

EVENT PERMIT



Drug House Odyssey- A Lee County Prevention Event

PERMIT NUMBER: TMP2018-10181

Date(s) of Event: February 4, 2019 through February 8, 219 from 8:00am

until 8:00pm

Property Owner:

LEE COUNTY

Applicant:

DEBORAH COMELLA

Description:

A walk through play to demonstrate the effect of underage drinking and drinking and

driving.

Location of event:

11831 BAYSHORE RD, NORTH FORT MYERS, FL 33917

Lee County Civic Center Bayshore Rd.

Will the event be attended by 1000 or more people? Yes

Yes Will the event be held on County Owned Property?

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

Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

DRUG HOUSE ODYSSEY

TMP2018-10181



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 INFO	ORMATION (All Permit Types)		
Title of Event / Name of Production	Drug House Odyssey - A Lee County Prevention Event		
Date(s) of Event / Production:	February 4-8, 2019		
Location(s) of Event:	ee County Civic Center		
Name of Applicant:	Deborah Comella		
Applicant Address:	The Lee County Coalition for a Drug-Free Southwest Florida 3763 Evans Avenue #202 Fort Myers, FL 33901		
Applicant Phone Number:	239-931-9317		
Contact Person: (If different from applicant)	Deborah Comella		
Contact Phone Number: (If different from applicant)	239-931-9317		
Email Address:	executivedir@drugfreeswfl.org		
Estimated Attendance:	1200		
Event Description: Include each activity, when activities take place, etc.	A three day walk through play demonstrating the effects of underage drinking and drinking and driving. This prevention event takes place in the parking lot of the Civic Center and utilizes Whaley Hall for the Emergency Room Scene and the Livestock Center for the Courtroom Scene		
Hours of Operation:	8:00 a.m. to 4:00 p.m. February 4, 8:00 a.m. to 2:00 p.m. February 5, 8:00 a.m. to 8:00 p.m.		
STRAP # of Parcel:	11831 Bayshore Road 24432500000070000		
Owner of Premises*:	Lee County		

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



Fill out the following questions for allpermit types:

further details

What is the Zoning Classification of	the premises?	
Are any temporary structures to be	e installed for the event? 🔀 Yes 🦵 No	Type: One Tent
Do you have the appropriate perm	its for the temporary structures?	▼ Yes
* For a 'Special Event' and 'Use of indentified, including all parking ar	County Property' permit, submit a site plan w eas.	ith all proposed facilities and activities
Insurance Company Insuring the E	vent: AWA Insurance	
Note: Certificate of Insurance must be sub	omitted at time of application	
Surety Company Bonding this Ever	it (Name and Address):	
Will Vehicles be Used as Part of T Event?	This Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
┌ Yes	┌─ Yes	☐ Yes ☐ No
if yes, automobile 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:	Catering for event volunteers only will be p Tamiami Trail, Fort Myers, FL	rovided by JG Webster, 17230
	or hot meal for volunteers, law enforcement of s dailv)	fficers and others staffing the event (60
Section II - USE OF COUN	TY PROPERTY PERMIT	
Organization Sponsoring the Ever	The Lee County Coalition for a Drug-Free S	Southwest Florida
	ns for Solicitation in the County Rights-of-Wo	
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration		
(Proof of registration with the Dept. of Agricu	lture & Consumer Services §496.405 or proof the organization	n is exempt from this requirement, §316.2045)
Section III - SALE/CONSUI	MPTION OF ALCHOLIC BEVERAGES	PERMIT
Is alcohol being sold/consumed o	n County Property? equired. Only non-profit organizations can sell alcohol on Cour	├─ Yes
Non-profit certificate/registration (Required if alcohol is to be <u>SOLD</u> at the event		
Please note: A permit from the State of	Florida Division of Alcoholic Beverages and Tobacco ma	y also be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	pe of Production (choose all that ap	ply):						
Street Closure	TV Movie or Special	TV Series / Pilot		TV Comme	rcial	T 9	Still Photos	
Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other Tyes No Other Yes No Other Yes No Other Yes No 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 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:	Public Service Announcement	Industrial / Documentary	Γ	Other:				
Traffic / Crowd Control	ill any of the following be needed o	r included*?						
Fire or Burning	Street Closure			Yes	Г	No		
Explosives or Pyrotechnics	Traffic / Crowd Control			Yes	Γ	No		
Animals, Large or Small	Fire or Burning			厂 Yes	Γ	No		
Construction of Any Kind	Explosives or Pyrotechi	nics		「 Yes	Г	No		
Large and/or Numerous Vehicles	Animals, Large or Small			☐ Yes	Г	No		
Helicopters, Boats, etc. Stunts Other Yes No Other Yes No The following information is required for local and state records on production in Florida to track the economic impact the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Crew: Number of locals hired: Estimate amount spent in Lee County:	Construction of Any Kir	nd		T Yes	Γ	No		
Stunts Other Tyes No Other 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 the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number of locals hired: Total budget: Estimate amount spent in Lee County:	Large and/or Numerou	s Vehicles		T Yes	Γ	No		
Other 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 the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Cast: Number of locals hired: Estimate amount spent in Lee County:	Helicopters, Boats, etc.			Yes	Γ	No		
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Number in Cast: Number in Crew: Number in Crew: Number of locals hired: Estimate amount spent in Lee County:	City or County Services Required:	(Personnel, equipment, facil	lities, e	etc.)		mandriden (transford)		
Total budget: Estimate amount spent in Lee County:	The following information is require the industry. If exact figures are n	red for local and state record ot available, please estimate	ls on p as clo	production in esely as possi	Florid ble.	a to tr	ack the econor	nic impaci
	Number in Cast:	Number in Crew:		Nui	mber o	f locals	hired:	
Hotel room nights: Number of shooting days:	Total budget:	Estimate amount s	pent in	Lee County:				
	Hotel room nights:	Number of shootin	ng days	:				

Page 3

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims; suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Deborah Comella Signature of Applicant	Witness Cook
Deborah Comella Print Name of Applicant and Title	Daneen Clarke Print Name of Witness
//-16-18 Date	11/16/1% Date



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

FILM PERMIT	NT PERMIT NTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	None. Deputies will be involved with event.
	Print Name: Lt. K. Sonier Signature: Signature: Special Events, Permits and Details Date: 11 / 20 / 18



FIRE DEPARTMENT

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

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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

FILIVI PERIV	31 8
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	Non
Fee for Services:	None
Flammable Vegetation:	Noni
First Aid Equipment:	None
Fire Extinguishing:	Now.
Special Arrangements:	Tent inspection will be required. Before use if one will be set up!
	Print Name: W. Uvan Underwood Signature: Captal Fire Narsh 11 Date: 11 14 18



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

Check the approprie	ate box(es) below	v:	-	
	UNTY PROPERTY PE	RMIT		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	ASE INDICATE BELOW WITH FOR THEIR EVEN	WHAT ARRANGEMENTS Y T.	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. T	o arrange special event coverage	e, contact our office at
	Print Name:	Benjamin Abes		
	Signature:	Benjamin Abes	Digitally signed by Benjamin Abes Date: 2018.12.13 08:43:18-05'00'	
	Title:	Chief		
	Date:	12/13/2018		



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

Check the appropria	te box(es) belov	v:		
	ENT PERMIT JNTY PROPERTY PI SELL AND CONSUN IT	ERMIT ME ALCOHOLIC BEVERA	GES WITHIN LEE COUNTY FA	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE	EASE INDICATE BELOW Y WITH FOR THEIR EVE	WHAT ARRANGEMENTS YO	OUR ORGANIZATION
Parking:	No event parking on	Lee County maintained ro	ad rights-of-way.	
Ingress and Egress:	Use all established n	neans of ingress and egres	5.	
Special Arrangements:	Use Lee County She	eriff's Office for assistance \	vith traffic control as needed.	
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2018.11.28 11:52:22 -05'00'	
	Title:	Senior Project Manager		

November 28, 2018

Date:



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

Check the appropri	ate box(es) bel	ow:
SPECIAL E\	ENT PERMIT	
USE OF CO	UNTY PROPERTY	PERMIT
F PERMIT TO	SELL AND CONSU	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	NIT	
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	N/A	
Parking Areas:	N/A	
Special Arrangements:	N/A - Event is not of or programs.	on or near Lee County Parks and Recreation property and will not affect our operations
	alian distribution of the state	
	de contraction de con	
	* johnessenjork	
	Print Name:	Alise Flanjack
		Alise Flanjack
	Signature:	
	Title:	Deputy Director
	Date:	
Diva House Ad	u CCP ii	
Drug House Od Feb 4-8,2 Civic Cen	18	Page 10
civic Cen	ter	•



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	ow:		
,	NTY PROPERTY ELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES		
		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.		
Special Arrangements:	A Certificate of In Board of County additional insure Subject to proof			
	Print Name:	Mike Figueroa		
	Signature:	That John		
	Title:	Risk Program Manager		
	Date: November 26, 2018			



DATE (MM/DD/YYYY) 08/27/2018

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 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 NAME: Karen Gross PRODUCER PHONE (239) 418-1100 FAX (A/C, No): (239) 418-1164 AWA Insurance (A/C, No, Ext): E-MAIL karen@awainsurance.com 13700 Six Mile Cypress Plavy ADDRESS: Suite#1 INSURER(S) AFFORDING COVERAGE 23284 FL 33912 Scottsdale Insurance Co **Ft.Myers** INSURER A: INSTIRED INSURER B Lee County Coalition For A Drug-Free Southwest Florida Inc INSURER C: PO Box 61688 INSURER D: INSURER E : FL 33906 Fort Myers INSURER F **CERTIFICATE NUMBER:** 18/19 LEE CO COALITION **REVISION 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. ADDLISUBR INSD WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 10/05/2018 10/05/2019 1,000,000 CPS 2852105 Y PERSONAL & ADV INJURY s \$ 2,000,000 GENERALAGGREGATE GEN'LAGGREGATE LIMIT APPLIES PER: \$ 2,000,000 PRO-JECT PRODUCTS - COMPIOP AGG POLICY 1 OTHER COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY BODILY INJURY (Per person) 5 SCHEOULED OWNED AUTOS ONLY BODILY INJURY (Per accident) 5 AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) AUTOS ONLY AUTOS ONLY UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB AGGREGATE DED RETENTION \$ WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ELL EACH ACCIDENT NIA EL DISEASE - EA EMPLOYEE il yes, describe under DESCRIPTION OF OPERATIONS below EL DISEASE-POLICY LIMIT

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

LEE COUNTY BOARD OF COUNTY COMMISSIONERS IS NAMED AS ADDITIONAL INSURED FOR SPECIAL EVENT

DRUG HOUSE ODYSSEY FEB. 4-8, 2019

Ok 11/26/2018

That 45-

	CERTIFICATE HOLDER		CANCELLATION
The second section of the second	LEE COUNTY BOARD OF COUNTY C	COMMISSIONERS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
-	PÓ BOX 398		AUTHORIZED REPRESENTATIVE
ON THE PERSON NAMED IN	FORT MYERS	FL 33902	

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DATE (MM/DD/YYYY) 08/27/2018

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 NAME: Karen Gross PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: (239) 418-1164 (239) 418-1100 AWA Insurance karen@awainsurance.com 13700 Six Mile Cypress Pkwy INSURER(S) AFFORDING COVERAGE Suite# 1 23284 FL 33912 Scottsdale Insurance Co. Ft_Myers INSURERA: INSURED INSURER B : Lee County Coalition For A Drug-Free Southwest Florida Inc. INSURER C PO Box 61688 INSURER D : INSURER E FL 33906 Fort Myers INSURER F: 18/19 LEE CO COALITION 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 INSD WVD POLICY EFF POLICY EXP (MINUDD/YYYY) TYPE OF INSURANCE POLICY NUMBER M/DD/YYYY) 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 100,000 CLAIMS-MADE X CCCUR PREMISES (Ea occumence) 5,000 MED EXP (Any one person) 1.000,000 10/05/2018 10/05/2019 Y CPS 2852105 PERSONAL & ADV INJURY Д 2.000.000 GENERAL AGGREGATE GENTLAGGREGATE LIMIT APPLIES PERS 2 000 000 PRODUCTS - COMPIOP AGG PROT POLICY LOC OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BCDILY INJURY (Per person) ANYAUTO BODILY INJURY (Per accident) S SCHEDULED OWNED AUTOS ONLY PROPERTY DAMAGE HIRED AUTOS ONLY NON-OWNED AUTOS ONLY \$ S EACH OCCURRENCE HMRRELLALIAS OCCUR AGGREGATE EYCESS HAR CLAIMS-MADE DED RETENTION S STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/JEXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE EL DISEASE-POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PUNTA GORDA RENT ALL, INC IS NAMED AS ADDITIONAL INSURED REGARDING LESSOR OF EQUIPMENT FOR SPECIAL EVENT DRUG HOUSE ODYSSEY 2/4-8/2019 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. PUNTA GORDA RENT ALL, INC. 25115 Marion Ave. AUTHORIZED REPRESENTATIVE FL 33950 Punta Gorda

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DATE (MM/DD/YYYY) 08/27/2018

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AUTHORIZED REPRESENTATIVE

ACCORDANCE WITH THE POLICY PROVISIONS.

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FL 33917

LEE COUNTY CIVIC CENTER 11831 BAYSHORE ROAD

NORTH FORT MYERS



DATE (MM/DD/YYYY) 08/27/2018

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

LEE COUNTY BOARD OF COUNTY COMMISSIONERS IS NAMED AS ADDITIONAL INSURED FOR SPECIAL EVENT DRUG HOUSE ODYSSEY FEB. 4-8, 2019

YIN

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMSER EXCLUDED?

CHINETINE DESCRIPTION OF OPERATIONS below

CERTIFICAT	EHOLDER		CANCELLATION
	LEE COUNTY BOARD OF COUNTY COMMISSION	NERS	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	PO BOX 398		AUTHORIZED REPRESENTATIVE
	FORTMYERS	FL 33902	- Chapter

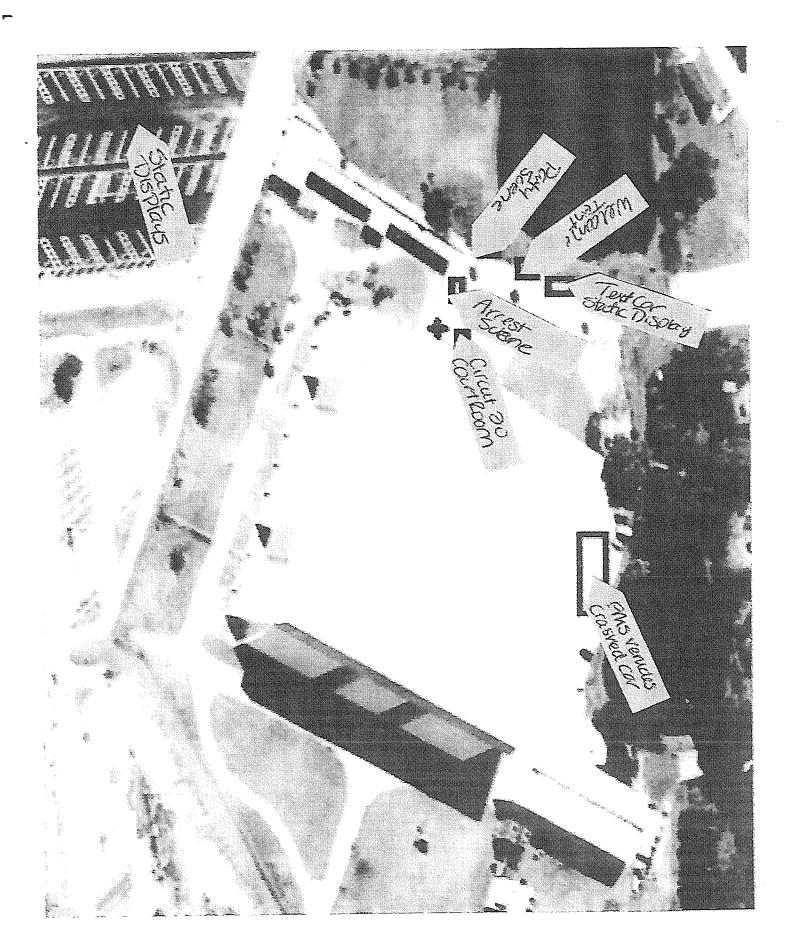
ELLEACH ACCIDENT

EL DISEASE-EA EMPLOYEE

E.L. DISEASE-POLICY LIMIT

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DATE (MM/DD/YYYY) 08/27/2018

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RODUCER

MAY INSURED (239) 418-1100 FAX (239) 418-116

PRODUC	ER		CONTACT Karen Gross								
AWA Ir	surance			PHONE (239) 418-1100 FAX (A/C, No): (239) 418-1164							
13700	Six Mile Cypress Pkwy			E-MAIL ADDRESS: karen@awainsurance.com							
Suite#	1								NAIC#		
FLMye	rs		FL 33912	INSURER A: Scottsdale Insurance Co 2328							
INSURE)				INSURER B;						
	Lee County Coalition For A Drug	South	hwest Florida Inc	INSURER C:							
	PO Box 61688			INSURER D:							
					INSURER E:						
	Fort Myers			FL 33906	INSURER F:						
COVE		TIFIC	ATF I	NIMBER- 18/19 LEE CO							
	COVERAGES CERTIFICATE NUMBER: 18/19 LEE CO COALITION REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD										
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INSR LTR		ADDL	SUBR	·	1	POLICY EFF	POLICY EXP		IMITS		
LTR >	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000	
								EACH OCCURRENCE DAMAGE TO RENTED	400		
-	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	F 00		
				ODC 2050405		10/05/2018	10/05/2019	MED EXP (Any one person)	4.00	0,000	
^ <u> </u>		Y		CPS 2852105		10/05/2018	10/05/2019	PERSONAL & ADV INJURY			
G	EN'L AGGREGATE LIMIT APPLIES PER:				- 1			GENERAL AGGREGATE	- 4	0,000	
L	POLICY PRO-							PRODUCTS - COMP/OP AG	9 13	0,000	
	OTHER:							COLIGINES ON OLE LINE	\$		
А	UTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO							BODILY INJURY (Per person) S		
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Per accider	nt) \$		
· [HIRED NON-OWNED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	TABLES ONE.								\$		
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<u> </u>	EXCESS LIAB CLAIMS-MADE							AGGREGATE	s		
 	DED RETENTION \$								s		
w	ORKERS COMPENSATION	 						PER OTI		***************************************	
1	ID EMPLOYERS' LIABILITY BY PROPRIETOR/PARTNER/EXECUTIVE							EL EACH ACCIDENT	s		
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)											
18	ves, describe under							EL DISEASE - EA EMPLOY			
Di	SCRIPTION OF OPERATIONS below	ļ		•				E.L. DISEASE - POLICY LIM	IT \$		
l			.								
	DIOU OF ORGANIONS !! CANNONS !! TOTAL		085 1	84 Additional Democks Color Late	mmi ba -	toobod if more	ngen in manifemati				
	PTION OF OPERATIONS / LOCATIONS / VEHICLE	-								3.	
	OUNTY BOARD OF COUNTY COMMISS HOUSE ODYSSEY FEB, 4-8, 2019	SIGNE	:RO IC	2 NAMED AS ADDITIONAL II	SUNCE	FOR SPECIA	CEVENI				
CERTIFICATE HOLDER CANCELLATION											
j											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPERATION DATE THEREOF MOTICE WILL BE DELIVERED IN											
	LEE COLINITY BOARD OF COL	COM	MISSIONEDS	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	LEE COUNTY BOARD OF COL	COIVII	MIGOIUNENO								
	PO BOX 398				AUTHO	RIZED REPRESE	NTATIVE				
							1 Mars				
į	FORT MYERS		FL 33902								

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EXCLUSIONS AND CONDITIONS OF SUCH PO			ADDL	SUBR		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS		
INSR LTR		TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLIC! NUMBER	(MINISTED I I I I	Transaction 1 () 17	EACH OCCURRENCE	\$ 1,000,000	
	×							DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	
		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	s 5,000	
Α			Υ		CPS 2852105	10/05/2018	10/05/2019	PERSONAL & ADV INJURY	_{\$} 1,000,000	
^	<u> </u>		Ì					GENERAL AGGREGATE	\$ 2,000,000	
l	GEI	VILAGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	_								\$	
	AIF	OTHER: FOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	1	ANY AUTO						BODILY INJURY (Per person)	\$	
	├	OWNED SCHEDULED	1	ļ	LLA ANALYSIS			BODILY INJURY (Per accident)	\$	
	-	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	S	
	-	AUTOS ONLY AUTOS ONLY		-					\$	
├	\vdash	UMBRELLA LIAB OCCUR	 	 				EACH OCCURRENCE	s	
	-	EXCESS LIAB CLAIMS-MADE		1				AGGREGATE	s	
	\vdash	GEAMO-MADE	1						\$	
-	wo	DED RETENTION \$ RKERS COMPENSATION		\vdash				PER OTH- STATUTE ER		
1		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE	l					E.L. EACH ACCIDENT	\$	
	OFF	FICER/MEMBER EXCLUDED?	N/A	4				E.L. DISEASE - EA EMPLOYEE	\$	
	lif ve	s, describe under SCRIPTION OF OPERATIONS below	İ		in the second se			E.L. DISEASE - POLICY LIMIT	\$	
<u> </u>	DES	CRIPTION OF OFERALIONS BELOW	1	1						
				1						
					1		<u> </u>			
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									
LE	LEE COUNTY CIVIC CENTER IS NAMED AS ADDITIONAL INSURED FOR SPECIAL EVENT									
DR	DRUG HOUSE ODYSSEY 2/4-8/2019									
CE	CERTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER		CANCELLATION
LEE COUNTY CIVIC CENTER		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
11831 BAYSHORE ROAD		AUTHORIZED REPRESENTATIVE
NORTH FORT MYERS	FL 33917	Chill
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Fort Myers

COVERAGES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/27/2018

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INSURER F

18/19 LEE CO COALITION

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

CERTIFICATE NUMBER:

16.15	INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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,								
CE CE	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	TYPE OF INSURANCE	ADDL INSD	SUBRI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIR	COMMERCIAL GENERAL LIABILITY	เลอบ	*****					\$ 1,000,000	
ŀ	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,000	
1	LLAIMS-MADE OCCUR						MED EXP (Any one person)	s 5,000	
Α		Y		CPS 2852105	10/05/2018	10/05/2019	PERSONAL & ADV INJURY	s 1,000,000	
ļ	GEN'L AGGREGATE LIMIT APPLIES PER:		1				GENERAL AGGREGATE	\$ 2,000,000	
	POLICY PRO- LOC		1				PRODUCTS - COMP/OP AGG	s 2,000,000	
								\$	
\dashv	OTHER: AUTOMOBILE LIABILITY		 				COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANYAUTO						BODILY INJURY (Per person)	s	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	S	
,	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							\$	
	UMBRELLA LIAB OCCUR	1					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	
	DED RETENTION \$	1]		s	
	WORKERS COMPENSATION	1			T		PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	(Mandatory in Mi) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	ş	
 	DESCRIPTION OF OF ELOCHORS BROW	T	t						
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (AC	ORD 1	101, Additional Remarks Schedule, may be a	attached if more s	pace is required)		t _k	
PUNTA GORDA RENT ALL, INC IS NAMED AS ADDITIONAL INSURED REGARDING LESSOR OF EQUIPMENT FOR SPECIAL EVENT									
DRI	JG HOUSE ODYSSEY 2/4-8/2019								
CF	RTIFICATE HOLDER			CAN	CELLATION	No.	Approximate and comment of the comme		

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REVISION NUMBER:

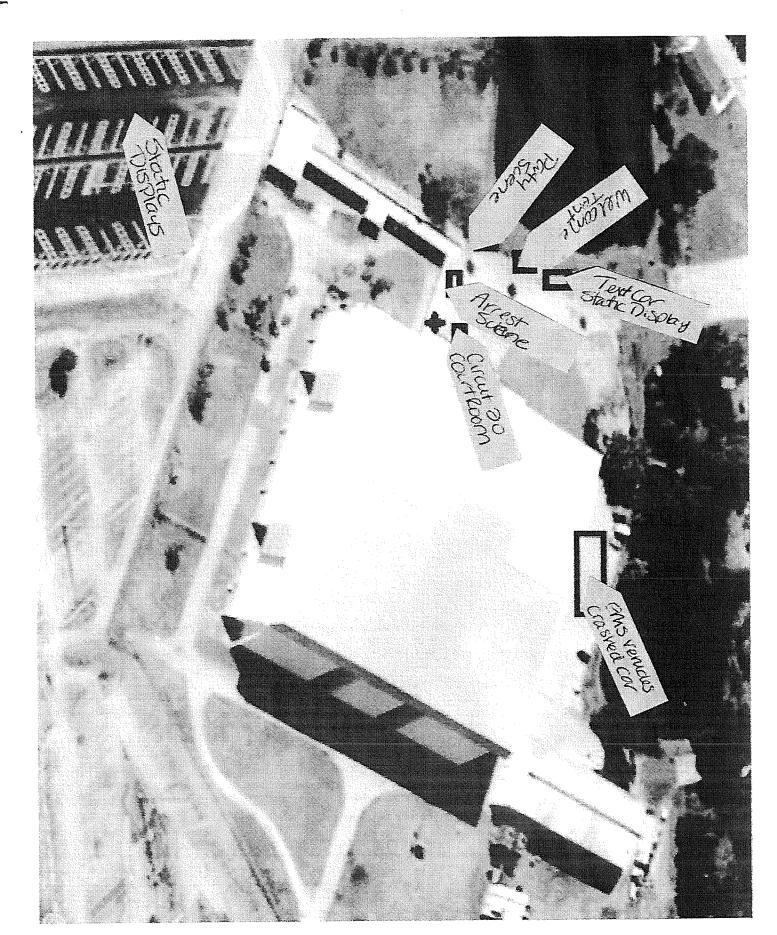
FL 33950

AUTHORIZED REPRESENTATIVE

PUNTA GORDA RENT ALL, INC

25115 Marion Ave

Punta Gorda



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