

EVENT PERMIT



Ordinance 17-08

OUTHWEST FLORIDA SPRING FLING/WOODEN BAT CLASSIC

PERMIT NUMBER: TMP2019-00117

Date(s) of Event: APRIL 3, 2019 THROUGH APRIL 7, 2019 FROM 7:30AM

UNTIL 7:00PM

Property Owner:

LEE COUNTY

Applicant:

TOM GIFFEN

330-352-2171

Description:

LOCKER ROOM PROGRAM ANS FIELD ACCESS WITH CONSUMPTION OF

BEER IN LOCKER ROOM ONLY

Location of event:

4301 EDISON AVE, FORT MYERS, FL 33916

PLAYER DEVELOPMENT COMPLEX

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

To Be Consumed

Will a bond be posted for this event?

No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

ftmpprmt_specialevent.rpt

ATT CALL

County Manager Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriat	e box(es) below:
SPECIAL EVEN	NT PERMIT
USE OF COU	NTY PROPERTY PERMIT
PERMIT TO S	ELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	
Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Southwest Florida Spring Fling / Wooden Bat Classic
Date(s) of Event / Production:	April 3-7, 2019
Location(s) of Event:	PLAYER DEVELOPMENT COMPLEX, 4301 EDISON AVE, FORT MYERS 33916
Name of Applicant:	WAGNER WOODEN BAT CLASSIC / ROY HOBBS BASEBALL
Applicant Address:	4301-100 EDISON AVENUE FORT MYERS FL 33916
Applicant Phone Number:	239.898.8677 - Greg Wagner; 330.352.2171 - Tom Giffen
Contact Person: (If different from applicant)	GREG WAGNER / TOM GIFFEN
Contact Phone Number: (If different from applicant)	SAME
Email Address:	TG@ROYHOBBS.COM; FOTOGUY22@HOTMAIL.COM
Estimated Attendance:	40 ADULT AMATEUR BASEBALL PLAYERS
Event Description: Include each activity, when activities take place, etc.	This is the 6th Spring Fling event in Lee County, operated by the Wagner Wooden Bat Classic. Spring Fling has hired Roy Hobbs to operate its locker room program and field access. Permit application applies specifically to Beer only consumption - no sales - as part of the Locker Room program. No alcohol may leave the locker room; consumption is supervised by Hobbs and Wagner staffs; no BYOB allowed. Beer available from 4 pm to 7 pm; game times are 9:30 am & 1:30 pm. Locker room services
Hours of Operation:	Tournament play is 9 am to end of play, usually about 5 pm at PDC. Basic locker room hours are 7:30

204425P2000020000

STRAP # of Parcel:

Owner of Premises*:

Lee Co Board of Commissioners, administered by Lee County Parks and Recreation Department

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



Lee County Event Permit Application Fill out the following questions for allpermit types: What is the Zoning Classification of the premises? DNK 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 indentified, including all parking areas. Insurance Company Insuring the Event: Great American E&S Insaurance covers RH; Covington Specialty covers RH facility Note: Certificate of Insurance must be submitted at time of application Surety Company Bonding this Event (Name and Address): NONE Will Food be Available at this Event? Will Alcoholic Beverages be Will Vehicles be Used as Part of This served/consumed at this Event? Event? X Yes ☐ No □ No Yes X No If yes, liquor liability coverage must be If yes, automobile coverage must be If yes, products liability coverage must be included on the certificate of insurance. included on the certificate of insurance. included on the certificate of insurance. Home Run Concessions, owned and operated by Laura Heron, a Lee County Vendor. Name & Address of Organization Roy Hobbs Baseball has no role in the food service. Providing Food: Type of Food being Served: hot dogs, hamburgers, salads Section II - USE OF COUNTY PROPERTY PERMIT Organization Sponsoring the Event: 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

s alcohol being sold	/consumed	on County	Property?
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☐ 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: Consumption only, and only within the confines of the locker room. NO sales. (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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Specia		pply):										
	ı [TV Serie	es / Pilot	П	TV C	Commer	cial	П	Still F	hotos		
Public Service Anno	ouncement [Industria	al / Documentary		Oth	er:						
ill any of the followir	ng be needed	or included	*?									
Street Cl						Yes		No				
Traffic /	Crowd Contro	ol	*			Yes	П	No				
Fire or B	urning			castron control of the	П	Yes		No				
Explosiv	es or Pyrotech	nics		***************************************		Yes		No				
Animals	, Large or Sma	II				Yes	П	No				
Constru	ction of Any K	ind			П	Yes	Г	No				
Large an	nd/or Numero	us Vehicles				Yes		No				
Helicopt	ters, Boats, et	C.				Yes		No				
Stunts					П	Yes	С	No				
Other	***************************************					Yes		No				
												,
Special Parking Requ	uirements:											
Special Parking Requ	uirements:											
Special Parking Requestions of the County Service of County Service of the County Servic		(Personne	l, equipment, fac	ilities,	etc.)							
		(Personne	l, equipment, fac	ilities,	etc.)							
City or County Serv	ices Required	ired for loc	al and state recor	ds on p	orodu	ction in	Florid ble.	a to 1	crack t	he ec	onomi	c impa
City or County Serv	ices Required	ired for loc	al and state recor	ds on p	orodu	as possi	Florid ble. mber o				onomi	c impa
City or County Serv The following inforr the industry. If exa	ices Required	ired for loc	al and state recor e, please estimat	ds on pe as clo	orodu osely a	Nu	ble.				onomi	c impa
City or County Serv The following informathe industry. If examination of the industry of the industry.	ices Required	ired for loc	al and state recor e, please estimat Number in Crew:	ds on pe as clo	oroduo osely a	Nu	ble.				onomi	c 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.

Signature of Applicant

RHBB

CAREGORY L. WAGNER

Print Name of Applicant and Title

Print Name of Witness

3-1-19

Date



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

Check the appropriate box(es) below:

F SPECIAL EV	ENT PERMIT
USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
THE THE OTHER THE PROPERTY OF	30 MT TO COME ET WITH TORK THEM EVENT.
Daulsings	
Parking:	Parking for this event will be in authorized areas only.
Deputies (How Many?):	
Deputies (How Marry:).	None required.
Fee for Services:	None.
Special Arrangements:	Beer only consumption in the locker room during established times. Alcohol must not leave the confines of the locker room. Consumption will be monitored by the
	event staff
	Print Name: 17 17 0
	Print Name: Lt. K. Sonier
	Signature: John Jan 95087
	Title: Special Operations Division
	Date: 3/12./9



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 appropria	te box(es) bei	low:	
SPECIAL EVE	NT PERMIT		
USE OF COL	INTY PROPERTY	PERMIT	
FILM PERMI	Т		
AFTER REVIEWING THE A	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS Y LY WITH FOR THEIR EVENT.	OUR ORGANIZATION
Fire Guards (How Many?)			
Fee for Services:			
Flammable Vegetation:			
First Aid Equipment:			
Fire Extinguishing:			
Special Arrangements:			
	Print Name:	Rick Reynolds	
	Signature:	Shite W. I	
	Title:	Interim Fire Marshal	
	Date:	3/25/19	



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

Check the appropria	Check the appropriate box(es) below:								
SPECIAL EVE	ENT PERMIT								
□ USE OF COU	JNTY PROPERTY PE	RMIT							
FILM PERM	FILM PERMIT								
FTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION VILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.									
Treatment Facilities:	None necessary.	one necessary.							
Medical Personnel:	None necessary.								
Medical Supplies / Equipment:	None necessary.								
Safety Requirements:	No additional precau	tions necessary.							
Fee for Services	Not applicable.								
Special Arrangements:	Please call 911 in the 239 533-3911.	event of an emergency. To arrange special event coverage, contact our office at							
	Print Name:	Douglas B. Higgins							
	Signature:	Douglas B. Higgins Dix crobouglas B. Higgins Dix crobouglas B. Higgins Dix crobouglas A Higgins Dix crobouglas B. Higgins Dix c							
	Title:	Division Chief							
	Date:	03-26-2019							



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

Check the approprie	ate box(es) bel	ow:	
SPECIAL EV	ENT PERMIT		
ł	UNTY PROPERTY		
	SELL AND CONS	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERM	IIT		
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Parking:	Park in designated a	areas.	
Ingress and Egress:	Use all established	means of ingress and egress.	
Special Arrangements:	None.		
	voice and the second se		
	Print Name:	Bryan Miller	
	Signature:	Bryan D. Miller Date: 2019.03.12 14:08:53 -04'00'	
	Title:	Project Manager	
	Date:	March 12, 2019	



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 FACILITIES	
FILM PERM	1IT		
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.	
Illumination:	N/A		
Parking Areas:	N/A		
			,
Special Arrangements:	This permit applic the facility use hou	ation applies to consumption of beer only as a part of the locker room program during rs.	
	This is not a BYOB	event and beer is not permitted outside of the locker room around the ball fields.	
	, .		
	Deint Manne		
	Print Name:	Alise Flanjack	
	Signature:	Absl Flayock	
	Title:	Deputy Director	
	Date:	3/15/19	
- H	· ×		
pring Flang	next Camplex	Page 10	
1111 125 1100000	- WINNEY		



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 EVEI USE OF COUL PERMIT TO S FILM PERMIT	NTY PROPERTY ELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Insurance Requirements:	occurrence to pro aforementioned of In addition, Host (\$1,000,000) per of	eral liability insurance with minimum limits of One Million Dotect against bodily injury and/or property damage relative event within Lee County. Liquor Liability insurance will be required with minimum limoccurrence. Should Host Liquor Liability coverage be afford policy, minimum acceptable limits will be Two Million Dolla	to applicants use of nits of One Million Dollars I under the Commercial
Special Arrangements:	A Certificate of In Board of County additional insure Subject to proof		erage listing Lee County ertificate holder and as an
	Print Name: Signature:	Mike Figueroa Natura Jaina	
	Title: Date:	Risk Program Manager March 11, 2019	



DATE (MM/DD/YYYY) 3/1/2019

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 endorseme	nu(s).							
PRODUCER	NVI	CONTACT NAME:	,					
FL DEAN TOM WOJCIECHOWS		PHONE (A/C, No, Ext):	HONE VC, No, Ext): 800-745-2409, ext. 210 FAX (A/C, No):					
FORT MYERS, FL 33912-7513		E-MAIL ADDRESS:	Twojciechowski@fdean.com					
(800) 745-2409, EXT 210			INSURER(S) AFFORDING COVERAGE	NAIC#				
			United States Fire Insurance Company	21113				
	PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:						
ITS PARTICIPATING MEME	oens.	INSURER C:						
BOB WAGNER'S WOODEN BA	T CLASSIC	INSURER D:						
10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966		INSURER E:						
		INSURER F:						
COVERAGES	CERTIFICATE NUMBER: USP289919		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.

			SUBR	AY HAVE BEEN REDUCED BY PAID CLAIR	POLICY EFF	POLICY EXP	LIMITS	
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
A	X INCLUDES ATHLETIC PARTICIPANTS	Х		SRPGAPML-101-0718	4/3/2019 12:01 AM	4/8/2019 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
	X INCESSES / INCESSES			5, ti 5, ti 1,12 15 1 5 1 15	12.01 AW	12.017(10)	FIRE DAMAGE (Any one fire)	\$300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	HIRED AUTO AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	Autos						5	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$	1						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH- TORY LIMITS ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$.
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under						E.L. DISEASE - POLICY LIMIT	\$
A	Accident/Medical Coverage		*	US1031188	4/3/2019 12:01 AM	4/8/2019 12:01 AM	AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT	\$ 2,500 \$ 10,000 \$ 100 EXCESS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as additional insured with respect to the operations of the Named Insured. Covered Activity: Camp Activities - Baseball

Ok 03/11/2019

CERTIFICATE HOLDER

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

PO BOX 398 FORT MYERS, FL 33902 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

Francis L. Dean



DATE: (MM/DD/YYYY) 12/27/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

th	e terms and conditions of the policy, certain policies may require an entificate holder in lieu of such endorsement(s).	endorseme	ent. A staten	nent on this	certificate does not con	fer rights to the	ì	
	DUCER	CONTA NAME:	^{ст} Frazier	Insurance A	Agency, Inc.			
	Frazier Insurance Agency, Inc.	PHONE (A/C, No	o, Ext): (804)	754-7610	FAX (A/C, No): (8	04) 754-7613		
	P.O. Box 1250	E-MAIL ADDRE						
	Midlothian, VA 23113-1250	,,,	NAIC #					
		INSURE	INSURER A: Aegis Security Insurance Company					
INSU	JRED Sports and Special Event Risk Purchasing Group, Inc.	INSURI	INSURER B:					
		INSUR	ERC:					
	Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball	INSUR	ERD:					
	4301-100 Edison Ave.	INSUR	ERE:					
	Fort Myers, FL 33916	INSUR	ERF:					
CO	VERAGES CERTIFICATE NUMBER:				/ISION NUMBER:			
IN	HIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAD DICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION ERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORE CLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE B	OF ANY C	UNTRACT OF	DESCRIBED	HEREIN IS SUBJECT TO	ALL THE TERMS	~	
INSR LTR	TYPE OF INSURANCE ADDL SUBR NWVD POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	\$ 2,000,000.0	0	
	GENERAL LIABILITY				GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 2,000,000.0		
	X COMMERCIAL GENERAL LIABILITY				PERSONAL & ADV INJURY	\$ 1,000.000.0		
Α	CLAIMS-MADE X OCCUR Policy # FGLSP-10	00-18	01/01/2019	01/01/2020	EACH OCCURRENCE	\$ 1,000.000.0		
\sim	X INCLUDES ATHLETIC PARTICIPANTS Cert #FFL-S-00	30		12:01 AM	DAMAGE TO RENTED	\$ 300,000.0	00	
	GENL AGGREGATE LIMIT APPLIES PER:				MED EXP (Any one person)	\$ 5,000.0)0	
	X POLICY PRO-					\$		
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$		
	ANY AUTO				BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS				PROPERTY DAMAGE	\$	_	
	HIRED AUTO NON-OWNED AUTOS				(Per accident)	\$		
_					EACH OCCURRENCE	\$		
	UMBRELLALIAB CCCÜR FXCESS LIAB CLAIMS-MADE				AGGREGATE	\$		
	EXCESS LIAB . CLAIMS-MADE DED RETENTION \$					\$		
_			v			\$		
						\$		
						\$		
_					LIMIT	\$ 10,000.00		
Α	Excess Accident Medical FR0348		01/01/2019	01/01/2020 12:01 AM	AD&D DEDUCTIBLE	\$ 10,000.00 \$ 100.00	ĺ	
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks	Schedule, if m	ore space is requ	ired)	0k 03/11/2019			
PC	Host Liquor coverage is included on the policy				Philip Jajum			
_	ertificate Holder is An Additional Insured, But Only As Respects The	Oneration	s Of The Na	med Insure	d.			
			ELLATION	THE CHICATO	4.			
CE	ERTIFICATE HOLDER							
	Lee County Board of Commissioners PO Box 398	THE	D ANY OF THE EXPIRATION RDANCE WITH	DATE THE	ESCRIBED POLICIES BE C REOF, NOTICE WILL B PROVISIONS.	ANCELLED BEFO E DELIVERED	IN	
	Ft. Myers, FL 33902	AUTHORI	ZED REPRESEN	TATIVE				
		John W. Frazier						

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DATE (MM/DD/YYYY) 3/1/2019

CERTIFICATE OF LIABILITY INSURANCE 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) CONTACT NAME: PRODUCER FL DEAN TOM WOJCIECHOWSKI PHONE (A/C, No, Ext): FAX (A/C, No): 800-745-2409, ext. 210 6900 DANIELS PKWY STE 29-303 E-MAIL ADDRESS FORT MYERS, FL 33912-7513 Twojciechowski@fdean.com (800) 745-2409, EXT 210 NAIC # INSURER(S) AFFORDING COVERAGE 21113 United States Fire Insurance Company INSURER A: SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND INSURER B INSURED ITS PARTICIPATING MEMBERS: INSURER C: **BOB WAGNER'S WOODEN BAT CLASSIC** INSURER D : 10180 VIA COLOMBA CIRCLE INSURER E : FT. MYERS, FL 33966 INSURER F REVISION NUMBER: CERTIFICATE NUMBER: USP289919 COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS POLICY EXP ADDL SUBR (MM/DD/YYYY) (MM/DD/YYYY) INSR POLICY NUMBER TYPE OF INSURANCE \$2,000,000.00 GENERAL AGGREGATE GENERAL LIABILITY PRODUCTS - COMP/OP AGG \$2,000,000.00 COMMERCIAL GENERAL LIABILITY X PERSONAL & ADV INJURY \$1,000,000.00 Χ OCCUR CLAIMS-MADE 4/8/2019 4/3/2019 \$1,000,000.00 EACH OCCURRENCE SRPGAPML-101-0718 X INCLUDES ATHLETIC PARTICIPANTS 12:01 AM 12:01 AM Α Χ FIRE DAMAGE (Any one fire) \$300,000.00 MED EXP (Any one person) GEN'L AGGREGATE LIMIT APPLIES PER POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) S ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ NON-OWNED HIRED AUTO (Per accident AUTOS \$ EACH OCCURRENCE \$ UMBRELLA LIAB AGGREGATE \$ CLAIMS-MADE EXCESS LIAB \$ RETENTION \$ DED WC STATU-TORY LIMITS OTH \$ WORKERS COMPENSATION Y/N AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH) E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below \$ 2.500 AD&D \$ 10,000 4/8/2019 4/3/2019 MAXIMUM MEDICAL \$ 100 US1031188 DEDUCTIBLE TERMS OF PAYMENT Accident/Medical Coverage 12:01 AM 12:01 AM **EXCESS** DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as additional insured with respect to the operations of the Named Insured Covered Activity: Camp Activities - Baseball CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE LEE COUNTY BOARD OF COUNTY COMMISSIONERS WITH THE POLICY PROVISIONS. **PO BOX 398** FORT MYERS, FL 33902 AUTHORIZED REPRESENTATIVE Francis L. Dean

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DATE: (MM/DD/YYYY) 12/27/2018

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certificate holder in fleu of such endorsement(s).		,			
PRODUCER	CONTACT Frazier Insurance Agency, Inc.				
Frazier Insurance Agency, Inc.	PHONE (A/C, No, Ext): (804) 754-7610 FAX (A/C, No): (804) 7	54-7613			
P.O. Box 1250	E-MAIL ADDRESS: ifrazier@frazierinsurance.com				
Midlothian, VA 23113-1250	INSURER(S): AFFORDING COVERAGE	NAIC #			
	INSURERA: Aegis Security Insurance Company	33898			
INSURED Sports and Special Event Risk Purchasing Group, Inc.	INSURER B:				
	INSURERC:				
Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball	INSURERD:				
4301-100 Edison Ave.	INSURERE:				
Fort Myers, FL 33916	INSURERF:				
ATTITION TO MUNICIPAL MANAGED.	REVISION NUMBER:				

		DELUCIONINITADE
COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER
CUMERAGES	CENTILIONIE MOMBER.	

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INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
LTR	GENERAL LIABILITY	NON	VVVD				GENERAL AGGREGATE	\$ 2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$ 1,000.000.00
Α	CLAIMS-MADE 11 OCCOR			Policy # FGLSP-100-18	01/01/2019	01/01/2020	EACH OCCURRENCE	\$ 1,000.000.00
Α	X INCLUDES ATHLETIC PARTICIPANTS			Cert #FFL-S-0030		12:01 AM	DAMAGE TO RENTED PREMISES	\$ 300,000.00
	GENIL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$ 5,000.00
	X POLICY PRO- LOC							\$
	AUTOMOBILE LIABILITY		-				COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	AUTOS AUTOS NON-OWNED			,			PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS AUTOS							\$
	UMBRELLALIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$	1						\$
								\$
								\$
								\$-
								\$
				-Dag (0	0.1/0.1/0.010	04/04/0000	LIMIT	\$ 10,000.00 \$ 10,000.00
Α	Excess Accident Medical			FR0348	01/01/2019	01/01/2020 12:01 AM	AD&D DEDUCTIBLE	\$ 10,000.00

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

Host Liquor coverage is included on the policy

Certificate Holder is An Additional Insured, But Only As Respects The Operations Of The Named Insured

CERTIFICATEHOLDER	CANCELLATION
Lee County Board of Commissioners PO Box 398	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ft. Myers, FL 33902	authorized representative John W. Frazier

CANCELLATION



DATE: (MM/DD/YYYY) 12/27/2018

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certificate fibrider in fied of Sach Chicago Communication					
PRODUCER	CONTACT NAME: Frazier Insurance Agency, Inc. PHONE (A/C, No, Ext): (804) 754-7610 FAX (A/C, No): (804) 754-7613				
Frazier Insurance Agency, Inc.					
P.O. Box 1250	E-MAIL ADDRESS: ifrazier@frazierinsurance.com				
Midlothian, VA 23113-1250	INSURER(S): AFFORDING COVERAGE	NAIC #			
•	INSURERA: Aegis Security Insurance Company	33898			
INSURED Sports and Special Event Risk Purchasing Group, Inc.	INSURER B:				
	INSURERC;				
Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball	INSURERD:				
4301-100 Edison Ave.	INSURERE:				
Fort Myers, FL 33916	INSURERF:				

COVERAGES	CERTIFICATE	NUMBE

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 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	POLICY NUMBER	POLICY EFF (MWDD/YYYY)	(MM/DD/YYYY)	LIMITS	
LIK	GENERAL LIABILITY	INOK	****				GENERAL AGGREGATE	\$ 2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$ 1,000.000.00
Α	CDAING-MADE COOK			Policy # FGLSP-100-18	01/01/2019	01/01/2020	EACH OCCURRENCE	\$ 1,000.000.00
Λ	X INCLUDES ATHLETIC PARTICIPANTS			Cert #FFL-S-0030		12:01 AM	DAMAGE TO RENTED PREMISES	\$ 300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			4			MED EXP (Any one person)	\$ 5,000.00
	X POLICY PRO- JECT LOC						٩	\$
	AUTOMOBILE LIABILITY	1					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANYAUTO						BODILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS AUTOS							\$
	UMBRELLALIAB OCCÜR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$	1						\$
						3		\$
								\$
								\$
		1						\$
				-50040		04/04/0000	LIMIT	\$ 10,000.00 \$ 10,000.00
Α	Excess Accident Medical			FR0348	01/01/2019	01/01/2020 12:01 AM	AD&D DEDUCTIBLE	\$ 10,000.00 \$ 100.00
						12.017.00	1	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) POLICY DEDUCTIBLE: \$0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

Host Liquor coverage is included on the policy

CERTIFICATE HOLDER	CANCELLATION
Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
4301-100 Edison Ave. Fort Myers, FL 33916	AUTHORIZED REPRESENTATIVE John W. Frazier

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DATE (MW/DD/YYYY) 3/1/2019

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nolaer in lie	u or such endorsement(s).			
PRODUCER		CONTACT NAME:		
	DM WOJCIECHOWSKI LLS PKWY STE 29-303	PHONE (A/C, No, Ext):	800-745-2409, ext. 210 FAX (A/C, No):	
	RS, FL 33912-7513	E-MAIL ADDRESS:	Twojciechowski@fdean.com	
(800) 745-2409, EXT 210			INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A:	United States Fire Insurance Company	21113
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:		
	ITS PARTICIPATING MEMBERS:	INSURER C:		
BOB WAGNER'S WOODEN BAT CLASSIC		INSURER D:		
FT. MYERS	COLOMBA CIRCLE FL 33966	INSURER E:		
		INSURER F:		

COVERAGES CERTIFICATE NUMBER: USP289919 REVISION NUMBER:

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	MDITIONS OF SUCH FOLICIES. LIMITS	ADDL	OLIDO	AY HAVE BEEN REDUCED BY PAID CLAIN	POLICY EFF	POLICY EXP		
NSR .TR	TYPE OF INSURANCE	INSR	WD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
Α	X INCLUDES ATHLETIC PARTICIPANTS	х		SRPGAPML-101-0718	4/3/2019 12:01 AM	4/8/2019 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
^	X meceszermizer			Oral Oral Mile 101 07 10	12.01 AW	12.01 AW	FIRE DAMAGE (Any one fire)	\$300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	
	X POLICY PRO-							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	\$
	AUTOS AUTOS HIRED AUTO AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- TORY LIMITS ER	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Accident/Medical Coverage			US1031188	4/3/2019 12:01 AM	4/8/2019 12:01 AM	AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT	\$ 2,500 \$ 10,000 \$ 100 EXCESS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covered Activity: Camp Activities - Baseball

CERT	IFICATE	HOL	DER
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CANCELLATION

BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966 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

Francis L. Dean



DATE (MWDDYYYY) 3/1/2019

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PRODUCER	OM WOJCIECHOWSKI	CONTACT NAME:					
	ELS PKWY STE 29-303	PHONE (A/C, No, Ext):	800-745-2409, ext. 210 FAX (A/C, No):				
	RS, FL 33912-7513	E-MAIL ADDRESS:	Twojciechowski@fdean.com				
(800) 745-2	2409, EXT 210		NAIC#				
		INSURER A:	United States Fire Insurance Company	21113			
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:	INSURER B:					
	GS PARTICIPATING DIEMOLING.	INSURER C:					
	NER'S WOODEN BAT CLASSIC	INSURERD:					
10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966		INSURER E:					
	•	INSURER F:					

REVISION NUMBER: COVERAGES CERTIFICATE NUMBER: USP289919 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 POLICY EFF POLICY EXP ADDL SUBR INSR WVD LIMITS NSR LTR TYPE OF INSURANCE POLICY NUMBER \$2,000,000.00 GENERAL AGGREGATE GENERAL LIABILITY PRODUCTS - COMP/OP AGG \$2,000,000.00 COMMERCIAL GENERAL LIABILITY X OCCUR \$1,000,000.00 PERSONAL & ADV INJURY CLAIMS-MADE 4/3/2019 4/8/2019 EACH OCCURRENCE \$1,000,000.00 SRPGAPML-101-0718 X INCLUDES ATHLETIC PARTICIPANTS Χ 12:01 AM 12:01 AM \$300,000.00 FIRE DAMAGE (Any one fire) MED EXP (Any one person) GENT AGGREGATE LIMIT APPLIES PER POLICY LOC COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ HIRED AUTO (Per accident) \$ EACH OCCURRENCE S UMBRELLA LIAB OCCUR AGGREGATE S EXCESS LIAB CLAIMS-MADE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Covered Activity: Camp Activities - Baseball

US1031188

NIA

CERT	FICAT	E HOLD	ER

CANCELLATION

BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966

RETENTION S

WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED?

DESCRIPTION OF OPERATIONS below

Accident/Medical Coverage

DED

(Mandatory in NH)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

WC STATU-TORY LIMITS

E.L. EACH ACCIDENT

MAXIMUM MEDICAL

TERMS OF PAYMENT

DEDUCTIBLE

ADAD

4/8/2019

12:01 AM

E.L. DISEASE - EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

AUTHORIZED REPRESENTATIVE

4/3/2019

12:01 AM

Francis L. Dean

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\$ 2,500

\$ 10,000 \$ 100

EXCESS



DATE (MM/DD/YYYY) 3/1/2019

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(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR LIMITS INSR TYPE OF INSURANCE ea 000 000 00

	a muma a Lab Dill ITM		1			1	GENERAL AGGREGAT	IE {	\$2,000,000.00
-	GENERAL LIABILITY						PRODUCTS - COMP/C	PAGG	\$2,000,000.00
-	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					L. Constant	PERSONAL & ADV INJ		\$1,000,000.00
		X		SRPGAPML-101-0718	4/3/2019	4/8/2019 12:01 AM	EACH OCCURRENCE		\$1,000,000.00
Α	X INCLUDES ATHLETIC PARTICIPANTS	^		3N-GAI WL-101-0710	12:01 AM	12,01 AW	FIRE DAMAGE (Any or	ne fire)	\$300,000.00
ŀ	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one per	rson)	
	X POLICY JECT LOC						COMBINED SINGLE LIMIT (Ea accident)		S
	AUTOMOBILE LIABILITY ANY AUTO						BODILY INJURY (Per)	person)	\$
	ALL OWNED SCHEDULED						BODILY INJURY (Per	accident)	S
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)		S
	AUTOS								s
	IIMBRELLA LIAB OCCUR						EACH OCCURRENCE		S
							AGGREGATE		s
	EXCESS LIAB CLAIMS-MADE DED RETENTION S	1							\$
	WORKERS COMPENSATION	+					WC STATU- TORY LIMITS	OTH- ER	\$
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE	1					E.L. EACH ACCIDENT		\$
	OFFICER/MEMBER EXCLUDED?	NIA					E.L. DISEASE - EA EN	IPLOYEE	\$
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - POLIC	CY LIMIT	S
Α	Accident/Medical Coverage			US1031188	4/3/2019 12:01 AM	4/8/2019 12:01 AM	AD&D MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT	Г	\$ 2,500 \$ 10,000 \$ 100 EXCESS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is named as additional insured with respect to the operations of the Named Insured. Covered Activity: Camp Activities - Baseball

CERTIFICATE HOLDER	CANOLLIATION
LEE COUNTY BOARD OF COUNTY COMMISSIONERS 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.
Total Milato, La cool	AUTHORIZED REPRESENTATIVE
	Francis L. Dean

CANCEL LATION

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DATE: (MM/DD/YYYY) 12/27/2018

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

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

PRODUCER		CONTACT Frazier Insurance Agency, Inc.					
	Insurance Agency, Inc.	PHONE (A/C, No, Ext): (804) 754-7610 FAX (A/C, No): (804)	754-7613				
P.O. Bo Midloth	ox 1250 ian, VA 23113-1250	E-MAIL ADDRESS: ifrazier@frazierinsurance.com					
		INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURERA: Aegis Security Insurance Company	33898				
INSURED Sports and Spec	cial Event Risk Purchasing Group, Inc.	INSURER B:					
Roy Hol	obs Diamond Enterprises LLC	INSURERC:					
	by Hobbs Baseball	INSURERD:					
	301-100 Edison Ave.	INSURERE:					
roit iviy	ers, FL 33916	INSURERF:					
001/504050	OCCUPIONATE MUNICIPO						

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			SUBR	LIMITS SHOWN WAY HAVE BEEN KEDOO	POLICY EFF	POLICY EXP		
LTR TYPE OF INSURANCE			WVD	POLICY NUMBER	(MM/DD/YYY)	(MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						GENERAL AGGREGATE	\$ 2,000,000.00
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X INCLUDES ATHLETIC PARTICIPANTS GENL AGGREGATE LIMIT APPLIES PER:			Policy # FGLSP-100-18 Cert #FFL-S-0030	01/01/2019	01/01/2020 12:01 AM	PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
							PERSONAL & ADV INJURY	\$ 1,000.000.00
							EACH OCCURRENCE	\$ 1,000.000.00
							DAMAGE TO RENTED PREMISES	\$ 300,000.00
							MED EXP (Any one person)	\$ 5,000.00
	X POLICY PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$.
	UMBRELLALIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	S
	DEC RETENTION \$							\$
								\$
	RALALALALALALALALALALALALALALALALALALAL							\$
								\$
								\$
Α	Excess Accident Medical			FR0348	04/04/00=0	04/04/0000	LIMIT	s 10,000.00
Λ	LACESS ACCIDENT MEDICAL			FR0346	01/01/2019		AD&D DEDUCTIBLE	s 10,000.00 s 100.00
DES	CRIPTION OF OPERATIONS / LOCATIONS / VE)	HICLE	S (Atta	ch ACORD 101 Additional Remarks Schedule if mo	ra enaca le raqui			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
POLICY DEDUCTIBLE: S0.00 PER EACH BODILY INJURY OR PROPERTY DAMAGE CLAIM.

Host Liquor coverage is included on the policy

Certificate Holder is An Additional Insured, But Only As Respects The Operations Of The Named Insured.

Lee County Board of Commissioners PO Box 398	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Ft. Myers, FL 33902	AUTHORIZED REPRESENTATIVE
	John W. Frazier

CANCELLATION

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CERTIFICATE HOLDER



DATE: (MM/DD/YYYY) 12/27/2018

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.

	MPORTANT: If the certificate holds be terms and conditions of the poli- ertificate holder in lieu of such endo	cv. cenair	l Dollcies may require an en	oolicy(ie: idorsem	s) must be ent. A state	endorsed, I ment on thi	f SUBROGATION IS W. s certificate does not co	AIVE	D, subject to rights to the	
	DDUCER		,	CONTA	CT Frazie	er Insurance	Agency Inc			
Frazier Insurance Agency, Inc.					PHONE					
P.O. Box 1250					(A/C, No, Ext): (804) 754-7610 FAX (A/C, No): (804) 754-7613					
	Midlothian, VA 23113-12	250		ADDRESS: ITTAZIET@TTAZIETINSUTANCE.com						
				INSURER(S) AFFORDING COVERAGE					NAIC #	
PINIS.	JRED			INSURERA: Aegis Security Insurance Company					33898	
	Sports and Special Event Risk Purchasir	g Group, Inc.		INSUR						
	Roy Hobbs Diamond En	terorises I	I.C.	INSUR						
	DBA Roy Hobbs Baseba			INSUR						
	4301-100 Edison Ave. Fort Myers, FL 33916			INSUR	ERE:					
	For Myers, PL 35916		•	INSUR	ERF:	***************************************				
CO	VERAGES CE	RTIFICAT	E NUMBER:			RE	VISION NUMBER:			
CE	DICATED, NOTWITHSTANDING ANY R	EQUIREMEI Y PERTAIN POLICIES.	NT, TERM OR CONDITION OF . THE INSURANCE AFFORDED	/E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD F ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS FO BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO ALL THE TERMS						
TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER		POLICY EFF (MWDDYYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						GENERAL AGGREGATE	\$	2,000,000.00	
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$	2,000,000.00	
Α	CLAIMS-MADE A OCCUR		Policy # FGLSP-100-	.18			PERSONAL & ADV INJURY	\$	1,000.000.00	
Α	X INCLUDES ATHERTIC PARTICIPANTS		Cert #FFL-S-0030		01/01/2019	01/01/2020 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000.000.00	
	INCOME AND					12:01 AN	PREMISES	\$	300,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$	5,000.00	
	A POLICY JECT LOC						COMBINED SINGLE LIMIT	\$		
	AUTOMOBILE LIABILITY ANY AUTO						(Ea accident)	\$		
	ALLOWNED SCHEDULED					,	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	AUTOS AUTOS NON-OWNED						PROPERTYDAMAGE	\$		
	AUTOS						(Per accident)	\$		
	UMBRELLALIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
								s	V	
								\$		
								\$		
								\$		
Α	Excess Accident Medical		FR0348		01/01/2019	0.000 000 00 000 00000	LIMIT AD&D DEDUCTIBLE	\$	10,000.00 10,000.00 100.00	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEI	HICLES (Attac	th ACORD 101, Additional Remarks Sche	edule, if mo	e space is requi			1		
FUL	Host Liquor coverage is inclu				*					
CE	RTIFICATEHOLDER			CANCEL	LATION					
	Roy Hobbs Diamond Enterpri DBA Roy Hobbs Baseball		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
	4301-100 Edison Ave. Fort Myers, FL 33916		A	AUTHORIZED REPRESENTATIVE						
	FULLINIYEIS, FL 33316		·	John W. Frazier						

