



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 AND FIELD ACCESS WITH CONSUMPTION OF
BEER IN LOCKER ROOM ONLY

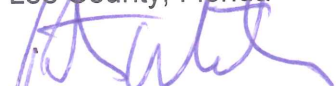
Location of event: 4301 EDISON AVE, FORT MYERS, FL 33916
PLAYER DEVELOPMENT COMPLEX

| | |
|---|----------------|
| 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

 3-27-19
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

SOUTHWEST FLORIDA SPRING FLING/WOODEN
BAT CLASSIC

TMP 2019-00117

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 | 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 am to 7 pm |
| STRAP # of Parcel: | 204425P2000020000 |
| 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 all permit 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 identified, including all parking areas.

Insurance Company Insuring the Event: Great American E&S Insurance 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

| | | |
|---|--|---|
| <p>Will Vehicles be Used as Part of This Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, automobile coverage must be included on the certificate of insurance.</p> | <p>Will Food be Available at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, products liability coverage must be included on the certificate of insurance.</p> | <p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p> |
|---|--|---|

Name & Address of Organization Providing Food: Home Run Concessions, owned and operated by Laura Heron, a Lee County Vendor. Roy Hobbs Baseball has no role in the food service.

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

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: 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

Type of Production (choose all that apply):

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> TV Movie or Special | <input type="checkbox"/> TV Series / Pilot | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Still Photos |
| <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Industrial / Documentary | <input type="checkbox"/> Other: _____ | |

Will any of the following be needed or included*?

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

* For any marked Yes, provide further details below:

Special Parking Requirements:

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

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

| | | |
|--|--|-------------------------------|
| Number in Cast: _____ | Number in Crew: _____ | Number of locals hired: _____ |
| Total budget: _____ | Estimate amount spent in Lee County: _____ | |
| Hotel room nights: _____ number of rooms x number of nights | Number of shooting days: _____ | |



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

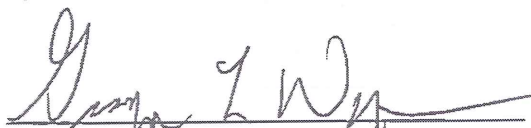
The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.


Signature of Applicant
RHBB
Tom Giffen Owner
Print Name of Applicant and Title

3-1-19
Date


Witness
GREGORY L. WAGNER
Print Name of Witness

3/1/19
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 for this event will be in authorized areas only.

Deputies (How Many?):

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: Lt. K. Sonier

Signature:

[Handwritten Signature] 95087

Title:

Special Operations Division

Date:

3/12/19

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:

- ☒ 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.

Fire Guards (How Many?)

Fee for Services:

Flammable Vegetation:

First Aid Equipment:

Fire Extinguishing:

Special Arrangements:

Print Name: Rick Reynolds

Signature:

Title:

Interim Fire Marshal

Date:

3/25/19

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, o=Lee County, Department of Public Safety,
ou=Division of EMS, email=dhiggins@leegov.com, c=US
Date: 2019.03.26 13:07:41 -0400

Title: Division Chief

Date: 03-26-2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☐ 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:

Park in designated areas.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2019.03.12 14:08:53 -04'00'

Title: Project Manager

Date: March 12, 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:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☒ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

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

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

This permit application applies to consumption of beer only as a part of the locker room program during the facility use hours.
This is not a BYOB event and beer is not permitted outside of the locker room around the ball fields.

Print Name: Alise Flanjack

Signature:

Alise Flanjack

Title:

Deputy Director

Date:

3/15/19

Spring Flanck
Player Development Complex
4/3/19 - 4/7/19

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:

- ☐ 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.

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.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

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 11, 2019



CERTIFICATE OF LIABILITY INSURANCE

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 endorsement(s).

| | | |
|---|--|-----------------------|
| PRODUCER FL DEAN TOM WOJCIECHOWSKI 6900 DANIELS PKWY STE 29-303 FORT MYERS, FL 33912-7513 (800) 745-2409, EXT 210 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): 800-745-2409, ext. 210 | FAX (A/C, No): |
| | E-MAIL ADDRESS: Twojciechowski@fdean.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: United States Fire Insurance Company | |
| | INSURER B: | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966 | NAIC # | |
| | 21113 | |
| | INSURER C: | |
| | INSURER D: | |
| | 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|-------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | SRPGAPML-101-0718 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | GENERAL AGGREGATE \$2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY \$1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | X | | | | | EACH OCCURRENCE \$1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | FIRE DAMAGE (Any one fire) \$300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ |
| | DED | RETENTION \$ | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y / N | | | | | WC STATUTORY LIMITS \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> N / A | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | 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 \$ 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

Certificate Holder is named as additional insured with respect to the operations of the Named Insured.

OK 03/11/2019

CERTIFICATE HOLDERLEE 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

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CERTIFICATE OF LIABILITY INSURANCE

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 Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250 | CONTACT NAME: Frazier Insurance Agency, Inc. | |
| | PHONE (A/C, No, Ext): (804) 754-7610 | FAX (A/C, No): (804) 754-7613 |
| | E-MAIL ADDRESS: ifrazier@frazierinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball 4301-100 Edison Ave. Fort Myers, FL 33916 | INSURER A: | Aegis Security Insurance Company |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|--|----------|---|-------------------------|-------------------------|-------------------------------------|-----------------|
| A | GENERAL LIABILITY | | | Policy # FGLSP-100-18 Cert #FFL-S-0030 | 01/01/2019 | 01/01/2020 12:01 AM | GENERAL AGGREGATE | \$ 2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE | \$ 1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | DAMAGE TO RENTED PREMISES | \$ 300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) | \$ 5,000.00 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| A | Excess Accident Medical | | | FR0348 | 01/01/2019 | 01/01/2020 12:01 AM | LIMIT | \$ 10,000.00 |
| | | | | | | | AD&D | \$ 10,000.00 |
| | | | | | | | DEDUCTIBLE | \$ 100.00 |

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.

Ok 03/11/2019

Host Liquor coverage is included on the policy

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

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Lee County Board of Commissioners PO Box 398 Ft. 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 John W. Frazier |

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CERTIFICATE OF LIABILITY INSURANCE

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 endorsement(s).

| | | |
|--|--|-----------------------|
| PRODUCER FL DEAN TOM WOJCIECHOWSKI 6900 DANIELS PKWY STE 29-303 FORT MYERS, FL 33912-7513 (800) 745-2409, EXT 210 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): 800-745-2409, ext. 210 | FAX (A/C, No): |
| | E-MAIL ADDRESS: Twojciechowski@fdean.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: United States Fire Insurance Company | |
| | INSURER B: | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966 | NAIC # | |
| | 21113 | |
| | INSURER C: | |
| | INSURER D: | |
| | 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|-------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | SRPGAPML-101-0718 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | GENERAL AGGREGATE \$2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY \$1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | X | | | | | EACH OCCURRENCE \$1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | FIRE DAMAGE (Any one fire) \$300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | <input type="checkbox"/> Y / N | | | | | WC STATUTORY LIMITS \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> N / A | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | Accident/Medical Coverage | | | US1031188 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | AD&D \$2,500 MAXIMUM MEDICAL \$10,000 DEDUCTIBLE \$100 TERMS OF PAYMENT EXCESS |

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

Covered Activity: Camp Activities - Baseball

Certificate Holder is named as additional insured with respect to the operations of the Named Insured.

CERTIFICATE HOLDERLEE 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

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CERTIFICATE OF LIABILITY INSURANCE

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 Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250 | CONTACT NAME: Frazier Insurance Agency, Inc. | | |
| | PHONE (A/C, No, Ext): (804) 754-7610 | FAX (A/C, No): (804) 754-7613 | |
| | E-MAIL ADDRESS: ifrazier@frazierinsurance.com | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Aegis Security Insurance Company | | 33898 |
| INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball 4301-100 Edison Ave. Fort Myers, FL 33916 | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

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 LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|--|----------|---|-------------------------|-------------------------|-------------------------------------|-----------------|
| A | GENERAL LIABILITY | | | Policy # FGLSP-100-18 Cert #FLL-S-0030 | 01/01/2019 | 01/01/2020 12:01 AM | GENERAL AGGREGATE | \$ 2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE | \$ 1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | DAMAGE TO RENTED PREMISES | \$ 300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) | \$ 5,000.00 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE | \$ |
| | DED | RETENTION \$ | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| A | Excess Accident Medical | | | FR0348 | 01/01/2019 | 01/01/2020 12:01 AM | LIMIT | \$ 10,000.00 |
| | | | | | | | AD&D | \$ 10,000.00 |
| | | | | | | | DEDUCTIBLE | \$ 100.00 |

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.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Lee County Board of Commissioners PO Box 398 Ft. 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 John W. Frazier |

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CERTIFICATE OF LIABILITY INSURANCE

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

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

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--------------|----------|---|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | Policy # FGLSP-100-18 Cert #FFL-S-0030 | 01/01/2019 | 01/01/2020 12:01 AM | GENERAL AGGREGATE \$ 2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE \$ 1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | DAMAGE TO RENTED PREMISES \$ 300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person): \$ 5,000.00 |
| | | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DED | RETENTION \$ | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| A | Excess Accident Medical | | | FR0348 | 01/01/2019 | 01/01/2020 12:01 AM | LIMIT \$ 10,000.00 AD&D \$ 10,000.00 DEDUCTIBLE \$ 100.00 |

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

CANCELLATION

| | |
|---|--|
| Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball 4301-100 Edison Ave. Fort Myers, FL 33916 | 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 John W. Frazier |

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CERTIFICATE OF LIABILITY INSURANCE

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

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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 FL DEAN TOM WOJCIECHOWSKI 6900 DANIELS PKWY STE 29-303 FORT MYERS, FL 33912-7513 (800) 745-2409, EXT 210 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): 800-745-2409, ext. 210 | FAX (A/C, No): |
| | E-MAIL ADDRESS: Twojciechowski@fdean.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : United States Fire Insurance Company | |
| | INSURER B : | |
| | INSURER C : | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

| | |
|---|------------------------|
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966 | NAIC # 21113 |
|---|------------------------|

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | |
|--|---|--|----------|-------------------|-------------------------|-----------------------------|---|---|-------------------------------------|----|
| A | GENERAL LIABILITY | | | SRPGAPML-101-0718 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | GENERAL AGGREGATE | \$2,000,000.00 | | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000.00 | | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY | \$1,000,000.00 | | |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | X | | | | | EACH OCCURRENCE | \$1,000,000.00 | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | FIRE DAMAGE (Any one fire) | \$300,000.00 | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) | | | |
| | AUTOMOBILE LIABILITY | | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ | | |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | | |
| | <input type="checkbox"/> HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE | \$ | | | |
| EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ | | | |
| DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> | | | | | | | \$ | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y / N | | | | | | WC STATUTORY LIMITS | OTH-ER | \$ | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N / A | | | | | | E.L. EACH ACCIDENT | | \$ | | |
| (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | | \$ | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)
Covered Activity: Camp Activities - Baseball

CERTIFICATE HOLDER**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



CERTIFICATE OF LIABILITY INSURANCE

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

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| | | | |
|--|--|---|----------------------------|
| PRODUCER FL DEAN TOM WOJCIECHOWSKI 6900 DANIELS PKWY STE 29-303 FORT MYERS, FL 33912-7513 (800) 745-2409, EXT 210 | | CONTACT NAME: PHONE (A/C, No, Ext): 800-745-2409, ext. 210 FAX (A/C, No): E-MAIL ADDRESS: Twojciechowski@fdean.com | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966 | | INSURER(S) AFFORDING COVERAGE INSURER A: United States Fire Insurance Company | NAIC # 21113 |
| | | INSURER B: | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR 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"/> INCLUDES ATHLETIC PARTICIPANTS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X | | SRPGAPML-101-0718 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | GENERAL AGGREGATE \$2,000,000.00 |
| | PRODUCTS - COMP/OP AGG \$2,000,000.00 | | | | | | |
| | PERSONAL & ADV INJURY \$1,000,000.00 | | | | | | |
| | EACH OCCURRENCE \$1,000,000.00 | | | | | | |
| | FIRE DAMAGE (Any one fire) \$300,000.00 | | | | | | |
| | MED EXP (Any one person) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | 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 \$ <input type="checkbox"/> | | | | | | EACH OCCURRENCE \$ |
| | AGGREGATE \$ | | | | | | |
| | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ |
| | E.L. EACH ACCIDENT \$ | | | | | | |
| | E.L. DISEASE - EA EMPLOYEE \$ | | | | | | |
| | E.L. DISEASE - POLICY LIMIT \$ | | | | | | |
| A | Accident/Medical Coverage | | | US1031188 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | AD&D \$2,500 MAXIMUM MEDICAL \$10,000 DEDUCTIBLE \$100 TERMS OF PAYMENT EXCESS |

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

CERTIFICATE HOLDER

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

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



CERTIFICATE OF LIABILITY INSURANCE

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 endorsement(s).

| | | | |
|--|--|---|---------------|
| PRODUCER FL DEAN TOM WOJCIECHOWSKI 6900 DANIELS PKWY STE 29-303 FORT MYERS, FL 33912-7513 (800) 745-2409, EXT 210 | | CONTACT NAME: PHONE (A/C, No, Ext): 800-745-2409, ext. 210 FAX (A/C, No): E-MAIL ADDRESS: Twojciechowski@fdean.com | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A: United States Fire Insurance Company | 21113 |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: BOB WAGNER'S WOODEN BAT CLASSIC 10180 VIA COLOMBA CIRCLE FT. MYERS, FL 33966 | | INSURER B: INSURER C: INSURER D: 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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | X | | SRPGAPML-101-0718 | 4/3/2019 12:01 AM | 4/8/2019 12:01 AM | GENERAL AGGREGATE \$2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY \$1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE \$1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | FIRE DAMAGE (Any one fire) \$300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | HIRED AUTO | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | SCHEDULED AUTOS NON-OWNED AUTOS | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DED RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | | | | | WC STATUTORY LIMITS OTH-ER \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | 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)
Covered Activity: Camp Activities - Baseball Certificate Holder is named as additional insured with respect to the operations of the Named Insured.

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

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CERTIFICATE OF LIABILITY INSURANCE

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 Frazier Insurance Agency, Inc. P.O. Box 1250 Midlothian, VA 23113-1250 | CONTACT NAME: Frazier Insurance Agency, Inc. | |
| | PHONE (A/C, No, Ext): (804) 754-7610 | FAX (A/C, No): (804) 754-7613 |
| | E-MAIL ADDRESS: ifrazier@frazierinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: Aegis Security Insurance Company | 33898 |
| INSURED Sports and Special Event Risk Purchasing Group, Inc. Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball 4301-100 Edison Ave. Fort Myers, FL 33916 | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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 LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---|-------------------------|-------------------------|-------------------------------------|-----------------|
| A | GENERAL LIABILITY | | | Policy # FGLSP-100-18 Cert #FFL-S-0030 | 01/01/2019 | 01/01/2020 12:01 AM | GENERAL AGGREGATE | \$ 2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE | \$ 1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | DAMAGE TO RENTED PREMISES | \$ 300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) | \$ 5,000.00 |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) | \$ |
| | <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | \$ |
| | <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | \$ |
| | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| | | | | | | | | \$ |
| A | Excess Accident Medical | | | FR0348 | 01/01/2019 | 01/01/2020 12:01 AM | LIMIT | \$ 10,000.00 |
| | | | | | | | AD&D | \$ 10,000.00 |
| | | | | | | | DEDUCTIBLE | \$ 100.00 |

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 Regards The Operations Of The Named Insured.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Lee County Board of Commissioners PO Box 398 Ft. 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 John W. Frazier |



CERTIFICATE OF LIABILITY INSURANCE

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

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

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 LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|---|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | | Policy # FGLSP-100-18 Cert #FFL-S-0030 | 01/01/2019 | 01/01/2020 12:01 AM | GENERAL AGGREGATE \$ 2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY \$ 1,000,000.00 |
| | <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS | | | | | | EACH OCCURRENCE \$ 1,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | DAMAGE TO RENTED PREMISES \$ 300,000.00 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | MED EXP (Any one person) \$ 5,000.00 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) \$ |
| | HIRED AUTO | <input type="checkbox"/> NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ |
| | DED | RETENTION \$ | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| | | | | | | | \$ |
| A | Excess Accident Medical | | | FR0348 | 01/01/2019 | 01/01/2020 12:01 AM | LIMIT \$ 10,000.00 AD&D \$ 10,000.00 DEDUCTIBLE \$ 100.00 |

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

CANCELLATION

| | |
|---|--|
| Roy Hobbs Diamond Enterprises LLC DBA Roy Hobbs Baseball 4301-100 Edison Ave. Fort Myers, FL 33916 | 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 John W. Frazier |

Red Sox Training Complex
4301 Edison Ave.
Fort Myers, FL

