

EVENT PERMIT



Ordinance 17-08

THE INAUGRURAL MARLINS 5K

PERMIT NUMBER: TMP2019-00103

Date(s) of Event: MARCH 23, 2019 FROM 6:30PM UNTIL 8:00PM

Property Owner:

LEE COUNTY ROW

Applicant:

CHARLES PANKOW

239-994-3350

Description:

5K RACE WHICH WILL UTILIZE INDEPENDENCE CIR, HALIFAX AVE, BANNER

DR. SIX MILE CYPRESS PKWY WILL NOT BE CROSSED AND ONLY THE

SIDEWALK WILL BE UTILIZED NOT THE ROADWAY. A SMALL PORTION OF

Location of event: 5560 ROW BANNER DR

BANNER DR, HALIFAX AVE, INDEPENDENCE CIR

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager

ftmpprmt_specialevent.rpt

Date



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



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 FACILIT	IES
	FILM PERMIT	

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	The Inaugrural Marlins 5K
Date(s) of Event / Production:	March 23, 2019. 5K road running race
Location(s) of Event:	Marlins Brewhouse
Name of Applicant:	Charles Pankow
Applicant Address:	4250 Dutchess Park Road, Fort Myers, Fl, 33916
Applicant Phone Number:	(239)994-3350
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	charles.pankow@gmail.com
Estimated Attendance:	125
Event Description: Include each activity, when activities take place, etc.	5K running race to start at 6:30pm. Proposed route will utilize the roads: Independance Cirlce, Banner Drive, and Halifax Avenue (located in South Fort Myers off of Six Mile Cypress, just East of Marlins Brewhouse).
	The Proposed route will also utilize a small portion of the South enterance to John Yarborough Linear Park.
Hours of Operation:	6:30pm to 8:00pm
STRAP # of Parcel:	25-45-24-L4-12000.0010 2515240000000000
Owner of Premises*:	Tim Fredrick

^{*}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? 25452	4		
Are any temporary structures to be insta	alled for the event?	☐ Yes No	Туре:	
Do you have the appropriate permits for	the temporary stru	ctures?	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 f	acilities and activities
Insurance Company Insuring the Event:	Houston Specia	Ity Insurance Con	npany NAIC	#12936
Note: Certificate of Insurance must be submitted	d at time of application	Evanston Insura Insurance Office	ance Compan e of America,	У
Surety Company Bonding this Event (Na	me and Address):	Inc. 4915 West Cyp Tampa, Fl 3360		NAIC #35378
Will Vehicles be Used as Part of This Event?	Will Food be Avail	able at this Event?	Will Alcoh	olic Beverages be umed at this Event?
☐ Yes 🔀 No	T Yes	⊠ No	Yes	▼ No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liabil included on the cert	ity coverage must be ificate of insurance.		ability coverage must be ecrtificate of insurance.
Organization Sponsoring the Event:	arlins Brewhouse			
Fill out this portion for applications for			y.	
Name of Charity: Ronald McDonald Ho		west Florida		
Address of Charity: 16100 Roserush Ct,	Fort Myers, FL 33908			
Phone Number: (239) 437-0202				
Non-profit certificate/registration num (Proof of registration with the Dept. of Agriculture & Section III - SALE/CONSUMPT	Consumer Services §496.4			requirement. §316.2045)
Is alcohol being sold/consumed on Coulf Yes, then a "Lee County Alcohol Permit" is required	unty Property?		Yes	⊠ No
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	nber:			
Please note: A permit from the State of Florida further details	a Division of Alcoholic Be	verages and Tobacco may	also be required; p	lease call (239) 344-0885 fo



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that apply):							
TV Movie or Special TV Series / Pilot	П	TV Commercia	S				
Public Service Announcement Industrial / Document	ary 🗵	Other: 5K Race					
Will any of the following be needed or included*?							
Street Closure		⋉ Yes	No				
Traffic / Crowd Control		▼ Yes	_ No				
Fire or Burning	Fire or Burning						
Explosives or Pyrotechnics	Explosives or Pyrotechnics						
Animals, Large or Small		☐ Yes]	X No				
Construction of Any Kind		☐ Yes	No				
Large and/or Numerous Vehicles		- Commi	⊼ No				
Helicopters, Boats, etc.		☐ Yes	▼ No				
Stunts		T Yes	X No				
Other		☐ Yes	⊠ No				
Special Parking Requirements:							
City or County Services Required: (Personnel, equipment,	facilities,	etc.)					
The following information is required for local and state ret the industry. If exact figures are not available, please estim	cords on	production in Flo	rida to track the economic impact of				
, in and in a second se							
Number in Cast: Number in Cre	w:	Numbe	er of locals hired:				
Total budget: Estimate amou	ınt spent i	n Lee County:					
Hotel room nights: Number of sho							

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.

Charles Parikow	Valerie Gresham
Signature of Applicant	Witness
Charles Pankow, Organizer	Valerie Gresham
Print Name of Applicant and Title	Print Name of Witness
03/06/2019	03/06/2019
Date	Date



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

Check the appropri	ate box(es) be	low:
☐ SPECIAL EV	'ENT PERMIT	
∫x USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, I	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Parking in au	thorized areas only.
Deputies (How Many?):	None	
Fee for Services:	N	
	None	
		In
Special Arrangements:	need a minim need to have placed at the 6 Mile Cypres Independence Harper at turn	ponsible for placement of MOT devices for lane closure. Vendor will um of 8 volunteers to assist with MOT during race. Volunteers will appropriate DOT recommeded safety attire. Volunteers should be following locations:6 Mile Crossing/6 Mile Cypress, s/Independence,6 Mile Cypress/Entrance to Six Mile Commercial Cte/Halifax/Banner, Halifax at back entrance to Springs, around point.
	Print Name:	Lt. K. Sonier
	Signature:	Sto Su Horm 95087
	Title:	Special Events, Permits and Details

Date:



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	ate box(es) belo	w:						
SPECIAL EV	'ENT PERMIT							
⊠ USE OF CO	UNTY PROPERTY F	PERMIT						
FILM PERMIT								
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLI	EASE INDICATE BELO WITH FOR THEIR EN	OW WHAT ARRANGEMENTS '/ENT.	YOUR ORGANIZATION				
Fire Guards (How Many?)	N/A							
Fee for Services:	N/A							
Flammable Vegetation:	N/A							
First Aid Equipment:	CALL 911 IF NEEDED							
Fire Extinguishing: N/A								
Special Arrangements:	ENSURE RUNNERS A MAY NEED TO EITHE	RE AWARE OF THEIR PR R STOP THEIR RUN OR N	OXIMITY TO A FIRE STATION AND TI MOVE TO ONE SIDE OF THE ROAD.	HAT AT ANY TIME THEY				
	Print Name:	Nate Burley						
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2019.03.11 09:29:38 -04'00'					
	Title:	Division Chief - Fire & L						
	Date: March 11, 2019							



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

Check the appropria	ite box(es) belov	v:							
SPECIAL EVI	ENT PERMIT								
□ USE OF COU	JNTY PROPERTY PE	ERMIT							
FILM PERM	☐ FILM PERMIT								
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.							
Treatment Facilities:	lities: None necessary.								
Medical Personnel:	None necessary.								
Medical Supplies / None necessary. Equipment:									
Safety Requirements:	No additional precautions necessary.								
Fee for Services	Not applicable.								
Special Arrangements:	by the local fire distr	encourage you to have either a cart team or bike team on site for this event, provided ict or EMS. To arrange special event medical coverage through EMS, contact our 11. South Trail Fire District may be able to provide coverage. You can reach them at							
	Print Name:	Douglas B. Higgins							
	Signature:	Douglas B. Higgins Douglas B. Higgins Distant Judged by Douglas B. Higgins critice County, Department of Public Safety, out-Official County, Out-Official Coun							
	Title:	Division Chief							
	Date:	03-06-2019							



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

Check the appropri	ate box(es) belo	ow:					
 □ SPECIAL EVENT PERMIT □ USE OF COUNTY PROPERTY PERMIT □ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES □ FILM PERMIT 							
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PL	LEASE INDICATE BELOV LY WITH FOR THEIR EVI	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION			
Parking:	No event parking o	n Lee County or State High	way road rights-of-way.				
Ingress and Egress:	Use all established	means of ingress and egre	55.				
Special Arrangements:	adjacent property of along Six Mile Cypr of the route lie outs access and use the applicant may be re	owners should be maintain ess must have safe pedestr side the County maintenan non-County roads. Since a equired to provide lighting ance of traffic personnel sh	ance with traffic control as needed. Any portion of the route alorian access maintained for non-pice, the applicant is responsible portion of the race occurs under plants at suitable locations for sould have appropriate safety aptenance of Traffic devices should	participants. Since portions for securing permission to r night time conditions, the safety and visibility parel and lighting			
	Print Name:	Bryan Miller					
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2019.03.08 12:25:16 -05'00'				
	Title:	Senior Project Manager					
	Date:	March 8, 2019		5			



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

Check the appropri	ate box(es) bel	ow:	
▼ SPECIAL EV	ENT PERMIT		
USE OF CO	UNTY PROPERTY	PERMIT	
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY F	ACILITIES
FILM PERM	IIT		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOU'LL WITH FOR THEIR EVENT.	OUR ORGANIZATION
Illumination:	N/A		y considerable and the constant of the constan
Parking Areas:	N/A		
			*
Special Arrangements:	N/A - Event is not o	on or near Lee County Parks and Recreation property and will	not affect our operations
Special Arrangements.	or programs.		
	New man	2 course as of 3/7/19 is not a	on County park
	property as	e course as of 3/7/19 is not any longer.	(JY Linear)
	1 /		
		44	
	Print Name:	Alise Flanjack	
	Signature:	Alise Flanjack Septily physical Product, Collision of March and March and Advantage and Analysis and March and Analysis a	
	Title:	Deputy Director	
	Date:	3/11/19	
		/	
Marlins 5k Run			
3/23/19	THE RESERVE THE PARTY OF THE PA	Page 10	
-1 -1, 1			



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	DW:						
☐ SPECIAL EVEN ☐ USE OF COUN ☐ PERMIT TO SI ☐ FILM PERMIT	NTY PROPERTY I ELL AND CONSU	PERMIT IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES					
AFTER REVIEWING THE A WILL REQUIRE THE APPLIC	PPLICATION, PI	EASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION					
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Described against bodily injury and/or property damage relatived event within Lee County.	Pollars (\$1,000,000) per to applicants use of					
Special Arrangements:	A Certificate of In Board of County (additional insured Subject to proof		verage listing Lee County ertificate holder and as an					
	Print Name: Signature:	Mike Figueroa Thiby figure—						
	Title:	Risk Program Manager						
	Date:	March 8, 2019						

DAYD

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

03/06/2019

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.

REPRESENTATIVE OR PRODUCER, AN	10 111		EKTI TOATE TTOEDET			4 D D ITION	IAL INCUIDED annuicione	- au b	andarcad
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject this certificate does not confer rights to	+ to	the '	terms and conditions of	the policient	cy, certain p orsement(s).	olicies may	require an endorsement	. Ast	atement on
PRODUCER License # 0E67768				CONTAC	T Debbie D	ay			
Insurance Office of America, Inc. 4915 West Cypress Street				PHONE (A/C, No,	Ext): (813) 2	62-2311 22		813)	637-8484
Tampa, FL 33607				ADDRES		ay@ioausa			
							DING COVERAGE		NAIC#
				INSURER	A: Houston	n Specialty	Insurance Company		12936
MOUDED				INSURER	в : Evansto	n Insuranc	e Company		35378
INSURED				INSURER					
Marlins Brew House, LLC									
6370 Tidewater Island Circle Fort Myers, FL 33908				INSURER		- 1			
Fort Myers, 1 L 33300				INSURER	RE:				
				INSURER	RF:				
COVERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PERT POLIC	REME ΓΑΙΝ, CIES.	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED BY BEEN R	THE POLICI	ES DESCRIBI PAID CLAIMS.	ED HEREIN IS SUBJECT T	O ALL	
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	4 000 000
A X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	х		HOSPK104311900		03/01/2019	03/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	^						MED EXP (Any one person)	\$	0
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
POLICY PRO- OTHER:							LIQUOR LIABILIT	\$	1,000,000
AUTOMOBILE LIABILITY			15 .5				COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per accident)		
AUTOS ONLY AUTOS							PROPERTY DAMAGE (Per accident)	\$	
HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		
								\$,000,000
B UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$,000,000
X EXCESS LIAB CLAIMS-MADE			EZXS3006024		03/01/2019	03/01/2020	AGGREGATE	\$,000,000
DED RETENTION\$	1							\$	
							PER OTH- STATUTE ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							E.L. EACH ACCIDENT	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE		
(Mandatory in NH) If yes, describe under							E.L. DISEASE - POLICY LIMIT		
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	Φ	_
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE County Board of County Commisoners	CLES (ACOR	D 101, Additional Remarks Sched as an additional insured	lule, may b on the g	e attached if mo eneral liabilit	re space is requi ty policy with	red) respects to a special eve	ent.	
			Ok 03/08/2019						
			Mike Join						
*)									
CERTIFICATE HOLDER				CANO	CELLATION				
				THE	EXPIRATION	N DATE TI	DESCRIBED POLICIES BE OF HEREOF, NOTICE WILL CY PROVISIONS.	BE D	LLED BEFORE DELIVERED IN
Lee County Board of County 2120 Main Street	ty Co	mmi	ssioners	AUTHO	ORIZED REPRES	ENTATIVE			

DAYD



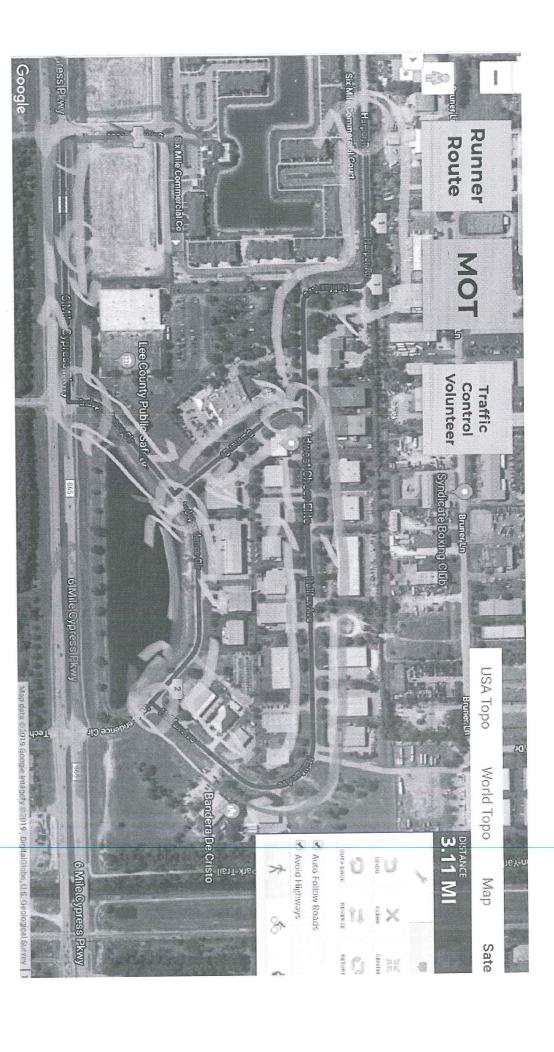
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2019

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

R	EPRESENTATIVE OR PRODUCER, AN	ID TH	HE CE	ERTIFICATE HOLDER.							
lf tl	MPORTANT: If the certificate holder SUBROGATION IS WAIVED, subjecting certificate does not confer rights to	t to	the	terms and conditions of	the poli	cy, certain p orsement(s).	olicies may	IAL INSURED provision require an endorsemen	s or b	e endorsed. tatement on	
PRODUCER License # 0E67768						CONTACT Debbie Day					
Insurance Office of America, Inc.						PHONE (A/C, No, Ext): (813) 262-2311 22527 FAX (A/C, No): (813) 637-8484					
4915 West Cypress Street						MAIL DRESS: Debbie.Day@ioausa.com					
Ian	тра, FL 33607				ADDRES			DING COVERAGE		NAIC#	
										12936	
						INSURER B: Houston Specialty Insurance Company INSURER B: Evanston Insurance Company					
INSURED					INSURE	RB: Evansto	on insuranc	e Company		35378	
	Marlins Brew House, LLC					INSURER C:					
	6370 Tidewater Island Circle					INSURER D:					
	Fort Myers, FL 33908					INSURER E:				P	
				INSURER F:							
CC	OVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
T 11	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY F SERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	PER POLI	REME TAIN, CIES.	THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	DED BY	THE POLICI	ES DESCRIB PAID CLAIMS.				
INSF	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
A	X COMMERCIAL GENERAL LIABILITY		.,,,,					EACH OCCURRENCE	\$	1,000,000	
	CLAIMS-MADE X OCCUR	X		HOSPK104311900		03/01/2019	03/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
	OF HIMS HALLE A	^				AMERICAN AND AND AND AND AND AND AND AND AND A		MED EXP (Any one person)	\$	0	
				X X				PERSONAL & ADV INJURY	\$	1,000,000	
								GENERAL AGGREGATE	\$	2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:								\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	s	1,000,000	
	OTHER:							COMBINED SINGLE LIMIT	S S		
	AUTOMOBILE LIABILITY							BODILY INJURY (Per person)	\$		
	ANY AUTO OWNED SCHEDULED										
	AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)			
	HIRED NON-OWNED AUTOS ONLY							(Per accident)	\$		
									\$	2,000,000	
В	UMBRELLA LIAB X OCCUR					2010110010	00/04/0000	EACH OCCURRENCE	\$	2,000,000	
	X EXCESS LIAB CLAIMS-MADE			EZXS3006024		03/01/2019	03/01/2020	AGGREGATE	\$	2,000,000	
	DED RETENTION \$							Lasa Lasa	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY Y / N							E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	1					E.L. DISEASE - EA EMPLOYE	E \$		
	If yes, describe under							E.L. DISEASE - POLICY LIMIT			
	DÉSCRIPTION OF OPERATIONS below										
Lee	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI e County Board of County Commisoner	CLES (ACOR amed	D 101, Additional Remarks Sched as an additional insured	dule, may t on the g	e attached if mo eneral liabilit	re space is requi y policy with	reaj respects to a special evo	ent.		
CERTIFICATE HOLDER						CANCELLATION					
Lee County Board of County Commissioners 2120 Main Street						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					

|Fort Myers, FL 33901



Agenda March 23, 2019

- 5:30pm to 6:25pm: Packet pick up
- 6:00pm: Ensure road clearance and closures
- 6:15pm: pre-race stretch/warm-up hosted by Orange Theory Fitness
- 6:30 to 8:00pm: Race start and course open
- 7:30pm: Age group awards