A waiver or any other change of a provision of this policy must be in writing by us to be valid.

Our Right to Recover from Others. After we have made payment under this policy, we have the right to recover the payment from anyone who may be held responsible. You and anyone we indemnify must sign any papers and do whatever else is necessary to transfer this right to us. You and anyone we indemnify must do nothing to affect our rights.

Suit Against Us. No action will be brought unless there has been compliance with the policy provisions and the action is started within one (1) year after the alleged loss.

Non-Cancellation. This insurance cannot be cancelled except for non-payment of premium. In the event of non-payment of premium, we may cancel this insurance upon fifteen (15) days written notice to you by certified or registered mail at the mailing address shown in the **declarations page**.

Currency. Unless otherwise agreed to by us in writing, premiums and losses due hereunder shall be paid in United States Dollars at the rates of exchange ruling when and where the loss occurs.

Bankruptcy. We are not relieved of any obligation under this policy because of the bankruptcy or insolvency of any person or entity otherwise entitled to coverage under this policy.

Section 10: Hosting Facility Liability Coverage Option

This coverage option provides primary liability insurance coverage for a **hosting facility insured**, subject to the definitions, exclusions, conditions and limits of liability of this policy. This option does not increase the limits of liability afforded by this policy.

Hosting facility insured means any facility, entity or site (including hotel, restaurant, hall or reception center) identified in the **declarations page** with Hosting Facility Insured Extension or on a certificate of insurance issued by us or our agent.

We will pay damages, including prejudgment interest, due to an **accident** for which a **hosting facility insured** becomes legally liable because of **bodily injury** or **property damage** arising out of the **event**. The liability coverage provided to a **hosting facility insured** applies only to liability of the **hosting facility insured** which results solely from fault or wrongdoing on the part of a **named insured** or **organizational insured**.

We will defend any such suit seeking those damages, even if the allegations are false or groundless, with legal counsel of our choice. We may investigate any **accident** and may settle any claim for these damages as we think appropriate. We are not obligated to pay any claim or judgment, or defend any suit, if we have already exhausted the limit of liability set forth in the **declarations page** by paying judgments or settlements.

Additional Exclusions Applicable to Hosting Facility Insureds

The exclusions of Section 5 of this policy apply and in addition:

1. No coverage is extended to a **hosting facility insured** for fault or wrongdoing

related to, arising from, or resulting from, in whole or in part, acts or omissions of the **hosting facility insured**, its employees or agents.

2. We do not cover any **hosting facility insured** against **bodily injury** to any employee of the **hosting facility insured** arising out of or in the course of their employment by the **hosting facility insured** or performing duties relating to the **hosting facility insured's** business.

This policy is signed at the Home Office of the company by its secretary and president.

**MARKEL AMERICAN INSURANCE
COMPANY
Glen Allen, Virginia**

Richard R. Grinnan *Matthew Parker*

Richard R. Grinnan
Secretary

Matthew Parker
President



MARKEL AMERICAN INSURANCE COMPANY

FLORIDA AMENDATORY ENDORSEMENT

In consideration of the premium paid, it is hereby agreed and understood that your policy is amended as follows:

Under **Section 9: General Conditions**, the **False or Fraudulent Acts** provision is deleted in its entirety and replaced with the following:

False or Fraudulent Acts. Any fraud, intentional misstatement or concealment in the application, or in making of a claim or otherwise howsoever, may render this insurance void, and all claims hereunder may be forfeited. Submitting, or knowingly aiding or abetting another in presenting a false or fraudulent claim under this policy may also render the insurance void and payment may be denied.

All other terms, conditions, and limitations of the policy remain unchanged.



MARKEL AMERICAN INSURANCE COMPANY

FLORIDA NOTICE TO POLICYHOLDERS

We are here to serve you....

As our policyholder, your satisfaction is very important to us. Should you have a claim, we fully expect to provide a fair settlement in a timely fashion.

So, if you have any questions or problems, please feel free to call one of our customer service representatives at 1-800-236-2862 or write us at:

Markel American Insurance Company
P.O. Box 906
Pewaukee, Wisconsin 53072-0906

Please include your policy number and policy period in any correspondence. Thank you.

CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE (MM/DD/YYYY)
01/12/2018

PRODUCER 800-388-0169
USAA EVENT PROGRAM
9800 FREDRICKSBURG RD
SAN ANTONIO, TX 78288

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.

INSURED
ANDREW H FOSTER
1016 SHADDELEE LANE EAST
Fort Myers, FL 33919

Event Date: 12/08/2018

INSURERS AFFORDING COVERAGE

INSURER A: Markel American Insurance Company

HONOREE(S)
ANDREW FOSTER
EMILY FALL

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE ABOVE NAMED INSURED FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OF 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.

MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HOST LIQUOR INCL. <input checked="" type="checkbox"/> TPPD GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MEL00000413006	12/08/2018	12/08/2018	EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$1,000,000
					MED EXP (Any one person)	Excluded
					PERSONAL INJURY	\$1,000,000
					GENERAL AGGREGATE	\$1,000,000
					DAMAGE TO RNTD PROP	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Each Accident)	
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
					PROPERTY DAMAGE (Per Accident)	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				AUTO ONLY-EA ACCIDENT	
					OTHER THAN EA ACC	
					AUTO ONLY: AGG	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
					AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU	OTHER
					E.L. EACH ACCIDENT	
					E.L. DISEASE-EA EMPLOYEE	
					E.L. DISEASE-POLICY LIMT	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The Certificate Holder is included as an insured under the Hosting Facility Liability Coverage, but only in respects to claims arising out of the negligence of the Named Insured.
If the event continues past 12:00 a.m., at the location named on Declarations Page, such continuation shall be considered as the event date. Event includes set up and break down and the scheduled rehearsal or rehearsal dinner scheduled within 48 hours of the event if the event is a wedding. Set up and break down means decoration and removal of decoration at the event location that occurs no more than 24 hours prior to the event and 24 hours after the event.

CERTIFICATE HOLDER

LEE COUNTY, A POLITICAL SUBDIVISION & CHARTER COUNTY OF THE STATE OF FLORIDA, ITS AGENTS, EMPLOYEES, AND PUBLIC OFFICIALS
BANYAN STREET
BANYAN STREET

Boca Grande FL 33921

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

Bruce A. Key

CERTIFICATE OF LIABILITY INSURANCE

ISSUE DATE (MM/DD/YYYY)

01/12/2018

PRODUCER 800-388-0169
USAA EVENT PROGRAM
9800 FREDRICKSBURG RD
SAN ANTONIO, TX 78288

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INSURED **Event Date:** 12/08/2018
ANDREW H FOSTER
1016 SHADDELEE LANE EAST
Fort Myers, FL 33919

INSURERS AFFORDING COVERAGE**INSURER A:** Markel American Insurance Company

HONOREE(S)
ANDREW FOSTER
EMILY FALL

COVERAGES

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INSR. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HOST LIQUOR INCL. <input checked="" type="checkbox"/> TPPD GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	MEL00000413006	12/08/2018	12/08/2018	EACH OCCURRENCE	\$1,000,000
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					GENERAL AGGREGATE	\$1,000,000
					DAMAGE TO RNTD PROP	\$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>				COMBINED SINGLE LIMIT (Each Accident)	
					BODILY INJURY (Per Person)	
					BODILY INJURY (Per Accident)	
					PROPERTY DAMAGE (Per Accident)	
					AUTO ONLY-EA ACCIDENT	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>				OTHER THAN EA ACC	
					AUTO ONLY: AGG	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
					AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU	OTHER
					E.L. EACH ACCIDENT	
					E.L. DISEASE-EA EMPLOYEE	
					E.L. DISEASE-POLICY LIMT	
	OTHER					

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CERTIFICATE HOLDER
LEE COUNTY, A POLITICAL SUBDIVISION & CHARTER COUNTY OF THE STATE OF FLORIDA, ITS AGENTS, EMPLOYEES, AND PUBLIC OFFICIALS
CROWNINSHIELD COMMUNITY CENTER
240 BANYAN ST

Boca Grande FL 33921

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*Bruce A. Key*



MARKEL AMERICAN INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS

The following is added to this policy:

Trade Or Economic Sanctions

This insurance does not provide any coverage, and we (the Company) shall not make payment of any claim or provide any benefit hereunder, to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose us (the Company) to a violation of any applicable trade or economic sanctions, laws or regulations, including but not limited to, those administered and enforced by the United States Treasury Department's Office of Foreign Assets Control (OFAC).

All other terms and conditions remain unchanged.