

EVENT PERMIT



Ordinance 17-08

INSANE INFLATABLE 5K

PERMIT NUMBER: TMP2019-00090

Date(s) of Event: APRIL 19, 2019 THROUGH APRIL 20, 2019 FROM

7:30AM UNTIL 12:30PM

Property Owner:

LEE COUNTY

Applicant:

KANE ROWELL

704-441-9348

Description:

5K FUN RUN FOR ADULTS AND KIDS WITH INFLATABLE OBSTACLES PLACED

THROUGHOUT THE 5K COURSE.

Location of event:

11500 FENWAY SOUTH DR, FORT MYERS, FL 33913

JET BLUE PARK

Will the event be attended by 1000 or more people?

Yes

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager

ftmpprmt_specialevent.rpt

Date

-26-19



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Insane Inflatable 5 K

TMP2019-00090



Event Application

Check the	appropriate	box(es)	below:
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FILIVI PERIVIII	*
Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Insane Inflatable 5K
Date(s) of Event / Production:	Setup: 4/19/19 Event: 4/20/19
Location(s) of Event:	Jetblue Park 11500 Fenway South Drive, Fort Myers, FL 33913
Name of Applicant:	Townsquare Media
Applicant Address:	240 Greenwich Ave Greenwich, CT 06830
Applicant Phone Number:	704-441-9348
Contact Person: (If different from applicant)	Kane Rowell
Contact Phone Number: (If different from applicant)	
Email Address:	kane.rowell@townsquaremedia.com
Estimated Attendance:	2,000
Event Description: Include each activity, when activities take place, etc.	5K fun run for adults and kids. Inflatable obstacles place throughout the 5K course.
Hours of Operation:	7:30am - 12:30pm
STRAP # of Parcel:	2445-25-02-00006.0000
Owner of Premises*:	2445-25-02-00006.0000 LEE COUNTY

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



Fill out the following questions for allpermit types:

What is the Zoning Classification of the	premises? Unsure	
Are any temporary structures to be insta	alled for the event? 🔀 Yes 🔲 No	Type: 10x20 tents, inflatables.
Do you have the appropriate permits for	the temporary structures?	☐ Yes ☐ No
* For a 'Special Event' and 'Use of Counindentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	Alliant	
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	me and Address):	· · · · · · · · · · · · · · · · · · ·
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes No	⊠ Yes ☐ No	☐ Yes
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Providing Food:	tblue Park concessionaire.	
Type of Food being Served: TBD		
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Tour Tour	wnsquare Media	
Organization Sponsoring the Event: To	Solicitation in the County Rights-of-Way	<i>''</i>
	Soucitation in the county rights-oj-way	y•
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(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	ERMIT
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on Count	Yes No
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

	r Special	I IVS	Series / Pilot		TV Comme	rciai	J Sull	Photos	
Public Servi	ce Announceme	nt 🗌 Indu	strial / Documentary	/ 🗆	Other:	~~~~			
ill any of the f	following be nee	ded or inclu	ded*?						
St	treet Closure				☐ Yes		lo		
T	raffic / Crowd Co	ontrol			T Yes		10		
Fi	ire or Burning				Yes	Г	10		
E.	xplosives or Pyro	otechnics			☐ Yes		10		
A	nimals, Large or	Small			Yes		10		
С	Construction of A	ny Kind			☐ Yes		10		
Li	arge and/or Nur	nerous Vehic	les		Yes		10		
H	lelicopters, Boat	s, etc.			☐ Yes		10		
S	tunts				T Yes		lo .		
0	Other				Yes		No		
Snacial Parkir	ag Reguirements								
Special Parkir	ng Requirements	5:							
			nnel, equipment, fac	ilities, e	etc.)				
			nnel, equipment, fac	ilities, e	etc.)				
City or Count The following	ty Services Requ	ired: (Persor	nnel, equipment, fac local and state recor able, please estimat	ds on p	roduction in	Florida 1	to track	the econo	omic impa
City or Count The following	ty Services Requ g information is If exact figures	ired: (Persor	ocal and state recor	ds on p	roduction in sely as possik	Florida tole.			omic impa
City or Count The following the industry.	ty Services Requ g information is If exact figures	ired: (Persor	local and state recor able, please estimate	ds on p e as clo	roduction in sely as possik Nun	ole.			omic impa
City or Count The following the industry. Number in Ca	ty Services Requ g information is If exact figures	ired: (Persor	local and state recor able, please estimat Number in Crew:	ds on p e as clo ——spent in	roduction in sely as possib Nun Lee County:	ole.			omic 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 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.

Kans Rowell	Stuart Kaul	
Signature of Applicant	Witness	
Kane Rowell - Event Director Print Name of Applicant and Title	Stuart Kaul Print Name of Witness	
1/2/19	1/2/19	
Date	Date	



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

Check the appropria	te box(es) belor	w:
PERMIT TO	INTY PROPERTY P SELL AND CONSUI T	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLI ICANT TO COMPL	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.
Parking:	Parking in authoriz	zed areas only.
Deputies (How Many?):	Two deputies for	traffic control at West gate.
Fee for Services:		+ \$15 vehicle fee per deputy.
Special Arrangements:	Deputies will be participants.	positioned at West gate to provide traffic control for ingress/egress of
	Print Name:	Lt. K. Sonier
	Signature:	Je Jufom 95087
	Title:	Special Events, Permits and Details
	Date:	1/11/19



FIRE DEPARTMENT

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

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

Check the appropri				
FILM PERM				
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLI	EASE INDICATE BEL WITH FOR THEIR E	OW WHAT ARRANGEMENTS VENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	0			
Fee for Services:	NA			
Flammable Vegetation:	NA			
First Aid Equipment:	Call 911 if needed			
Fire Extinguishing:	NA			
Special Arrangements:	If you request stand Assistant Chief Roge responder for your e	ers at 239-433-0080. Th	b be provided by South Trail Fire Dis ere is a cost for this service but allov	trict please contact vs for a dedicated
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2019.01.08 14:34:32 -05'00'	
	Title:	Fire Marshal		
	Date:	Jan. 8, 2019		



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

Check the appropria	te box(es) below	<i>y:</i>
SPECIAL EVE	ENT PERMIT	
	JNTY PROPERTY PE	RMIT
FILM PERMI		
AFTER REVIEWING THE AVELLING THE APPLI	APPLICATION, PLE, CANT TO COMPLY	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	One two-person cart	team at \$80/hr
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	tions necessary.
Fee for Services	As applicable to Med	ical Personnel section above.
Special Arrangements:	EMS coverage is requ	uired for this event. Special Event coverage has been arranged with LCEMS.
)	
	Print Name:	
	Signature:	Douglas B. Higgins Douglas B. Higgins Distribution of EMS, email-indiviginable eggov.com, c-uUS Date: 2019.01.30 08:5834-0500
	Title:	Division Chief
	Date:	01-30-2019



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

Check the appropria	ite box(es) belo	ow:		
	ENT PERMIT			
USE OF COL	JNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVERA	AGES WITHIN LEE COUNTY	FACILITIES
☐ FILM PERM	IT			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PI	LEASE INDICATE BELOW LY WITH FOR THEIR EVEI	WHAT ARRANGEMENTS NT.	YOUR ORGANIZATION
Parking:	Park in designated a	areas. No event parking on L	ee County maintained road rig	hts-of-way.
Ingress and Egress:	Use all established	means of ingress and egress		
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance w	ith traffic control, as needed.	
	Print Name: Signature:	Bryan Miller Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2019.01.08 13:53:43 -05'00'	
	Title:	Senior Project Manager		
	Date:	January 8, 2019		



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

Check the approprie	ate box(es) belo	ow:	٠		
SPECIAL EV	ENT PERMIT				
,	UNTY PROPERTY				
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BE	VERAGI	ES WITHIN LEE COUNTY	' FACILITIES
FILM PERM	IT				
AFTER REVIEWING THE WILL REQUIRE THE APPI	APPLICATION, PI LICANT TO COMP	LEASE INDICATE BE LY WITH FOR THEIR	LOW W	/HAT ARRANGEMENTS	YOUR ORGANIZATION
Illumination:	All illumination mu	st follow county ordina	nce and	FAA regulations.	
Parking Areas:	Event organizer mu ensure that all driv	ust provide adequate st eways and roads remai	taff to en in open f	sure that parking is restrict or emergency vehicles.	ed to designated areas and
Special Arrangements:	staff for set up, bre additional dumpst event and parking All inflatables must responsible to pay If there is a severe	akdown and daily ever ers, portable toilets and areas are clean and fre t be anchored and secu for any damages or rep	nt manag d hand w e of trash ured with pairs nee advisory,	the Red Sox staff and the or ement to include but not li ash stations and trash rece and debris at the conclusi out damaging turf irrigatio ded to irrigation. the park staff has the autho	mited to: provide ptacles. Must ensure all on of the event. n. Event organizer will be
	Print Name:	Alise Flanjack	AF		-
	Signature:	Alise Flanjack		Digitally signed by Alise Flanjack Date: 2019.01.08 17:15:03 -05'00'	_
	Title:	Deputy Director			

Insane Inflatables Jet Blue Patk April 19 : 20, 2019

Page |10

January 8, 2019

Date:



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

Check the appropriat	e box(es) belo	ow:	
SPECIAL EVER	NT PERMIT		
**************************************	NTY PROPERTY		
		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERMIT	-		
AFTER REVIEWING THE A	PPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
nsurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Dotect against bodily injury and/or property damage relative event within Lee County.	ollars (\$1,000,000) per to applicants use of
Special Arrangements:	A Certificate of In Board of County additional insure Subject to proof		erage listing Lee County rtificate holder and as an
	Print Name:		
	Signature:	Pake January	
	Title:	Risk Program Manager	
	Date:	January 8, 2019	



1903 1912 1915 1916 1918 2004 2007

January 18th, 2019

To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant Townsquare Active with a place of business at 240 Greenwich Ave, Greenwich, CT 06830 permission to put up their inflatables, on the land owned by NESV Florida Real Estate and surrounding parking lots located at 11500 Fenway South Drive for the dates April 20th and 21st, 2019.

The parcels of land used for US Tent Event have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely,

Brennan Whitley

NESV Florida Real Estate / Boston Red Sox

11500 Fenway South Drive

Fort Myers, FL 33913

Phone: (239) 226-4755

Email: bwhitley@redsox.com

State of Tors

County of

233

On this 187#day of J

personally appeared before me, and proved to me through

satisfactory evidence of identification, which were ______to be the person/whose name is signed on the preceding or

attached decument in my presence.

NOTARY NAME HERE Notary For My Commission Expires

3).

AIMEE GARRIGUS Notary Public – State of Florida Commission # GG 072253 My Comm. Expires May 20, 2019

TOWNMED-01

EMAHMUTAJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/02/2019

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.

IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	t to	tho	terms and conditions of	the poll	cv. certain p	officies may i	require an endorsement. A	statement on	
PRODUCER License # 0C36861	Lile	CCILI	ileate fiolaet in fiea e. e.	CONTAC	James Ma	allon			
New York-Alliant Ins Svc Inc			NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: jmallon@alliant.com						
320 West 57th St									
New York, NY 10019									
				INSURER(S) AFFORDING COVERAGE INSURER A : Everest National Insurance Company				. NAIC#	
								10851	
INSURED				INSURER	B: Everest	Indemnity	Insurance Company	10051	
Townsquare Media, Inc.			INSURER						
240 Greenwich Avenue			INSURER						
Greenwich, CT 06830			INSURER						
				INSURER					
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICINI INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	ES OF EQUI PER POLIC	REME TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED BY	THE POLICI	ES DESCRIBE PAID CLAIMS.	ED HEREIN IS SUBJECT TO A	POLICY PERIOD TO WHICH THIS LL THE TERMS,	
INSR LTR TYPE OF INSURANCE	ADDL INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	1,000,000	
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000	
CLAIMS-MADE X OCCUR			SI8ML00871181		12/23/2018	12/23/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	5,000	
							MED EXP (Any one person) \$	1,000,000	
							PERSONAL & ADV INJURY \$		
OFFINA A CORECATE LIMIT ADDITES DED:							GENERAL AGGREGATE \$	2,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG \$	2,000,000	
4000011							ANNUAL AGGREGAT s	1,000,000	
A AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000	
X ANY AUTO			SI8ML00871181		12/23/2018	12/23/2019	BODILY INJURY (Per person) \$		
OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$		
							PROPERTY DAMAGE (Per accident) \$		
HIRED ONLY NON-OWNED AUTOS ONLY							Deductible s	1,000	
A V							EACH OCCURRENCE \$	5,000,000	
A UMBRELLA LIAB X OCCUR			SI8EX00597-181		12/23/2018	12/23/2019	AGGREGATE \$	5,000,000	
X EXCESS LIAB CLAIMS-MADE	-		0.02/.00001				\$		
DED RETENTION \$		-					X PER OTH-ER		
B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			010141000005 404		12/23/2018	12/23/2019	101711012	1,000,000	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		SI8WC00385-181		12/25/2010	12/20/2010	E.L. EACH ACCIDENT \$	1,000,000	
(Mandatory in NH)	1						E.L. DISEASE - EA EMPLOYEE \$	1,000,000	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI Certificate holder is included as additional	ingur	ACOR	RD 101, Additional Remarks Scher	dule, may b ract.	e attached if mo	re space is requi	reuj		
						01.04/0	0/0040		
Event: Insane Inflatable 5K in Ft. Myers, Fl	on 4	/20/1	9.			Ok 01/0			
						This	tan Jegin		
*							\checkmark		
CERTIFICATE HOLDER				CAN	CELLATION				
Lee County Board of Coun	mmi	issioners	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
Fort Myers, FL 33913			THE PERSONNEL TWO						

ACORD

AUTHORIZED REPRESENTATIVE Well hard

EMAHMUTAJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/02/2019

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.

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

th	SUBROGATION IS WAIVED, subject is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ich enu	orsement(s).					
	DUCER License # 0C36861				CONTACT James Mallon NAME: PHONE FAX						
New	York-Alliant Ins Svc Inc West 57th St				(A/C, No	, Ext):		FAX (A/C, No):			
	York, NY 10019				ADDRES	_{ss:} jmallon@					
	•				INSURER(S) AFFORDING COVERAGE					NAIC#	
					INSURER A: Everest National Insurance Company					10120	
INSU	RED				INSURER B: Everest Indemnity Insurance Company					10851	
	Townsquare Media, Inc.				INSURER C:						
	240 Greenwich Avenue				INSURER D:						
	Greenwich, CT 06830				INSURER E :						
					INSURER F:						
COV	VERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:			
TH	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUII	REMI TAIN	NI, TERM OR CONDING THE INSURANCE AFFOR	DED BY	THE POLICI	ES DESCRIB PAID CLAIMS.				
INSR LTR		ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
A	X COMMERCIAL GENERAL LIABILITY	IIVOU	****					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR			SI8ML00871181		12/23/2018	12/23/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000	
								MED EXP (Any one person)	\$	5,00	
								PERSONAL & ADV INJURY	\$	1,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:	ı						GENERAL AGGREGATE	\$	2,000,00	
	POLICY PRO- X LOC							PRODUCTS - COMP/OP AGG	\$	2,000,00	
	X OTHER: 1MM Liquor Liability			e g				ANNUAL AGGREGAT	\$	1,000,00	
Α	AUTOMOBILE LIABILITY				(8)	7	8	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,00	
	X ANY AUTO			SI8ML00871181		12/23/2018	12/23/2019	BODILY INJURY (Per person)	\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY							Deductible	\$	1,00	
Α	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	5,000,00	
, ,	X EXCESS LIAB CLAIMS-MADE			SI8EX00597-181		12/23/2018	12/23/2019	AGGREGATE	\$	5,000,00	
	DED RETENTION\$								\$		
В								X PER OTH- STATUTE ER			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			SI8WC00385-181		12/23/2018	12/23/2019	E.L. EACH ACCIDENT	\$	1,000,00	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,00	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	1,000,00	
	DESCRIPTION OF OPERATIONS below										
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	156 (A C O P	D 101 Additional Remarks School	dule may l	be attached if mo	re space is requi	red)			
Cert	ECRIPTION OF OPERATIONS / LOCATIONS / VEHIC tificate holder is included as additonal i	nsure	ed as	required by written contr	act.			5			
	nt: Insane Inflatable 5K in Ft. Myers, FL										
⊏ve	nii: insane iiinalabie 5K iii Fl. myers, FL	J11 =	± √/ I:	•							
	EDITICATE HOLDED				CAN	CELLATION					
CE	RTIFICATE HOLDER										
Lee County Board of County Commissioners 11500 Fenway South Drive Fort Myers, FL 33913						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					

ACORD



