



EVENT PERMIT

Ordinance 17-08



WALK 4 HOPE

PERMIT NUMBER: TMP2019-00104

Date(s) of Event: APRIL 6, 2019 FROM 7:00AM UNTIL 12:00PM

Property Owner: LEE COUNTY

Applicant: AMY OBJARTEL
239-985-7726

Description: WALK BENEFIT FOR HOPE PARKINSON PROGRAM ONE AND THREE MILE WALKS

Location of event: 7330 GLADIOLUS DR, FORT MYERS, FL 33908
LAKES REGIONAL PARK

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

 3-20-19

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

WALK 4 HOPE

TMP2019-00104

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	Walk 4 Hope
Date(s) of Event / Production:	April 6, 2019
Location(s) of Event:	Lakes Regional Park
Name of Applicant:	Hope Hospice and Community Services, Inc. - Hope Parkinson Program
Applicant Address:	9470 HealthPark Circle Fort Myers, FL 33908
Applicant Phone Number:	239-985-7726
Contact Person: (If different from applicant)	Amy Objartel
Contact Phone Number: (If different from applicant)	
Email Address:	amy.objartel@hopehcs.org
Estimated Attendance:	250
Event Description: Include each activity, when activities take place, etc.	This will be the third Walk 4 Hope benefit for Hope Parkinson Program hosted at Lakes Park. Registration begins at 8 a.m. at pavilion D1, warm up exercises are held at 8:30 and the 1- and 3-mile stroll begins at 9 a.m. The event is complete by noon.
Hours of Operation:	7 a.m. - 12 p.m.
STRAP # of Parcel:	264524 00 00008000
Owner of Premises*:	N/A

*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? Recreation

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

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: Nationwide Life Insurance Company

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: N/A

Type of Food being Served: N/A

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Hope Hospice and Community Services, Inc.

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: Hope Hospice and Community Services, Inc - Hope Parkinson's Program

Address of Charity: 9470 HealthPark Circle, Fort Myers, FL 33908

Phone Number: 239-985-7726

Non-profit certificate/registration number: 85-8012640268C-8

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. 5316.2045)

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: N/A

(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 checked="" type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

* For any marked Yes, provide further details below:

Special Parking Requirements:

N/A

City or County Services Required: (Personnel, equipment, facilities, etc.)

N/A

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: <u>N/A</u>	Number in Crew: <u>N/A</u>	Number of locals hired: <u>N/A</u>
Total budget: <u>N/A</u>	Estimate amount spent in Lee County: <u>N/A</u>	
Hotel room nights: <u>N/A</u>	Number of shooting days: <u>N/A</u>	
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.

Jill Lampley
Signature of Applicant

Jill Lampley CFO
Print Name of Applicant and Title

3/5/19
Date

Amy Objartel
Witness

Amy Objartel
Print Name of Witness

3/5/19
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 in authorized areas only.
Deputies (How Many?):	none
Fee for Services:	none
Special Arrangements:	Race is to remain within the confines of the park and will be using the existing pathways.

Print Name: Lt. K. Sonier
Signature: [Signature] 95087
Title: Special Events, Permits and Details
Date: 3/7/19

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:

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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:

N/A

Print Name: Nate Burley

Signature:

Title: Division Chief - Fire & Life Safety

Date: March 7, 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: None necessary.

Medical Supplies /
Equipment: None necessary.

Safety Requirements: No additional precautions necessary.

Fee for Services: Not applicable.

Special Arrangements: Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
DN: cn=Douglas B. Higgins, ou=Lee County, Department of Public Safety,
ou=Division of EMS, email=dhiggins@leegov.com, c=US
Date: 2019.03.15 13:00:02 -0400

Title: Division Chief

Date: 03-15-19

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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Parking:

No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature:

Title: Senior Project Manager

Date: March 13, 2019

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:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:

Event organizer must provide own lighting if needed to safely run the event.

Parking Areas:

Park Gates Open at 7:00 am
Parking is limited to the designated parking areas inside Lakes Park. Parking is first come, first serve. All vehicles are required to display their event parking pass, display their paid parking receipt or have a Regional Parking sticker.

Special Arrangements:

Event organizer is responsible for set up and break down of race route/event signs, drink stations and first stations. All trash and event trash and debris must be cleaned up prior to leaving the park. No painting or permanent markings allowed on the roads or pathways (chalk is acceptable). Removable directional signs (IE: survey flags, real estate signs and cones) are permitted. Race course and pathways must be cleaned up by 10:00 am. Event banners may be hung at your Shelters. No motorized carts or vehicles are permitted on the pathways. Park Gates Open at 7:00 am

Print Name: Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

3/6/19

Walk 4 Hope
Lakes park 4/6/19

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:

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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: March 6, 2019

Client#: 1441113

132HOPEHOS

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2019

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 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 McGriff Insurance Services 13515 Bell Tower Drive Fort Myers, FL 33907 239 433-4535	CONTACT NAME: PHONE (A/C, No, Ext): 239 433-4535 FAX (A/C, No): 866-881-5271 E-MAIL ADDRESS: mmcnaally@mcgriffinsurance.com														
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COVERAGES

CERTIFICATE NUMBER:

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 ETR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Ded: \$25,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	03038343	02/17/2018	02/17/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$INCLUDED \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		21UECUV0924	02/17/2018	02/17/2019	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 \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	21WNS27100	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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


RE: Parkinson's Walk, 4/6/19 at Lakes Park, Ft. Myers FL: Lee County BOCC & Lee County Board of Commissioners are included as additional insured for general liability when required in written agreement.

Ok 03/06/2019



CERTIFICATE HOLDER

CANCELLATION

Lee County Risk Management PO Box 398 Fort Myers, FL 33902	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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ACORD 25 (2010/05) 1 of 1
 #S22831648/M20459510

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MMCN

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132HOPEHOS

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X Ded: \$25,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	03038343	02/17/2018	02/17/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$INCLUDED \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		21UECUV0924	02/17/2018	02/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	21WNS27100	05/01/2018	05/01/2019	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

RE: Parkinson's Walk, 4/6/19 at Lakes Park, Ft. Myers FL: Lee County BOCC & Lee County Board of Commissioners are included as additional insured for general liability when required in written agreement.

CERTIFICATE HOLDER**CANCELLATION**

Lee County Risk Management PO Box 398 Fort Myers, FL 33902	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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 #S22831648/M20459510

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MMCN

SPECIAL EVENT Accident Insurance Policy Application

Print or
type only

which, upon acceptance and approval by Nationwide Life Insurance Company—Columbus, Ohio 43216, will become a part of Specified Hazard Insurance Policy Number 502-

1. Name of Plan Sponsor Hope Hospice and Community Services Inc.

Address 9470 HealthPark Circle Ft. Myers FL 33908 Lee

2. Policy Term: The policy term starts at 12:01 a.m. on 04 / 06 / 19 which is the effective date, and ends at 12:01 a.m. on 04 / 07 / 19 which is the termination date. Policy term may not exceed 6 months.

3. Covered Activities

The special event activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor.

(Use PHI Codes)

4. Maximum Benefit Amounts

The word "None" means the benefit is not included

Benefit Provisions		Maximum Benefit Amounts		
ACCIDENTAL DEATH & SPECIFIC LOSS with a \$250,000 overall maximum for any one accident.				
Death		\$5,000	\$5,000	\$5,000
Specific Loss (Face Amount)		10,000	10,000	10,000
MEDICAL EXPENSE				
Accident	Deductible	None	None	None
	Overall Maximum	25,000	25,000	25,000
OFFICE USE ONLY		2220P 4220E	2220P 4220E	2220P 4220E

5. Premium Rates by Class(es) of Eligible Persons - check class(es) and Medical Expense Plan desired

CL	Eligible Persons	Daily Premium rates per Eligible Person	
		<input type="checkbox"/> PRIMARY Plan	<input type="checkbox"/> EXCESS Plan
All participants or all participants and staff in the activity(ies) checked below which is (are) sponsored and directly supervised by the plan sponsor (check only those activities to be insured):			
1	<input type="checkbox"/> Adult Study School <input type="checkbox"/> Bible School (PHI580)	\$0.05	\$0.04
2	<input type="checkbox"/> Amateur Theater <input type="checkbox"/> Amusement/Water Park Outing <input type="checkbox"/> Dance <input type="checkbox"/> Beauty Contest <input type="checkbox"/> Exhibit <input type="checkbox"/> Fashion Show <input type="checkbox"/> Festival <input type="checkbox"/> Fund-Raising Drive <input type="checkbox"/> Haunted House <input type="checkbox"/> Hay Ride <input type="checkbox"/> Museum Outing <input type="checkbox"/> Pageant <input type="checkbox"/> Parade <input type="checkbox"/> Picnic <input type="checkbox"/> Prom <input type="checkbox"/> Recital <input type="checkbox"/> Reunion <input type="checkbox"/> Wedding <input type="checkbox"/> Zoo Outing (PHI581)	0.09	0.07
3	<input type="checkbox"/> Battle Re-Enactment <input type="checkbox"/> Biathlon <input type="checkbox"/> Bicycling (except BMX) <input type="checkbox"/> Bowling <input type="checkbox"/> Donkey Sports <input type="checkbox"/> Boating (except Whitewater) <input type="checkbox"/> Darts <input type="checkbox"/> Exercise <input type="checkbox"/> Fishing <input type="checkbox"/> Golf <input type="checkbox"/> Gymnastic <input type="checkbox"/> Hiking <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Hunting <input type="checkbox"/> Jogging <input type="checkbox"/> Marathon <input type="checkbox"/> Manual Training School <input type="checkbox"/> Science Field Study <input type="checkbox"/> Shooting Match <input type="checkbox"/> Skating <input type="checkbox"/> Soap Box Derby <input type="checkbox"/> Swimming <input type="checkbox"/> Triathlon <input type="checkbox"/> Walk-A-Thon <input type="checkbox"/> Weightlifting (PHI582)	0.24	0.17
4	<input type="checkbox"/> Martial Arts (Except Competition) <input type="checkbox"/> Paintball (PHI586)	2.40	1.70
5	<input type="checkbox"/> Whitewater Boating/Rafting Trip or Tour (PHI676)	0.95	0.70
6	<input type="checkbox"/> Air Trip or Tour <input type="checkbox"/> Backpacking Trip or Tour <input type="checkbox"/> Bicycle Trip or Tour <input type="checkbox"/> Volunteer Construction and/or Repair Work <input type="checkbox"/> Other Water Trip or Tour (PHI583)	0.24	0.17
7	<input type="checkbox"/> Cave Exploring/Rappelling <input type="checkbox"/> Scuba/Skin Diving <input type="checkbox"/> Snowboarding <input type="checkbox"/> Snow Ski Trip or Tour (PHI585)	2.40	1.70
8	<input type="checkbox"/> Other Land Trip or Tour (PHI584)	0.09	0.07
9	<input checked="" type="checkbox"/> All spectators for the activity(ies) checked above (PHI587)	0.09	0.07
When a person on a given day is taking part in more than one of the activities checked above, premium should be paid based only on the highest rated activity. The practice and/or play of league sports is excluded.			
The minimum premium per policy term is \$225 if the medical expense PRIMARY plan has been elected and \$175 if the medical expense EXCESS plan has been elected.			

6. The Policy is to cover all eligible persons which include: ☐ participants only (06), or ☒ participants and staff (09)

7. It is understood and agreed that: (a) the premium will be paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance; and (b) premium will be paid with the application based on the total premium due as shown on the Premium Report.

(NY) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

By sending your check to Nationwide Life Insurance Company ("Nationwide"), you give your consent to Nationwide to authorize our financial institution to convert your check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. For authorized checking account withdrawal (also called Automated Clearing House or "ACH") call 844-203-2691.

By signing below, you agree that you have read all of the Fraud Warnings provided with this application.

502-BAGP W00000017500 McGiff Insurance Services / KBR Insurance

Previous Policy Number

01/25/19

Date

Agent's Signature and Number

238-433-7123

Agent's Phone Number

Jacqueline.diaz@mcgiffinsurance.com

Agent's E-mail Address

GR-9050

Signature of Applicant

JL Lamley, CFO

Printed Name and Title of Applicant

9470 HealthPark Cir., Ft. Myers FL 33908

Address of Applicant

238-433-4673

Applicant's Phone Number

JL.Lamley@hopehospice.org

Applicant's E-mail Address

☐ Check box if no agent was used.

(580-587, 660 & 676)
SHR-0150AO.2 (02/16)
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PREMIUM REPORT (Must be completed and sent in with the Application.)

Age range of participants (not staff): 3 to 80 years of age

Covered Activity	Dates of Activities	Number of Eligible Persons Anticipated to be Insured			Daily Premium per Eligible Person	Premium per Day	Total Number of Days	Premium Due
		Participant	Staff	Total				
Walk-A-Thon	04/06/19-04/07/19	250	+ 20	= 270	x \$ 0.17	= \$ 45.90	x 1	= \$ 45.90
Spectators		50	+	= 50	x \$ 0.07	= \$ 3.50	x 1	= \$ 3.50
			+	=	x \$	= \$	x	= \$
			+	=	x \$	= \$	x	= \$
			+	=	x \$	= \$	x	= \$
					\$	= \$ 3.50	x	= \$

Total Premium Due (Subject to policy minimum*) \$ 175.00

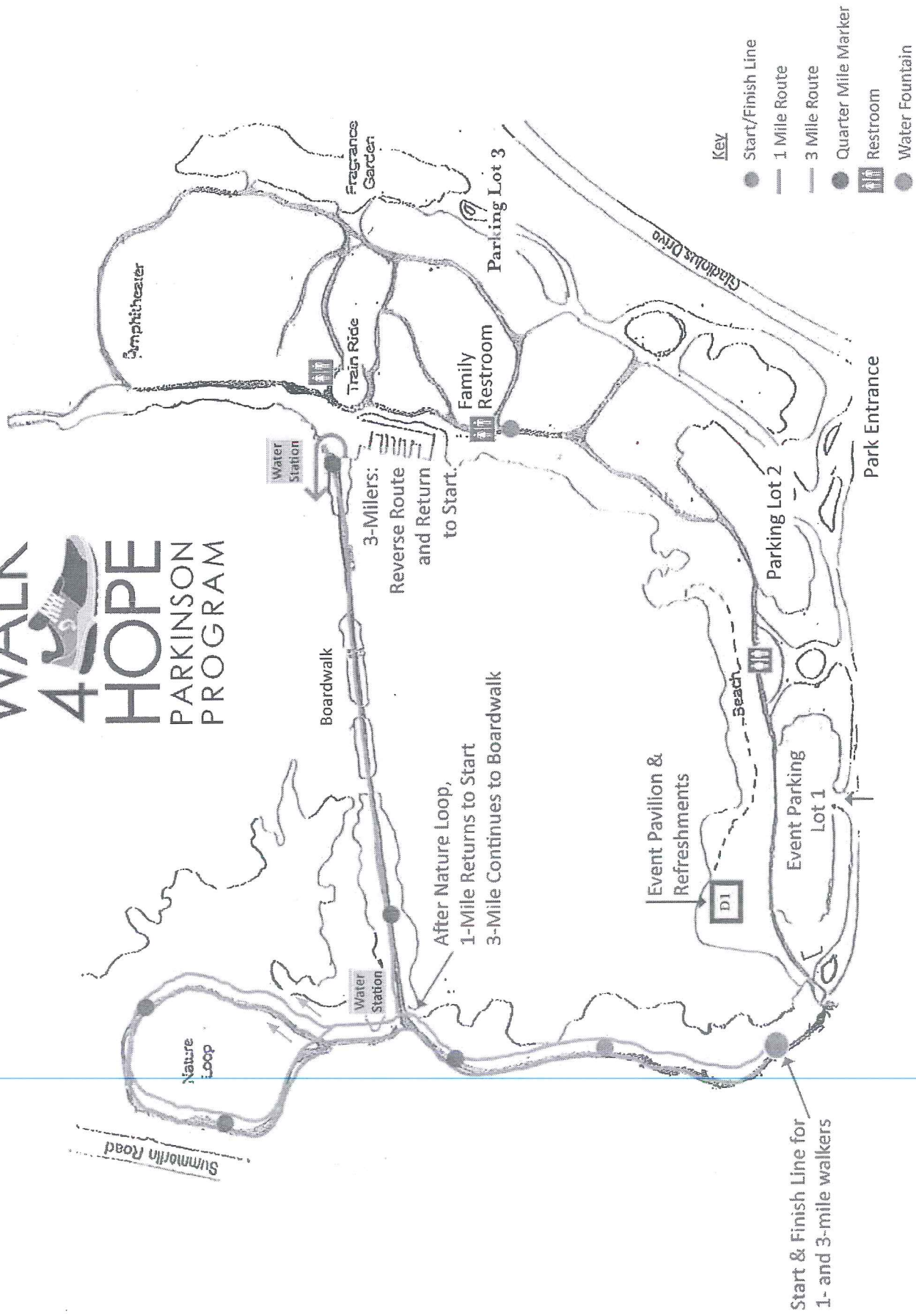
*The annual minimum premium per policy term is \$225 for PRIMARY medical coverage and \$175 for EXCESS medical coverage.

I certify that to the best of my knowledge and belief: (1) the preceding information is correct and complete; (2) premium is being paid for the total number of eligible persons who are anticipated to be insured during the policy term; and (3) the premium is being paid entirely by the plan sponsor with no contribution made by the eligible persons toward the cost of the insurance.

Date 1/28/2019 by Jill Lampley
 Day Telephone Number 239 489 9163 Fax Number 239 482 3380
 E-mail Address Jill.Lampley@HopeHCS.org

Note: For authorized checking account withdrawal (also called Automated Clearing House "ACH") download and complete the Authorization Form found at www.nationwide.com/ach or for credit card payment call (844) 203-2691.

WALK 4 HOPE PARKINSON PROGRAM



In case of emergency dial 911. For wheel chair assistance, call 239-994-8416.