



EVENT PERMIT

Ordinance 17-08



Lazy Flamingo Half Marathon

PERMIT NUMBER: TMP2019-00029

Date(s) of Event: March 2, 2019 from 12:00pm until 6:00pm, March 3, 2019
6:30 am until 10:00am

Property Owner: LCT RESTAURANT PARTNERS 4

Applicant: Jeanne Hertel
239-691-4550

Description: Half marathon race with expo

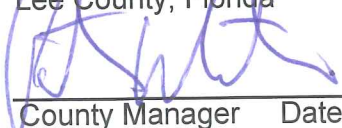
Location of event: 12951 MCGREGOR BLVD, FORT MYERS, FL 33919
Mcgregor Blvd

Will the event be attended by 1000 or more people ?	No
Will the event be held on County Owned Property ?	No
Will there be alcohol consumed or sold at the event ?	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

 1-23-19
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

LAZY FLAMINGO HALF MARATHON

TMP 2019-00029

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	Lazy Flamingo Half Marathon
Date(s) of Event / Production:	March 3, 2019
Location(s) of Event:	12951 McGregor Blvd, Fort Myers, FL 33919
Name of Applicant:	JeAnne Hertel
Applicant Address:	P.O. Box 60131, Fort Myers, FL 33906
Applicant Phone Number:	(239)691-4550
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	jlhertel@comcast.net
Estimated Attendance:	500
Event Description: Include each activity, when activities take place, etc.	This is a half marathon event (running). March 2, 2019 an expo for the event will be held from 12pm-6pm. March 3, 2019 packet pick-up & registration begins at 5am. March 3, 2019 race starts at 6:30am with a 3 hour time limit.
Hours of Operation:	EXPO March 2, 2019 (12pm-6pm); RACE DAY March 3, 2019, race start 6:30am.
STRAP # of Parcel:	16-45-24-00-00013.003B; 16-45-24-00-00013.0050
Owner of Premises*:	LCT RESTAURANT PARTNERS 4 LLC, Bridge USA INC

*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? Commercial

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

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: Insurance Management Group (260)338-2925

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:

Lazy Flamingo, 12951 McGregor Blvd, Fort Myers, FL 33919

Type of Food being Served: Wings, French fries, bagels, fruit

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Fort Myers Track Club

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 \$496.405 or proof the organization is exempt from this requirement, §316.2045)

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



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

JEANNE HERTEL, VICE PRESIDENT
Print Name of Applicant and Title

12/28/2018
Date



Witness

John Rinkenbaugh
Print Name of Witness

12-28-18
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 for this event will be in authorized areas only. Permission letters for parking are being obtained.

Deputies (How Many?):

These numbers are subject to change according to availability,

1 Traffic Supervisor, 14 traffic deputies, 8 CSA's, and 20 VOICE will be required for traffic control along this route.

Fee for Services:

LCSD Details Unit will need to be contacted for cost and payment procedures.

Special Arrangements:

FDOT permit is in the process of being filed. Ft Myers Track Club is responsible for hiring company for MOT plans as well as securing cones & barricades through that company for all areas where equipment is required. Permission from Whiskey Creek HOA granted & FMTC will notify residents & businesses along the route about the race. FMPD will handle race route within their jurisdiction. FMTC volunteers will assist within Whiskey Creek & will not be in the roadway without proper safety equipment.

Print Name: Captain J. Loethen

Signature:

Capt. J. Loethen 92147

Title:

Special Operations Division

Date:

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

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Fire Guards (How Many?)

No fire guards required

Fee for Services:

no fee for services required

Flammable Vegetation:

No flammable vegetation anticipated

First Aid Equipment:

Standard response 911 emergency

Fire Extinguishing:

tents and other temporary structures will need appropriate permits and extinguishers etc.

Special Arrangements:

no special noted

Print Name: Edward Steffens

Signature:

Title:

DC / Fire Marshal IMFD

Date:

01-15-2019

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:

One dedicated ambulance at the start/finish line. Three hours for the event, plus one half-hour before and one half-hour after for setup and teardown. Total time is estimated at four hours.

Medical Supplies /
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Cost of resource is \$100.00 per hour, or \$400.00 for this event.

Special Arrangements:

Please call 911 in the event of an emergency.

This coverage has already been scheduled/arranged.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, o=Lee County Department of Public Safety
c=US, email=Douglas.B.Higgins@leegov.com, c=US
Date: 2019.01.16 12:46:11 -0500

Title: Division Chief

Date: 01-16-2019

Lee County Event Permit Application



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

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.

Parking:

No parking is permitted on the County rights-of-way, except as directed by police.

Ingress and Egress:

Special Arrangements:

Traffic will be maintained on all County roads in the manner depicted in the approved MOT plan. Police officers shall be present to direct traffic at all intersections while lanes and specific movements are restricted. Volunteers staff that are controlling traffic at minor driveways shall be properly trained and equipped, and they shall be present for the entirety of the event.

Print Name: Stephen M. Jansen

Signature: Stephen M. Jansen, P.E.,

FL Lic No. 043618

Title: County Traffic Engineer

Date: January 16, 2019

Digitally signed by Stephen M. Jansen, P.E., FL Lic No. 043618
DN: cn=Stephen M. Jansen, P.E., FL Lic No. 043618, o=Dept. of
Transportation, ou=Lee County,
email=sjansen@leegov.com, c=US
Date: 2019.01.16 13:08:53 -0500

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
☒ 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.

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

N/A - Event is not on or near Lee County Parks and Recreation property and will not affect our operations or programs.

Print Name: Alise Flanjack

Signature: Alise Flanjack

Digitally signed by Alise Flanjack
DN: cn=Alise Flanjack, o=Lee County, ou=Lee County Parks and Recreation, email=Alise.Flanjack@leegov.com, c=US

Title: Deputy Director

Date: Jan 2, 2019

Lazy Flamingo 1/2 marathon
March 3, 2019

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:

- ☒ 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.

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: January 7, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/30/2018

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).

PRODUCER Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952	CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 11991 66869
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COVERAGES **CERTIFICATE NUMBER:** 2019 \$1M A.I. **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 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		KRO0000007654500	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMPIOP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)		SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

Lee County Board of County Commissioners, a political subdivision & charter of the State of Florida are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 03/03/19 Lazy Flamingo Half Marathon
INSURED RRCA CLUB/EVENT MEMBER: Fort Myers Track Club, Attn: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906

Ok 01/07/2019

CERTIFICATE HOLDER

03/03/19 County of Lee BOCC PO Box 398 Fort Myers FL 33901	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
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DATE (MM/DD/YYYY)

11/30/2018

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PRODUCER Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No):	
INSURED Road Runners Club of America/2019 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11991 66869	

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	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ OCCUR CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

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INSURED RRCA CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906

CERTIFICATE HOLDER**CANCELLATION**

03/03/19 County of Lee BOCC PO Box 398 Fort Myers FL 33901	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
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/30/2018

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.

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PRODUCER Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No):	
INSURED Road Runners Club of America/2019 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11991 66869	

COVERAGES

CERTIFICATE NUMBER: 2019 \$1M A.I.

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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KRO0000007654500	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 03/03/19 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906

CERTIFICATE HOLDER

CANCELLATION

03/03/19 City of Fort Myers 2200 Second Street Fort Myers FL 33901	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 <i>Jerry R. Diller</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/07/2018

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.

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PRODUCER	CONTACT NAME: Margaret Mayers
Insurance Management Group	PHONE (A/C, No, Ext): (260) 338-2925
959 E. 4th St.	FAX (A/C, No):
P.O. Box 1600	E-MAIL ADDRESS: mmayers@insmgt.com
Marion IN 46952	INSURER(S) AFFORDING COVERAGE
	INSURER A: National Casualty Company
	INSURER B: Nationwide Life Insurance Co.
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2019 \$1M A.I. REVISION NUMBER:

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A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 03/03/19 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906

CERTIFICATE HOLDER

03/03/19 Lexington Community Association
dba Lexington Country Club
16275 Willowcrest Way
Fort Myers FL 33908

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

Jerry R. Miller

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2018

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PRODUCER Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No):	
INSURED Road Runners Club of America/2019 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11991 66869	

COVERAGES

CERTIFICATE NUMBER: 2019 \$1M A.I.

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)		SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 03/03/19 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT MEMBER: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906

CERTIFICATE HOLDER

CANCELLATION

03/03/19 Bridge USA Inc. c/o Comm Property Management 17595 S Tamiami Tr Suite 110 Fort Myers FL 33919	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 <i>Gerry R. Diller</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/07/2018

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PRODUCER Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No):	
INSURED Road Runners Club of America/2019 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11991 66869	

COVERAGES

CERTIFICATE NUMBER: 2019 \$1M A.I.

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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KRO0000007654500	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

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CERTIFICATE HOLDER

03/03/19 LCT Restaurant Partners 4 LLC 6520-A Pine Avenue Sanibel FL 33957
--

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 Jerry R. Diller

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2018

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PRODUCER Insurance Management Group 959 E. 4th St. P.O. Box 1600 Marion IN 46952	CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 E-MAIL ADDRESS: mmayers@insmgt.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 11991 66869
INSURED Road Runners Club of America/2019 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209	

COVERAGES

CERTIFICATE NUMBER: 2019 \$1M Club

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 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.

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	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Club Member Certificate
This certificate includes \$1 million in liquor liability for the event on 03/02/19

CERTIFICATE HOLDER

CANCELLATION

Fort Myers Track Club PO Box 60131 Ft. Myers FL 33906	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 <i>Jerry R. Diller</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/2019

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959 E. 4th St.	E-MAIL ADDRESS: mmayers@insmgt.com
P.O. Box 1600	
Marion IN 46952	
INSURED	INSURER(S) AFFORDING COVERAGE
Road Runners Club of America/2019 and Its Member Clubs	INSURER A: National Casualty Company
1501 Lee Highway	INSURER B: Nationwide Life Insurance Co.
Suite 140	INSURER C:
Arlington VA 22209	INSURER D:
	INSURER E:
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COVERAGES

CERTIFICATE NUMBER: 2019 \$1M A.I.

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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KRO0000007654500	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000007654500	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000030282400	12/31/2018	12/31/2019	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 03/03/19 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT MEMBER: Fort Myers Track Club, PO Box 60131, Fort Myers, FL 33906

CERTIFICATE HOLDER

03/03/19 Bridge Plaza Fort Myers Limited Co. c/o Commercial Property
17595 S Tamiami Trail
Suite 110
Fort Myers FL 33908

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

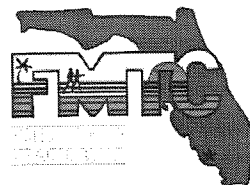
Jerry R. Diller

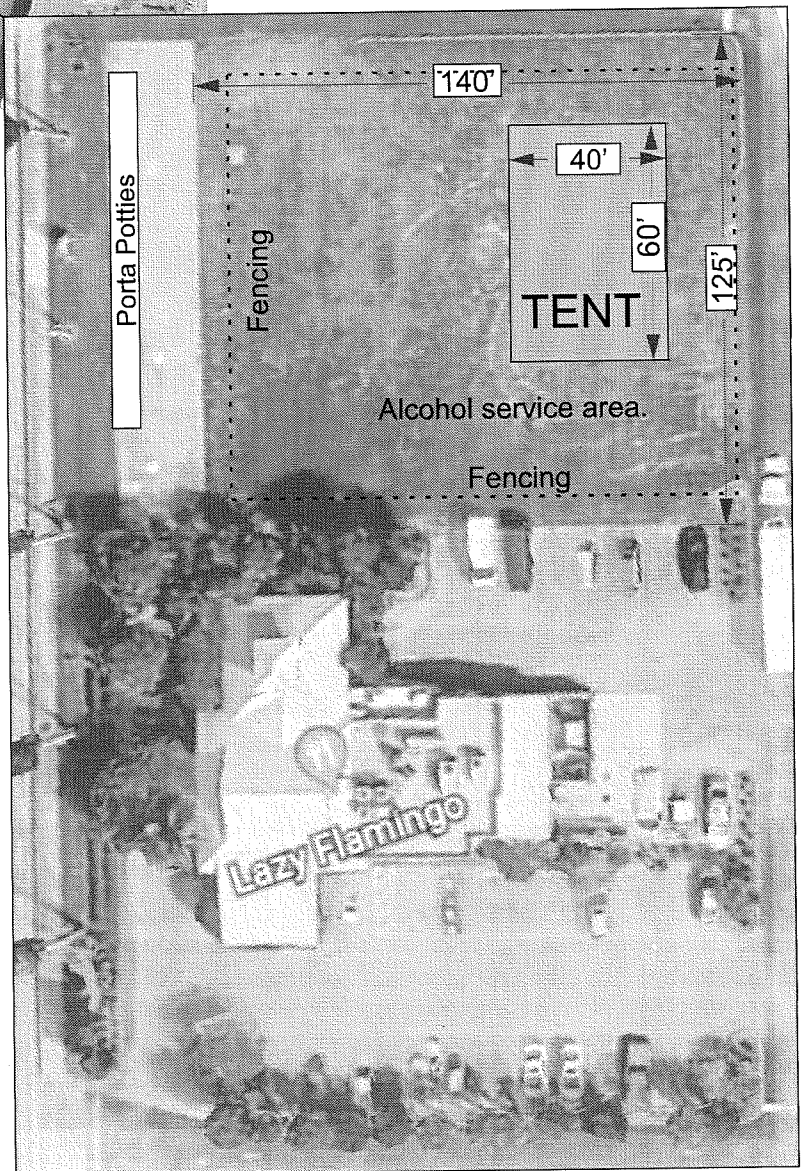
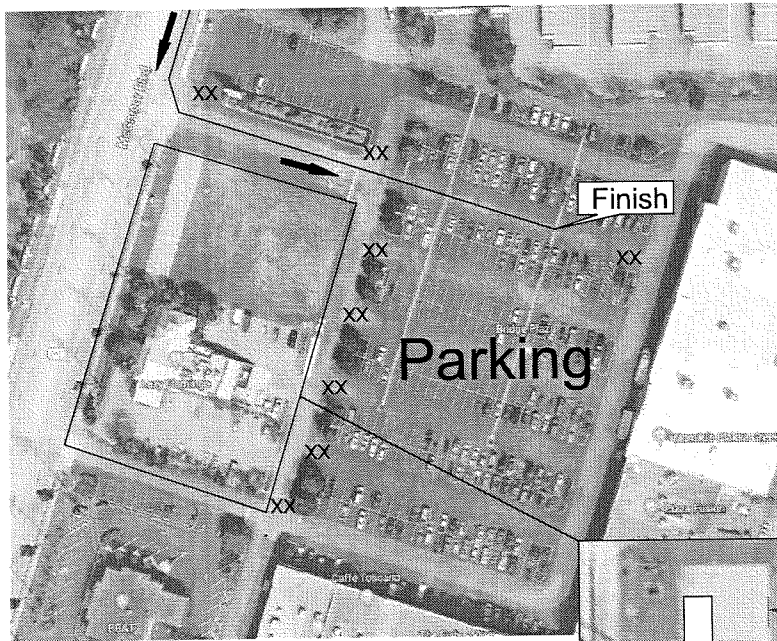
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LAZY FLAMINGO HALF MARATHON & RELAY

Start	Fast Pace Splits	Time on Course	Slow Pace Splits	Time on Course
AM	0:05:33	6:35:33 AM	0:13:45	6:43:45 AM
AM	0:11:07	6:41:07 AM	0:27:30	6:57:30 AM
AM	0:16:41	6:46:41 AM	0:41:15	7:11:15 AM
AM	0:22:15	6:52:15 AM	0:55:00	7:25:00 AM
AM	0:27:49	6:57:49 AM	1:08:45	7:38:45 AM
AM	0:33:23	7:03:23 AM	1:22:30	7:52:30 AM
AM	0:38:57	7:08:57 AM	1:36:15	8:06:15 AM
AM	0:44:31	7:14:31 AM	1:50:00	8:20:00 AM
AM	0:50:05	7:20:05 AM	2:03:45	8:33:45 AM
AM	0:55:39	7:25:39 AM	2:17:30	8:47:30 AM
AM	1:01:13	7:31:13 AM	2:31:15	9:01:15 AM
AM	1:06:47	7:36:47 AM	2:45:00	9:15:00 AM
AM	1:12:55	7:42:55 AM	3:00:07	9:30:07 AM

Mile	From Start	Fast Pace Splits	Time on Course	Slow Pace Splits	Time on Course
1	6:30:00 AM	0:05:33	6:35:33 AM	0:13:45	6:43:45 AM
2	6:30:00 AM	0:11:07	6:41:07 AM	0:27:30	6:57:30 AM
3	6:30:00 AM	0:16:41	6:46:41 AM	0:41:15	7:11:15 AM
4	6:30:00 AM	0:22:15	6:52:15 AM	0:55:00	7:25:00 AM
5	6:30:00 AM	0:27:49	6:57:49 AM	1:08:45	7:38:45 AM
6	6:30:00 AM	0:33:23	7:03:23 AM	1:22:30	7:52:30 AM
7	6:30:00 AM	0:38:57	7:08:57 AM	1:36:15	8:06:15 AM
8	6:30:00 AM	0:44:31	7:14:31 AM	1:50:00	8:20:00 AM
9	6:30:00 AM	0:50:05	7:20:05 AM	2:03:45	8:33:45 AM
10	6:30:00 AM	0:55:39	7:25:39 AM	2:17:30	8:47:30 AM
11	6:30:00 AM	1:01:13	7:31:13 AM	2:31:15	9:01:15 AM
12	6:30:00 AM	1:06:47	7:36:47 AM	2:45:00	9:15:00 AM
13.1	6:30:00 AM	1:12:25	7:42:55 AM	3:00:07	9:30:07 AM





USE OF PRIVATE PROPERTY AUTHORIZATION

Event Name: Lazy Flamingo Half Marathon

Event Date and Time: 3/3/2019 at 6:30am

Property Owner's Authorized Representative ALLAN E. FOX
Name (print)

I authorize the use of my private property for the above listed event date and time. My property information that I am providing permission for use is:

Address: 12895 McGregor Blvd, Fort Myers, 33919

Strap#: 16-45-24-00-00013.0050

If needed, I can be contacted at the number listed below:

Authorized Representative Phone Number: 239-425-2654

Authorized Representative's Signature: Allan E Fox

Date: 1/8/19

STATE OF Florida

COUNTY OF Lee

The foregoing was acknowledged before me this 8th day of January, 2019.

By Allan Fox who is ☒ Personally Known
(name of person acknowledging).

() who produced _____ as identification.

Mark Auh Commission Expires April 29, 2020
(Signature of Notary Public - State of Florida)



USE OF PRIVATE PROPERTY AUTHORIZATION

Event Name: Lazy Flamingo Half Marathon

Event Date and Time: 3/3/2019 at 6:30am

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Authorized Representative's Signature: ALLAN E FOX

Date: 1/8/19

STATE OF Florida

COUNTY OF Lee

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By Allan Fox who is ☒ Personally Known _____
(name of person acknowledging).

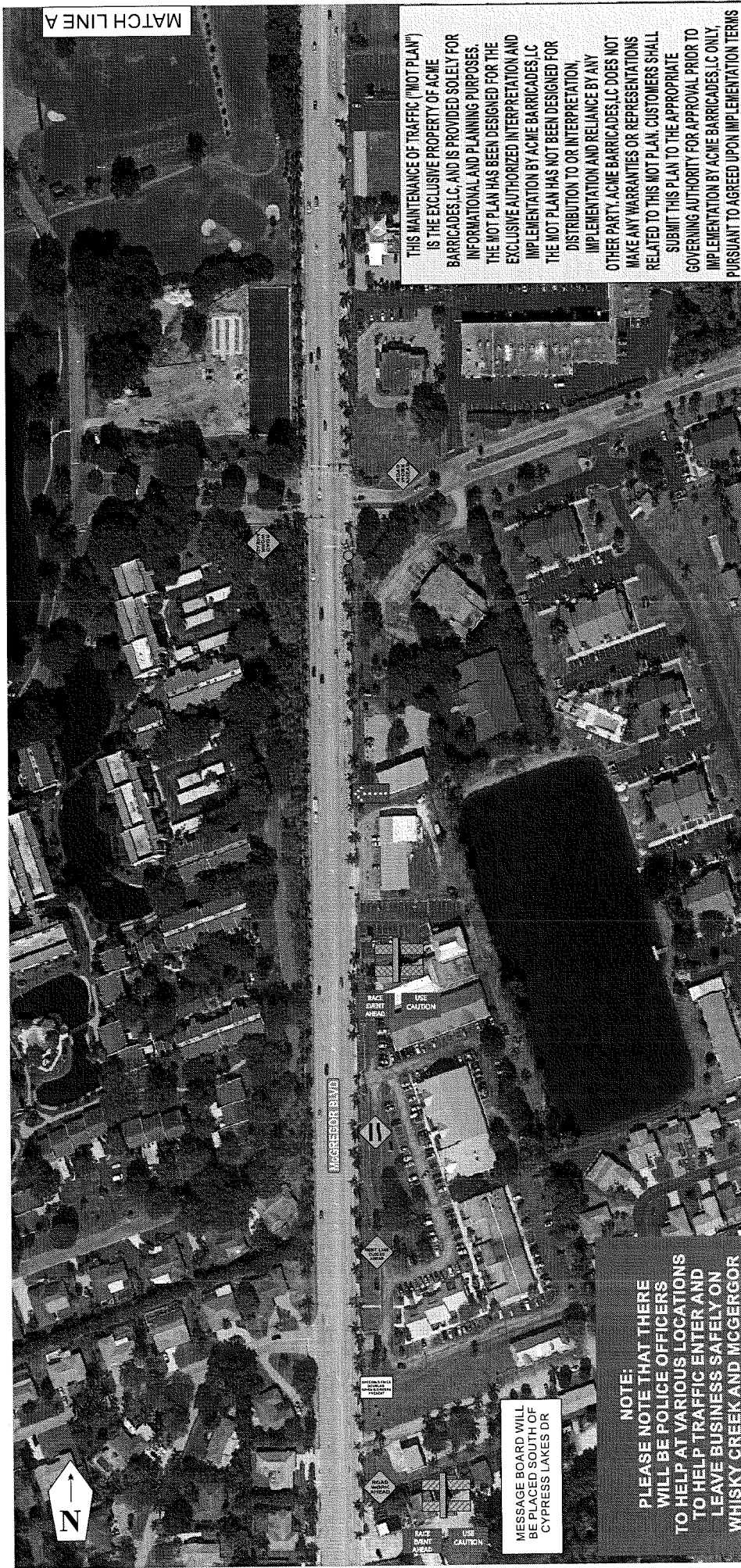
() who produced _____ as identification.

Mark Aurelia Commission Expires April 29, 2020
(Signature of Notary Public - State of Florida)



MARK AURELIA
MY COMMISSION # FF 981380
EXPIRES: April 29, 2020
Bonded Three Budget Notary Services

MATCH LINE A

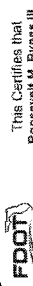


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MESSAGE BOARDS TO BE PLACED 14 DAYS IN ADVANCE OF RACE



This Certifies that
Roosevelt M. Byrnes III
Has Completed a Florida Department of Transportation Approved
Temporary Traffic Control (TTC) Advanced (Refresher) Course.
Date Expires: 02/12/2022
Certificate # 35715
Instructor: Juan Morales
FDOT Provider # 37

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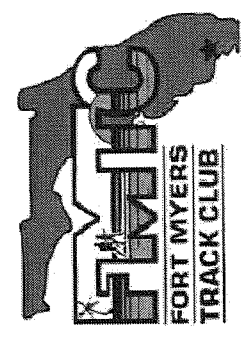
OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
FT MYERS FLA.

NOTE:

THERE WILL BE A MEMBER OF
THE FORT MYERS TRACK CLUB
(200) PLACED THROUGH OUT THE
RACE TO HELP WITH TRAFFIC FOR
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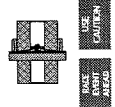




Google Earth

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OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
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Ft. Lauderdale, FL 33304
www.atssa.com
info@atssa.com

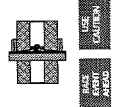
**FORT MYERS
TRACK CLUB**

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FDOT
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Date Expires: 02/12/2023 Certificate # 35715
Instructor: Juan Morales FDOT Provider # 37

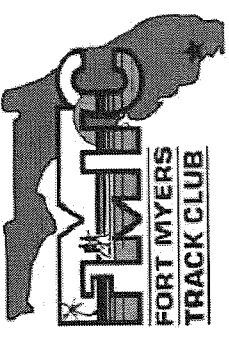
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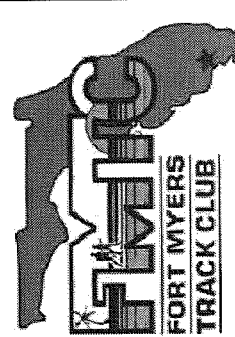
OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
FT MYERS FLA.



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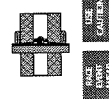
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OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
FT MYERS FLA.

MESSAGE BOARDS TO
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Date Expires: 02/12/2023
Instructor: Juan Morales

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Fax: 540-384-1702
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domina.clark@atssa.com

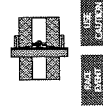
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Instructor: Juan Rosales
Certificate # 38715
FDOT Provider # 37

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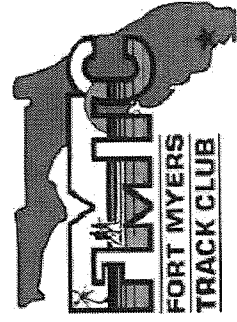
OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
FT MYERS FLA.

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 Instructor: Juan Morales FDOT Provider # 37

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MESSAGE BOARDS TO
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OVERVIEW

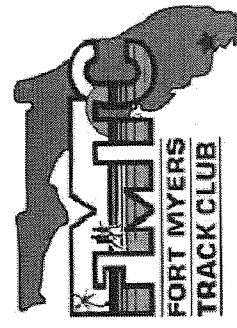
RACE WILL TAKE PLACE
 5AM-11AM

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 FT MYERS FLA.

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Instructor: Juan Morales FDOT Provider # 37

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USE CAUTION
RACE EVENT
AHEAD

**MESSAGE BOARDS TO
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OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
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FTMC
FORT MYERS
TRACK CLUB



MATCH LINE I

MATCH LINE H

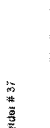


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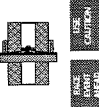


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Instructor: Juan Morales

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MESSAGE BOARDS TO
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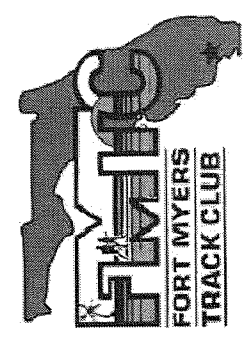
OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGERGOR BLVD
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NOTE:

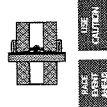
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donna.clark@atssa.com

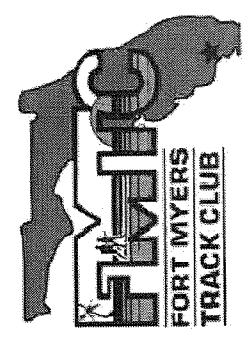
SAFER KIDDS TAKE LIVES

OVERVIEW

RACE WILL TAKE PLACE
5AM-11AM

MCGREGOR BLVD
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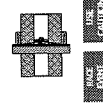
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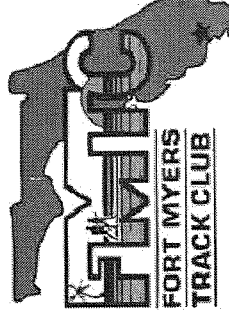
Date Expires: 02/22/2022 Certificate # 38715
Instructor: Juan Morales FDOT Provider # 37

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ACME
BARRICADES

OVERVIEW
RACE WILL TAKE PLACE
5AM-11AM
MCGREGOR BLVD
FT MYERS FLA.

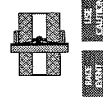
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FDOT

ATSSA
Phone: 540-368-1701
Fax: 540-368-1700
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donna.clark@atssa.com

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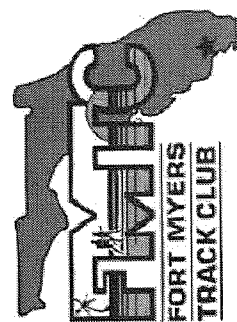
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Google Earth

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 Has Completed a Florida Department of Transportation Approved
 Temporary Traffic Control (TTC) Advanced (Refresher) Course.
 Date Expires: 02/12/2023 Certificate # 38715
 Instructor: Juan Morales FDOT Provider # 37

ATSSA
 Phone: 940-384-1701
 Fax: 940-384-1702
 10000 Highway 100
 Fort Worth, TX 76116
 www.atssa.com
 donna.clark@atssa.com

ACME
 BARRICADES

MESSAGE BOARDS TO
 BE PLACED 14 DAYS IN
 ADVANCE OF RACE



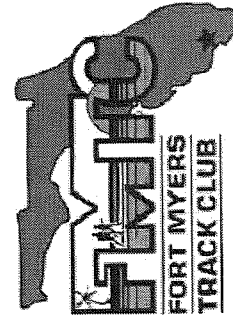
OVERVIEW

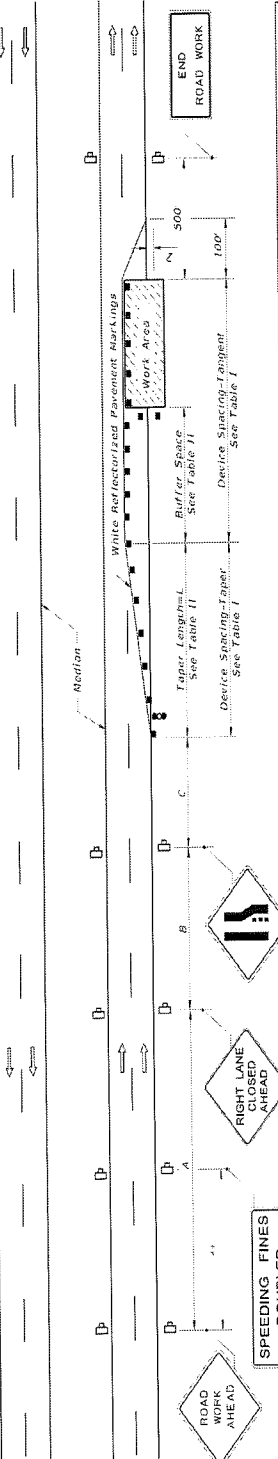
RACE WILL TAKE PLACE
 5AM-11AM

MCGERGOR BLVD
 FT MYERS FLA.

NOTE:

THERE WILL BE A MEMBER OF
 THE FORT MYERS TRACK CLUB
 (200) PLACED THROUGH OUT THE
 RACE TO HELP WITH TRAFFIC FOR
 RESIDENT, EMERGENCY VEHICLES,
 AND ALSO POLICE OFFICERS TO
 HELP KEEP THE RACERS SAFE





SPEEDING FINES DOUBLED WHEN WORKERS PRESENT

Speed	Spacing (ft.)		
	A	B	C
40 mph or less	200	200	200
45 mph	350	350	350
50 mph	500	500	500
55 mph or greater	700	700	700

*The ROAD WORK 1 MILE sign may be used as an alternative to the ROAD WORK AHEAD sign and the RIGHT LANE CLOSED AHEAD sign. The ROAD WORK 1 MILE sign shall be placed at least 1 MILE before the start of the work area.

*500' beyond the ROAD WORK AHEAD sign or midway between signs whichever is less.

SYMBOLS

- Work Area
- Channelizing Device (See Index 102-600)
- Work Zone Sign
- Advance Warning Arrow Board

GENERAL NOTES

- Work operations shall be confined to one traffic lane, leaving the adjacent lane open to traffic.
- On undivided highways the median sign as shown are to be omitted.
- When work is performed in the median lane on divided highways, the channelizing device plan is inverted and left lane closed and lane ends signs substituted for the right lane closed and lane ends signs.
- The same devices to undivided highways with the following exceptions:
 - Signs shall be confined within one median lane.
 - Additional barricades, cones, or drums shall be placed along the centerline abutting the work area and across the trailing end of the work area.
- When work on individual highways occurs across the centerline so as to encroach on both median lanes, the inverted plan is applied to the approach of both roadways.
- Signs and traffic control devices are to be modified in accordance with INTERMITTENT WORK STOPPAGE details (sheet 2 of 2) when no work is being performed and the highway is open to traffic.
- The two channelizing devices directly in front of the work area may be omitted provided vehicles in the work area have high-intensity rotating, flashing, oscillating, or strobe lights operating.
- When paved shoulders having a width of 8 ft. or more are closed, channelizing devices shall be used to protect the shoulders. The spacing of the tapering devices shall be determined by the tapering formula. See Index 102-612 for shoulder taper formulas.
- When a side road intersects the highway within the TTC zone, additional TTC devices shall be placed in accordance with other applicable TTC indexes.
- This TCC plan does not apply when work is being performed in the middle lane(s) of a six or more lane highway. See Index 102-614.
- For general TTC requirements and additional information, refer to Index 102-600.

Table 1
Device Spacing

Speed (mph)	Max. Distance Between Devices (ft.) Cones or Tubular Markers or Vertical Taper	Cones or Tubular Markers or Vertical Taper	Cones or Tubular Markers or Vertical Taper
25	25	25	25
30 to 45	25	30	30
50 to 70	25	50	50

Table 2
Buffer Space and Taper Length

Speed (mph)	Buffer Space (ft.)	Taper Length (ft.)	Notes
25	155	125	WS = 60
30	200	180	L = 60
35	230	245	WS = 60
40	305	320	L = 60
45	360	540	WS = 60
50	425	600	L = WS
55	495	660	L = WS
60	570	720	L = WS
65	645	780	L = WS
70	730	840	L = WS

When Buffer Space cannot be attained due to geometric constraints, the greatest attainable buffer space shall be used, but not less than 200 ft.

For lateral transitions other than 1:2, use formula for L shown in notes column.

Where:
L = Length of taper in feet
W = Width of lateral transition in feet
S = Posted speed limit (mph)

DURATION NOTES

- Temporary white edgeline may be omitted for work operations less than 3 consecutive calendar days.
- For work operations up to approximately 15 minutes, signs, channelizing devices, arrow board, and buffer space may be omitted if all of the following conditions are met:
 - Limit is 45 mph or less.
 - No sight obstructions to vehicles approaching the work area for a distance equal to the buffer space and the taper length combined.
 - Volume and complexity of the roadway has been considered.
 - The tapering devices are high-intensity rotating, flashing, oscillating, or strobe lights mounted above the cab height and operating.
- For work operations up to 60 minutes, arrow board and buffer space may be omitted if conditions a, b, and c in DURATION NOTE 2 are met, and vehicles in the work area have high-intensity rotating, flashing, oscillating, or strobe lights operating.

CONDITIONS

WHERE ANY VEHICLE EQUIPMENT, WORKERS OR THEIR ACTIVITIES ENCRUSCH ON THE LANE ADJACENT TO EITHER SHOULDER AND THE AREA 2' OUTSIDE THE EDGE OF TRAVEL LANE.

MULTILANE, WORK WITHIN TRAVEL WAY
MEDIAN OR OUTSIDE LANE

FDOT STANDARD PLANS

FDOT

REVISION

LAST REVISION 11/01/17

DESCRIPTION:

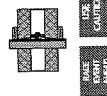
NOT SHALL COMPLY WITH THE FDOT DESIGN STANDARDS AND THE MUTCD

MESSAGE BOARDS TO BE PLACED 14 DAYS IN ADVANCE OF RACE

OVERVIEW

RACE WILL TAKE PLACE 5AM-11AM

MCGERGOR BLVD FT MYERS FLA.



ATSSA BARRICADES

FDOT This Certificate that Roosevelt M. Byrnes III

Has Completed a Florida Department of Transportation Approved Temporary Traffic Control (TTC) Advanced (Refreshed) Course.

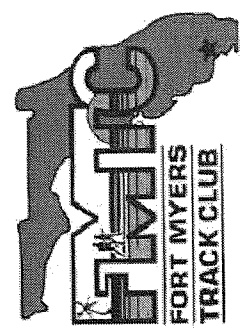
Date Expires: 02/12/2022 Certificate # 38715

Instructor: Juan Morales FDOT Provider # 37

ATSSA

Phone: 440-368-1761
15 Riverside Parkway, Suite 100
Fort Myers, FL 33901
www.atssa.com
danae.clark@atssa.com

31111 00001 STATE LIVES



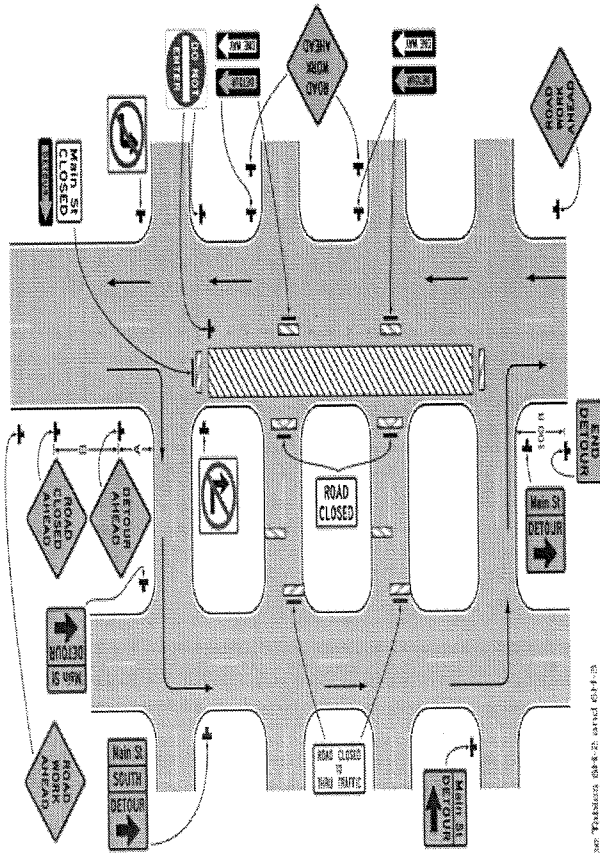
THERE WILL BE A MEMBER OF THE FORT MYERS TRACK CLUB (200) PLACED THROUGH OUT THE RACE TO HELP WITH TRAFFIC FOR RESIDENT, EMERGENCY VEHICLES, AND ALSO POLICE OFFICERS TO HELP KEEP THE RACERS SAFE

INDEX 102-613

SHEET 1 of 2



Figure 6H-19. Detour for One Travel Direction (TA-19)

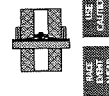


Notes: See Tables 6H-2, and 6H-3
for the meaning of the
signs and the
conditions used in this figure.

NOTE:
THERE WILL BE A MEMBER OF
THE FORT MYERS TRACK CLUB
(200) PLACED THROUGH OUT THE
RACE TO HELP WITH TRAFFIC FOR
RESIDENT, EMERGENCY VEHICLES,
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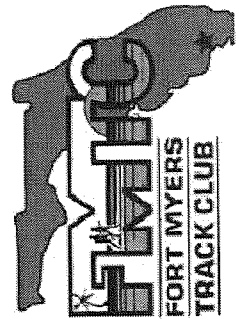
MOT SHALL COMPLY WITH THE FDOT DESIGN STANDARDS AND THE MUTCD

OVERVIEW
MESSAGE BOARDS TO
BE PLACED 14 DAYS IN
ADVANCE OF RACE
RACE WILL TAKE PLACE
5AM-11AM
MCGERGOR BLVD
FT MYERS FLA.



This Certifies that
Roosevelt M. Bynes III
Has Completed a Florida Department of Transportation Approved
Temporary Traffic Control (TTC) Advanced (Retiree) Course.
Date Expires: 02/12/2023
Instructor: Juan Morales
FDOT Provider # 37

ATSSA
1500 384-1701
15 Riverside Parkway, Ste. 100
Fredericksburg, VA
www.atssa.com
donna.clark@atssa.com



ACME BARRICADES.

3400 BURRIS ROAD
DAVIE, FL. 33314
954-321-8205 Fax 954-791-0921

QUOTE

Quote No:
DATE : 11-4-18

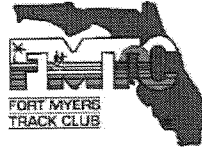
ATTENTION : JeAnne Hertel
Fort Myers Track Club

Half Marathon on March 3, 2019

SALEPERSON	DELIVERY	F.O.B. POINT	TERMS
TOM BRADY			
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	MOT Plan(will be several sheets)	\$600.00	\$600.00
1	Set-up by 6:00am and pick-up following the half marathon. Price includes signs, cones, arrowboards. Message boards are not included but can be rented for \$45 each per day. Applicable tax not included.	\$5,700.00	\$5,700.00
SUBTOTAL			\$6,300.00
% SALES TAX			
SHIPPING & HANDLING			

Notes \ Special Conditions:

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Fort Myers Track Club
P.O. Box 60131
Fort Myers, FL 33906

To whom it may concern:

This letter pertains to the Special Event permit for the **2019 Lazy Flamingo Half Marathon** to be held on **March 3, 2019**.

Included with the Special Event permit for the Lazy Flamingo Half Marathon is the form required by FDOT, Temporary Closing of State Road Permit (850-040-65). The FDOT permit is complete with signatures of the event organizer, Lee County Sheriff's Office Captain of Special Operations Division and Lee County DOT. From chapter 14-65.0035 (1)(d), event organizers are required to obtain a certified copy of an excerpt from the minutes of a duly scheduled meeting, or duly executed resolution, of the local government entity authorizing the special event.

If approved, could a certified copy of the minutes from the meeting approving the Special Event Permit for the Lazy Flamingo Half Marathon be provided to event organizers.

Included with this letter are the requirements for the FDOT Permit, highlighted where it pertains to the temporary closing of state roads for special events.

Thank you,

JeAnne Hertel
Vice President
Fort Myers Track Club
jlhertel@comcast.net
(239)691-4550

The FMTC is a non-profit 501 (c)(3) volunteer organization with no paid employees

CHAPTER 14-65

TEMPORARY CLOSING AND SPECIAL USE OF STATE ROADS

- 14-65.0025 Scope, Definitions, and Exceptions
- 14-65.0035 Temporary Closing of State Roads for Special Events
- 14-65.006 Temporary Closing and Special Use of Interstate and Other Limited Access Facilities (Repealed)
- 14-65.0065 Filming on State Roads
- 14-65.0075 Special Events and Filming on Limited Access Facilities

14-65.0025 Scope, Definitions, and Exceptions.

This rule chapter specifies procedures for obtaining a prior written approval from the Department when necessary to conduct a special event, and the requirements for filming on a state road.

(1) Definitions.

- (a) "Department" means the Florida Department of Transportation.
- (b) "Commercial Activities" means displaying merchandise for sale or distribution, servicing, repairing or storing any vehicle for profit, or displaying advertising of any sort.
- (c) "Limited Access Facility" means as defined in Section 334.03(13), F.S.
- (d) "Local Governmental Entity" means as defined in Section 334.03(14), F.S.
- (e) "Special Event" means an art festival, parade, charity drive, fair, fund drive, race, run, motorcade, or similar activities of local interest.
- (f) "Filming" means the activities involved in the creation of visual media, including film, broadcast, or video production.
- (g) "State Road" means as defined in Section 334.03(27), F.S.
- (h) "Temporary Closing" means the stopping, detouring, or otherwise restricting traffic flow of one or more vehicle traffic lanes of a state road for a cumulative period of fifteen minutes or more.

(2) Exceptions:

For purposes of this rule chapter, special events and filming that do not require prior written approval include the following:

- (a) A motorcade when no traffic lanes are closed and law enforcement personnel control traffic at each intersection;
- (b) A run, walk-a-thon, or bicycle event accompanied by a police escort and when there is no detour of traffic;
- (c) A parade route which only intersects a state road and when law enforcement personnel control the traffic at those intersections;
- (d) Broadcast news, or other filming, that does not require a temporary closure, obeys traffic regulations, and does not impair vehicular or pedestrian traffic.

Rulemaking Authority 334.044(2), 335.10 FS. Law Implemented 316.003, 316.006(1), 316.008, 334.03, 337.406 FS. History—New 1-19-89, Amended 4-15-92, 12-31-96, 6-25-12.

14-65.0035 Temporary Closing of State Roads for Special Events.

(1) General Criteria:

- (a) A special event must be approved in writing by the appropriate local governmental entity before the temporary closure of a state road.
- (b) Prior to temporary closure of a state road for a special event, the local governmental entity responsible for approving the closure must determine whether a temporary closing of the road is necessary for the event and obtain prior written approval from the Department,

unless exempt in accordance with subsection 14-65.0025(2), F.A.C.

(c) Temporary closing of State Road Permit, Form 850-040-65, Rev. 12/11, hereby incorporated by reference, available from any local area operations center/maintenance office, district maintenance office, <http://www.flrules.org/Gateway/reference.asp?No=Ref-01245> or Department website: www.dot.state.fl.us/proceduraldocuments, shall be completed and submitted by the local governmental entity to the Department's district or local maintenance office.

(d) The local governmental entity shall include the following with the request:

1. A certified copy of an excerpt from the minutes of a duly scheduled meeting, or duly executed resolution, of the local governmental entity authorizing the special event. The local governmental entity may, by resolution, designate an official (Mayor, City Manager, etc.) authorization;

2. A marked map, indicating the temporary detours to be utilized by the public; and showing the placement of appropriate signs; stationing of any officers or flagmen; and locations of barricades and cones necessary to detour the traffic in a safe and efficient manner;

3. Written approval from the United States Coast Guard if the proposed route of the special event involves any movable bridge.

(e) Closing of the state road shall not be for the purpose of conducting commercial activities, except when conducted in conjunction with a special event and approved in writing by the local governmental entity.

(f) The Department's district or local maintenance engineer, or designee, will sign Form 850-040-65, Temporary Closing of State Road Permit, indicating approval or denial, and will return the form to the local governmental entity. Upon receipt, the local governmental entity shall notify the applicant whether the request has been approved.

Rulemaking Authority 334.044(2), 335.10 FS. Law Implemented 316.003, 316.006(1), 316.008, 337.406 FS. History—New 1-19-89, Amended 4-15-92, 7-1-92, 12-31-96, 6-25-12.

14-65.006 Temporary Closing and Special Use of Interstate and Other Limited Access Facilities.

Rulemaking Authority 334.044(2), 337.406(1), 335.10 FS. Law Implemented 316.006(1), 337.406, 338.01 FS. History—New 1-19-89, Amended 4-15-92, Repealed 6-25-12.

14-65.0065 Filming on State Roads.

(1) General Criteria:

(a) Individuals wishing to conduct filming activities on state roads shall complete and submit a Permit For Filming On A State Road, Form 850-040-67, Rev. 12/11, hereby incorporated by reference, to the Department's district or local maintenance office for review. This form is available from any local area operations center/maintenance office, district maintenance office, <http://www.flrules.org/Gateway/reference.asp?No=Ref-01246> or Department website: www.dot.state.fl.us/proceduraldocuments.

(b) The following information must be included with the permit application.

1. A copy of pertinent portions of the script with a concise but detailed written description of the action to occur on the state right of way.

2. A detailed map showing the proposed filming location, clearly defining the area that will be occupied during filming.

3. The total number of film crew personnel and the amount of equipment with equipment description.

4. Proof of liability insurance in the amount of \$1,000,000. If the filming request involves specialized stunts, pyrotechnics, the use of some form of air transportation over the state right of way, or stunts of any kind under or adjacent to a structure (bridge) then a minimum of \$5,000,000 of liability insurance is required. The insurance shall name the Department as an additional insured.

5. A maintenance of traffic (MOT) plan if the filming will impact traffic or cause lane closures. The MOT shall conform to the Federal Manual on Uniform Traffic Control Devices (MUTCD), incorporated by reference in Rule 14-15.010, F.A.C.; and the Department's 2010 Roadway Design Standards index series 600, incorporated by reference in Rule 14-46.001, F.A.C. The Department shall regulate, limit, or restrict hours of filming to minimize disruption of traffic. When filming causes undue disruption of traffic, or creates safety hazards, the Department shall require immediate corrective action within a specified time frame, or cause filming to cease if deemed necessary.

6. Written approval from the local fire department if pyrotechnics are involved.
7. Written approval from the U.S. Coast Guard if any movable bridges are affected.
8. Written approval from the Federal Aviation Administration if low flying aircraft are involved.

(2) Stunts, staged accidents, explosives, or pyrotechnics that may cause damage to state property shall not be approved. If pyrotechnics are involved, an experienced pyrotechnic operator shall be on location and in charge of all use, storage, and handling of any pyrotechnic devices. The permittee will be responsible for securing any pyrotechnic permit required by the local governmental entity and providing a copy to the Department.

(3) Filming of activities on a state road right of way from low flying aircraft must comply with Federal Aviation Administration regulations, and shall not be approved if public safety or welfare is jeopardized.

- (4) Filming activities that may negatively affect any utility shall not be approved without prior written permission from the utility.

Rulemaking Authority 334.044(2), 335.10(2), 335.10 FS. Law Implemented 316.003, 316.006(1), 316.008, 337.406(1) FS. History—New 4-15-92, Amended 6-25-12.

14-65.0075 Special Events and Filming on Limited Access Facilities.

- (1) General Criteria:

The use of limited access facilities for special events and filming will be considered based upon the following criteria:

- (a) The use shall not interfere with the safe and efficient movement of traffic.
- (b) The use shall not endanger the safety of the public.
- (c) Written approval is obtained from the local governmental entity.

(d) Proof of liability insurance in the amount of \$1,000,000 is submitted to the Department. The Department shall be named as an additional insured.

- (2) The use shall be for a limited duration. Approval for the length of the duration shall be obtained from the Department.

- (3) Special events shall also comply with the criteria of Rule 14-65.0035, F.A.C.

- (4) Filming shall also comply with the criteria of Rule 14-65.0065, F.A.C.

- (5) Special events and filming shall be subject to the safety conditions set forth in the permit.

Rulemaking Authority 334.044(2), 334.044(10)(a), 335.10(2) FS. Law Implemented 337.406(1) FS. History—New 6-25-12.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

850-040-05
 MAINTENANCE
 12/11

Date: _____

Permit No. _____

Governmental Entity

Approving Local Government	<u>Lee Co. Dept. of Transportation</u>	Contact Person	<u>Stephen Jansen</u>
Address	<u>1500 Monroe St. Ft. Myers, FL 33901</u>		
Telephone	<u>239-533-9503</u>	Email	<u>jansensj@leegov.com</u>

Organization Requesting Special Event

Name of Organization	<u>Fort Myers Track Club</u>	Contact Person	<u>JeAnne Hertel</u>
Address	<u>P.O. Box 60130, Fort Myers, FL 33906</u>		
Telephone	<u>(239)691-4550</u>	Email	<u>JLHERTEL@comcast.net</u>

Description of Special Event

Event Title	<u>Lazy Flamingo Half Marathon</u>	Date of Event	<u>March 3, 2019</u>
Start Time	<u>6:30 AM</u>	End Time	<u>9:30 AM</u>
Event Route (attach map)	_____		
Detour Route (attach map)	_____		

Law Enforcement Agency Responsible for Traffic Control

Name of Agency	<u>Lee County Sheriff's Office</u>
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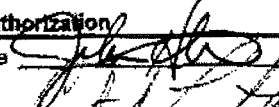
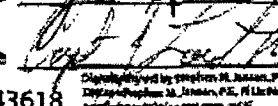
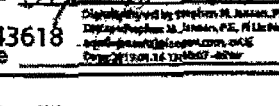
US Coast Guard Approval for Controlling Movable Bridge

Not Applicable <input type="checkbox"/>
Copy of USCG Approval Letter Attached <input type="checkbox"/>
Bridge Location _____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator	<u>JeAnne Hertel</u>	Signature		Date	<u>1/21/2019</u>
Law Enforcement Name/Title	<u>Carroll Louther</u>	Signature		Date	_____
Government Official Name/Title	<u>Stephen M. Jansen, P.E., FI Lic No. 043618</u>	Signature		Date	_____

Digitally signed by Stephen M. Jansen, P.E., FI Lic No. 043618
 DN: cn=Stephen M. Jansen, P.E., FI Lic No. 043618, o=FDOT, ou=Dept. of Transportation, postalCode=33901, email=jansensj@leegov.com, c=US
 Date: 2019.01.21 15:05:07 -0500

FDOT Special Conditions

FDOT Authorization

Name/Title _____	Signature _____	Date _____
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