

EVENT PERMIT



Ordinance 17-08

Baldwin- Morrow Wedding

PERMIT NUMBER: TMP2019-00019

Date(s) of Event: October 5, 2019 from 8:00am until 12:00am

Property Owner:

LEE COUNTY

Applicant:

Andrea Morrow

941-716-4436

Description:

Wedding and reception including dinner and clean up.

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921

Louise DuPont Crowninshield House

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

To Be Consumed

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners Lee County, Florida

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Baldwin-Morrow Wedding at the Louise DuPont Crowninshield House on 10/5/19

TMP 2019-60019



Event Application

Check the appropria	te box(es) below:
SPECIAL EVE	NT PERMIT
	INTY PROPERTY PERMIT
PERMIT TO ₹	《社长本格》 CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Т
Section I - GENERAL IN	FORMATION (All Permit Types)
Title of Event / Name of Production	Wedding
Date(s) of Event / Production:	Saturday, October 5th, 2019
Location(s) of Event:	Louise DuPont Crowninshield House

Andrea Morrow
32 Oakland Hills Ct. Rotonda West, Fl 33947
941-716-4436
onnie1220@gmail.com
100
Wedding / Reception at the Louise DuPont Community House: Set-up 8:00am. Wedding, Dinner & Clean-up 5pm - 11:59pm
See above
14432001000050010

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

LEE COUNTY GOVERNMENT

Owner of Premises*:



Fill out the following questions for allpermit types:

What is the Zoning Classification of the p	remises? Public Facility	
Are any temporary structures to be insta	lled for the event? ☐ Yes 👿 No 🗀	Type:
Do you have the appropriate permits for	the temporary structures?	☐ Yes
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.	y Property' permit, submit a site plan wit	h all proposed facilities and activities
Insurance Company Insuring the Event:	RV Nuccio & Assoc. Inc.	
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me and Address): N/A	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes	▼ Yes	X Yes No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Ch	eff Brett Morrow	
Type of Food being Served: TAPAS		
Section II - USE OF COUNTY PI	ROPERTY PERMIT	
Organization Sponsoring the Event: N//		
	Solicitation in the County Rights-of-Way	<i>/</i> :
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num		
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	PERMIT
Is alcohol being [A]/consumed on Cou	nty Property? Only non-profit organizations can sell alcohol on Count	▼ Yes No y Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)		
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



		N TIIN	I/A					
pe of Production (choose all tha	at apply):							
TV Movie or Special TV Series / Pilot				ommer	cial	X	Still Photos	
Public Service Announcement	Industrial / Documentar	у 🗀 О	Oth	er:				
II any of the following be need	ed or included*?							
Street Closure			П	Yes	П	No		
Traffic / Crowd Con	ntrol			Yes	П	No		
Fire or Burning	mpuntan manan manan mini seleka kalendarah mendelak mendelak mendelak mendelak mendelak mendelak mendelak mend -			Yes		No		
Explosives or Pyrot	echnics			Yes		No		
Animals, Large or S	Small			Yes	П	No		
Construction of An	y Kind		П	Yes	П	No		
Large and/or Nume	erous Vehicles			Yes		No		
Helicopters, Boats,	etc.			Yes	П	No		
Stunts				Yes	Г	No		
Other				Yes		No		
	further details below:							
Special Parking Requirements:								
Special Parking Requirements:				,				
Special Parking Requirements: City or County Services Require		cilities, etc	·)					
		cilities, etc	:.)					
		cilities, etc)					
	ed: (Personnel, equipment, face	rds on pro	duc	tion in s possib	Florid ole.	a to t	rack the eco	nomic impa
City or County Services Require The following information is re	ed: (Personnel, equipment, face	rds on pro te as close	duc	s possik	le.		rack the eco	nomic impa
City or County Services Require The following information is re the industry. If exact figures ar	ed: (Personnel, equipment, fac equired for local and state reco re not available, please estima	rds on pro te as close	duc ly a	s possik Nun	le.			nomic impa
City or County Services Require The following information is rethe industry. If exact figures and Number in Cast:	ed: (Personnel, equipment, face) equired for local and state reco re not available, please estima	rds on pro te as close	duc ly a	s possik Nun	le.			nomic impa

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 ail 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 affirm his/her knowledge.	s that any and all information is accurate to the best o
Indred Jarrow	Mac
Signature of Applicant	Witness
ANDREA MOREOU	James Morrow
Print Name of Applicant and Title	Print Name of Witness
9/24/18	9/26/18
Date	Date



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

Check the appropria	te box(es) below:
┌─ SPECIAL EVE	NT PERMIT
√ USE OF COL	INTY PROPERTY PERMIT
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	т
AFTER REVIEWING THE . WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	Alcoholic beverages must remain within the confines of the event.
	Signature: Lt. K. Sonier
	Title: Special Events, Permits and Details
	Date: 12/10/18



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.

FILM PERM	ENT PERMIT UNTY PROPERTY PE IT APPLICATION, PLE	ERMIT. ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION
WILL REQUIRE THE APPLI	CANT TO COMPLY	WITH FOR THEIR EVENT.
Fire Guards (How Many?)		
Fee for Services:		
Flammable Vegetation:		
First Aid Equipment:		
Fire Extinguishing:		
Special Arrangements:	In C	Case of Emergency - DIAL 911
	Print Name:	C.W. Blosser
	Signature:	C, W. Blosser
,	Title:	Fire Chief
	Date:	12/172018
	_	



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

Check the appropria	ite box(es) below	<i>/:</i>
SPECIAL EVI		
Promotiv	JNTY PROPERTY PE	RMIT
FILM PERM		ADDANGEMENTS VOLD OPGANIZATION
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEA	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Mandinal Complies /	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	tions necessary.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Douglas B. Higgins Distally signed by Douglas B. Higgins Distantinguish B. Higgi
	Title:	Division Chief
	Date:	12-28-2018



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

Check the appropri	ate box(es) belo	ow:		
SPECIAL EV	'ENT PERMIT			
	UNTY PROPERTY			
₹ PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVER	RAGES WITHIN LEE COUNTY	FACILITIES
☐ FILM PERM	11T			
AFTER REVIEWING THE VILL REQUIRE THE APPI	APPLICATION, P LICANT TO COMP	LEASE INDICATE BELO' LY WITH FOR THEIR EV	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated prohibited or would	areas. No event parking on d interfere with safe passag	Lee County maintained road rig ge of emergency vehicles.	hts-of-way where parking
ngress and Egress:	Use all established	means of ingress and egre	SSS.	
Special Arrangements:	None.			
	Print Name: Signature: Title:	Bryan Miller Bryan D. Miller Senior Project Manager	Digitally signed by Bryan D. Miller Date: 2018.12.07 07:41:56 -05'00'	
	Date:	December 7, 2018		.



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

Check the appropri	ate box(es) belo	ow:		
USE OF CO	IT ⁻	JME ALCOHOLIC BEVERA	AGES WITHIN LEE COUNTY	
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PI	LEASE INDICATE BELOW LY WITH FOR THEIR EVE	WHAT ARRANGEMENTS T NT.	TOOK ONGANIZATION
Illumination:	No open flames alo	ud on premises. Any additic	onal lighting must be provided	by permit holder.
Parking Areas:	Use Community Ho	ouse parking lot and existing	parking at the Boca Grande Co	mmunity Park and Center
Special Arrangements:	- Must provide insu guidelines set forth - Alcohol must be c Lee County Parks	rance with Lee County BOCO by the Loise DuPont Crown ontained inside of the Louis	ontainers provided by the Com C being additionally insured and inshield House representative. e DuPont Crowninshield House puty Director approves this alco y Park) by signing below.	d adhere to all rules and
	Print Name:	Jesse Lavender	Joe Wier	
	Signature:	Jesse Lavender	Digitally signed by Jest 13 (2018) Date: 2018.12.07 07:27:56 -05'00	R Wier
	Title:	Director	Supervisor	
	Date:	12/7/18	12/4/18	



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

Check the appropri	ate box(es) belo	DW:				
SPECIAL EV	SPECIAL EVENT PERMIT					
⋉ USE OF CO	UNTY PROPERTY	PERMIT				
⋉ PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES				
FILM PERM	1IT					
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.				
Illumination:	No open flames alou	ud on premises. Any additional lighting must be provided by permit holder.				
Parking Areas:	Use Community Ho	use parking lot and existing parking at the Boca Grande Community Park and Center				
Special Arrangements:	- Must provide insur guidelines set forth - Alcohol must be co Lee County Parks	to two 90 gallon garbage containers provided by the Community House. cance with Lee County BOCC being additionally insured and adhere to all rules and by the Loise DuPont Crowninshield House representative. Contained inside of the Louise DuPont Crowninshield House. & Recreation Director or Deputy Director approves this alcohol permit (2 - permits the Boca Grande Community Park) by signing below.				
	Print Name:	Joe Wier				
	Signature:	Joseph R Wier				
	Title:	Supervisor				
	Date: 12/4/18					



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

Check the appropriat	te box(es) bel	ow:
SPECIAL EVE	NT PERMIT	
✓ USE OF COU	NTY PROPERTY	PERMIT
▼ PERMIT TO X	EXIX XIND CONSI	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	Г	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
nsurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
	(\$1,000,000) per	Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.
Special Arrangements:	A Certificate of Ir Board of County additional insure Subject to proof	
	Print Name:	Mike Figueroa
	Signature:	Fish Tymen
	Title:	Risk Program Manager
	Date:	December 7, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/06/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of such	endorsement(s).		
PRODUCER		CONTACT NAME: Robert V. Nuccio	
R V Nuccio and Associates		PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No, Ext): (818)	980-1595
10148 Riverside Drive		E-MAIL ADDRESS: support@rvnuccio.com	
Toluca Lake, CA 91602		INSURER(S) AFFORDING COVERAGE	NAIC #
Torded Editor Git 12202		INSURER A: Fireman's Fund Insurance Company	21873
INSURED	a d	INSURER B:	
Andrea Morrow		INSURER C:	
32 Oakland Hills Ct.		INSURER D:	TV L
Rotonda W, FL 33947		INSURER E :	
18.0		INSURER F:	
COVERACES	CERTIFICATE NUMBER:	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 TYPE OF INSURANCE POLICY NUMBER INSR WVD 1,000,000 10/05/2019 10/07/2019 EACH OCCURRENCE DAMAGE TO RENTED \$ GENERAL LIABILITY OLP1031004 Α 1,000,000 \$ PREMISES (Ea occurrence) ✓ COMMERCIAL GENERAL LIABILITY \$ None MED EXP (Any one person) CLAIMS-MADE ✓ OCCUR 1,000,000 \$ PERSONAL & ADV INJURY Host Liquor Incl 2,000,000 \$ GENERAL AGGREGATE 1,000,000 \$ PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: \$ PRO-JECT ✓ POLICY MBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident)

BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) \$ SCHEDULED ALL OWNED AUTOS AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS AUTOS \$ EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR AGGREGATE **EXCESS LIAB** CLAIMS-MADE RETENTION \$ DED WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MFMRED EYOLUDEDO E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) E.L. DISEASE - POLICY LIMIT | \$ If yes, describe under DESCRIPTION OF OPERATIONS below

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

Date of Event: From 12:01AM on 10/05/2019 to 12:01AM 10/07/2019

Type of Event: Wedding (Rehearsal, Rehearsal Dinner, Ceremony, Reception)

Additional Insured: Lee County Board of County Commissioners Wording: Lee County, a political subdivision and charter county of the

state of Florida, its agents, employees and public officials

THIS CERTIFICATE IS NOT VALID WITHOUT THE RVNA ADDITIONAL INSURED ENDORSEMENT FORM

CERTIFICATE HOLDER		CANCELLATION					
Lee County Board of County Commissioners PO Box 398 Ok 12/07/2018		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED II ACCORDANCE WITH THE POLICY PROVISIONS.					
Fort Myers, FL 33902	Mikey Jugian	AUTHORIZED REPRESENTATIVE					
		Robert V. Nuccio					
		© 1000 2010 ACORD CORROBATION All rights reserved					

ANOTH ATION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/06/2018

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 in the terms and conditions of the policy, certificate holder in lieu of such endors	certain po	ITIONAL INSURED, the po plicies may require an end	olicy(ie: dorseme	s) must be ent. A state	endorsed. ement on thi	If SUBROGATION IS WAI s certificate does not cor	IVED, ifer ri	ghts to the
	cinonico).		CONTACT	Robert	V. Nuccio			
PRODUCER R V Nuccio and Associates		P. C.	NAME: PHONE (A/C, No, E	(800) 3		FAX (A/C, No): (8	818)	980-1595
10148 Riverside Drive		IE	E-MAIL ADDRESS	cuppor	t@rvnuccio.	com		
Toluca Lake, CA 91602			INSURER(S) AFFORDING COVERAGE					NAIC#
Toldea Lake, CA 31002		II	INSURER A			ance Company		21873
INSURED		I E I	INSURER	В:				
Andrea Morrow 32 Oakland Hills Ct. Rotonda W, FL 33947			INSURER C:					
			INSURER D:				II.	
			INSURER E:					
			INSURER	F:		DEVICION NUMBER.	-	
COVERAGES CER	TIFICATE	NUMBER:		ISSUED TO		REVISION NUMBER:	E POI	ICY PERIOD
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREMEI PERTAIN, POLICIES.	NT, TERM OR CONDITION C THE INSURANCE AFFORDEI LIMITS SHOWN MAY HAVE B	D BY TI BEEN RE	HE POLICIES DUCED BY	S DESCRIBED PAID CLAIMS.	HEREIN IS SUBJECT TO		
INSR TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	(1	POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A GENERAL LIABILITY	√ VVVD	OLP1031004	E	10/05/2019	10/07/2019	EACH OCCURRENCE S DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
✓ COMMERCIAL GENERAL LIABILITY	FULLS	ago as a little to	, 2	44.		FINEIWIGEO (Ed Goodiforios)	\$	None
CLAIMS-MADE ✓ OCCUR							\$	1,000,000
Host Liquor Incl			11.5			GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:						11100001	\$	1,000,000
POLICY PRO-	104	4 - 4 A P -		* * 15			\$	
AUTOMOBILE LIABILITY						(La accident)	\$	Lane of the state
ANY AUTO						Booker microsity (\$	
ALL OWNED SCHEDULED AUTOS		20 2 -			a a	Bobiet marrie (\$	
HIRED AUTOS NON-OWNED AUTOS		*				(Per accident)	\$	
UMBRELLA LIAB OCCUR		p 42 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1000	EACH OCCURRENCE	\$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
		21.70			1 1 1		\$	
WORKERS COMPENSATION						WC STATU- TORY LIMITS ER	4	
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below	1 h					E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF STEWARD SERVICE		\$ 1						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	0.50 (0.11	A CORD 404 Additional Remarks S	Schedulc	if more snace	is required)			
Date of Event: From 12:01AM on 10, Type of Event: Wedding (Rehearsal, Additional Insured: Lee County Boar	/05/2019 Rehearsa d of Coun	to 12:01AM 10/07/2019 Il Dinner, Ceremony, Rec ty Commissioners Word	9 cention)		ubdivision and charter c	count	y of the
state of Florida,its agents,employees THIS CERTIFICATE IS NOT VALID W	and pub	lic officials						
CERTIFICATE HOLDER	1 1 2		CANC	ELLATION		72 1 24 -		
Lee County Board of County Commis	sioners		SHO	LII D ANY OF	THE ABOVE	DESCRIBED POLICIES BE CA	ANCE	LLED BEFORE
PO Box 398			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					

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Robert V. Junio

Fort Myers, FL 33902

AUTHORIZED REPRESENTATIVE

Robert V. Nuccio





PRIVATE EVENT INSURANCE / Personal Liability Coverage Additional **Insured Endorsement**

Endorsement Number: AIE01

You, the Honoree and we agree that SECTION II PRIVATE EVENT CANCELLATION INSURANCE LIABILITY COVERAGE is amended to include as an insured, the person or organization shown below as an additional insured, but only to the extent that liability results from the sole negligence of the Named Insured.

Additional Insured(s)

01. Additional Insured

Lee County Board of

Name

County Commissioners

Street Address

PO Box 398

City

Fort Myers

State

FL

Zip Code

33902

Effective Date

12:01AM on

10/05/2019

All other terms and conditions of the policy remain unchanged. This endorsement does not provide the Additional Insured(s) with any coverage under SECTION I - PRIVATE EVENT INSURANCE PROPERTY COVERAGE.

Robert V. Nuccio

Authorized Signature

Lobert V. Juncio

