

# **EVENT PERMIT**



Ordinance 17-08

## THE BIG CALUSA

PERMIT NUMBER: TMP2019-00127

Date(s) of Event: APRIL 27, 2019 FROM 7:00AM UNTIL 4:00PM

Property Owner:

LEE COUNTY ROW

Applicant:

KC SCHULBERG

239-784-0880

Description:

DAY OF RECREATION WITH KAYAK AND PADDLE BOARD RACES

Location of event: 13001 N CLEVELAND AVE, NORTH FORT MYERS, FL 33903

NORTH SHORE PARK

Will the event be attended by 1000 or more people? No

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

#### Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager

ftmpprmt\_specialevent.rpt

Date

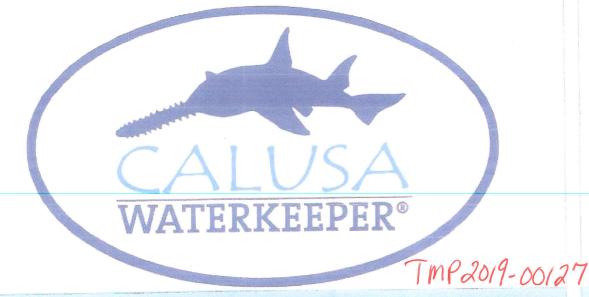


# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography





#### **Event Application**

#### Check the appropriate box(es) below:

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

| Section I - GENERAL INF  | ORMATION (All Permit Types)   |
|--|---|
| Title of Event / Name of Production  | THE BIG CALUSA  |
| Date(s) of Event /<br>Production:  | Saturday, April 27th, 2019 - 7am-4pm  |
| Location(s) of Event:  | North Shore Park, North Fort Myers  |
| Name of Applicant:   | Calusa Waterkeeper, 501c3   |
| Applicant Address:   | P.O. Box 1165, Fort Myers, Fl 33902   |
| Applicant Phone Number:  | 239 784-0880  |
| Contact Person:<br>(If different from applicant)                                 | KC Schulberg (Executive Director, Calusa Waterkeeper)   |
| Contact Phone Number:<br>(If different from applicant)                           | same as above   |
| Email Address:   | kc@calusawaterkeeper.org cc. RDCRUM 216@ AoA. Com   |
| Estimated Attendance:  | 800   |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | All day (7am-4pm) day of recreation for families, children and sporting enthusiasts (see attached Site Map, Activity Log and Kayak Race Diagram). Calusa Waterkeeper will be supported by the Fort Myers Power Squadron, who will be supplying Safely Spotting Power Boats for the Kayak races, and by Edison Sailing Center, who will be helping with on site logistics, tent construction and who will be managing the sailboat tours on thier 4 hobie cat sailboats. |
| Hours of Operation:  | 7am-4pm   |
| STRAP # of Parcel:   | According to Parks & Rec, there is now STRAP # for the parcel   |
| Owner of Premises*:  | FDOT programmed and maintained by Lee County Parks and Recreation   |

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



## Fill out the following questions for allpermit types:

Non profit cortificate/registration number

| What is the Zoning Classification of the premises? This property does not have a designated zoning classification   |
|---|
| Are any temporary structures to be installed for the event? ▼ Yes No Type: 2 tents (20x40 & 20x20)  |
| 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: ISON (Insurance Source of Naples)   |
| Note: Certificate of Insurance must be submitted at time of application   |
| Surety Company Bonding this Event (Name and Address):   |
| Will Vehicles be Used as Part of This Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?  |
| Yes    ▼ No    Yes  ▼ No   Yes  ▼ No  |
| If yes, automobile coverage must be included on the certificate of insurance.  If yes, products liability coverage must be included on the certificate of insurance.  If yes, liquor liability coverage must be included on the certificate of insurance. |
| Name & Address of Organization Providing Food:  |
| Type of Food being Served:  |
| Section II - USE OF COUNTY PROPERTY PERMIT  |
| Organization Sponsoring the Event: Calusa Waterkeeper   |
| Fill out this portion for applications for Solicitation in the County Rights-of-Way:  |
| Name of Charity: Calusa Waterkeeper   |
| Address of Charity: P.O. Box 1165 Ft. Myers, FL 33902   |
| Phone Number: 239 784-0880  |
|   |
| Non-profit certificate/registration number: 65-0565226  |
| (Proof of registration with the Dept. of Agriculture & Curisumer 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?  If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.  |



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| Public Service Announcement   Industrial / Documentary   Other:    Will any of the following be needed or included*?  Street Closure  | City or County Services  The following information the industry. If exact figures are also as a service of the country of the | Required: (Personnel, e<br>on is required for local a<br>gures are not available, p | nd state records<br>please estimate a | on pr   | oduction in I | le.  |       |                 | nic impact of  |
|---|---|---|---------------------------------------|---------|---------------|--|-------|-----------------|--|
| Will any of the following be needed or included*?  Street Closure   | City or County Services  The following informati  | Required: (Personnel, e   | nd state records                      | on pr   | oduction in I |  | to tr | rack the econom | nic impact of  |
| Will any of the following be needed or included*?  Street Closure   |   |   | quipment, facilit                     | ies, et | c.)           |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure   |   |   | quipment, facilit                     | ies, et | c.)           |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure   | Special Parking Require   | nents:  |                                       |         |               |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure   | Special Parking Require   | nents:  |                                       |         |               |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure   |   |   |                                       |         |               |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure  Traffic / Crowd Control  Fire or Burning  Explosives or Pyrotechnics  Animals, Large or Small  Construction of Any Kind  Large and/or Numerous Vehicles  Helicopters, Boats, etc.  Stunts  Other   |   |   |                                       |         |               |  |       |                 | and the extension of th |
| Will any of the following be needed or included*?  Street Closure  Traffic / Crowd Control  Fire or Burning  Explosives or Pyrotechnics  Animals, Large or Small  Construction of Any Kind  Large and/or Numerous Vehicles  Helicopters, Boats, etc.  Stunts  Other   |   |   |                                       |         |               |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure  Traffic / Crowd Control  Fire or Burning  Explosives or Pyrotechnics  Animals, Large or Small  Construction of Any Kind  Large and/or Numerous Vehicles  Helicopters, Boats, etc.  Stunts  Other  Yes No  No  No  Yes No   |   |   |                                       |         |               |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure  Traffic / Crowd Control  Fire or Burning  Explosives or Pyrotechnics  Animals, Large or Small  Construction of Any Kind  Large and/or Numerous Vehicles  Helicopters, Boats, etc.  Stunts  Other  Yes No  No  No  Yes No   | * For any marked Yes, p   | ovide further details be  | low:                                  |         |               | ***************************************  |       |                 |  |
| Street Closure  Street Closure  Traffic / Crowd Control  Fire or Burning  Explosives or Pyrotechnics  Animals, Large or Small  Construction of Any Kind  Large and/or Numerous Vehicles  Helicopters, Boats, etc.  Stunts  Yes No  No  Yes No  Yes No  No  Yes No  Yes No   |   |   |                                       |         | Yes           | and the same of th | No    |                 |  |
| Will any of the following be needed or included*?  Street Closure   |   |   |                                       |         |               |  |       |                 |  |
| Will any of the following be needed or included*?  Street Closure   | Helicopters   | Boats, etc.   |                                       |         | Yes           | The state of the s | No    |                 |  |
| Will any of the following be needed or included*?  Street Closure   | Large and/o   | r Numerous Vehicles   |                                       |         | Yes           |  | No    |                 |  |
| Will any of the following be needed or included*?  Street Closure   | Constructio   | n of Any Kind   |                                       |         | T Yes         | 200  | No    |                 |  |
| Will any of the following be needed or included*?  Street Closure   | Animals, La   | rge or Small  |                                       |         | T Yes         | and the second   | No    |                 |  |
| Will any of the following be needed or included*?  Street Closure  Traffic / Crowd Control  Yes  No   |   |   |                                       |         | - Yes         | _  | No    |                 |  |
| Will any of the following be needed or included*?  Street Closure  Yes No   |   |   |                                       |         | r Yes         |  | No    |                 |  |
| Will any of the following be needed or included*?   | Traffic / Cro   | wd Control  |                                       |         | ,             |  |       |                 |  |
|   |   |   |                                       |         | Yes           | -  | No    |                 |  |
| Public Service Announcement   Industrial / Documentary Other:   | Will any of the following b   | e needed or included*?  |                                       |         |               |  |       |                 |  |
| NAME OF THE PARTY |   | cement   Industrial   | / Documentary                         |         | Other:        |  |       |                 |  |
| TV Movie or Special TV Series / Pilot TV Commercial Still Photos  | Public Service Announ   |   |                                       |         |               | Cidi   |       | JUII FIIOLOS    |  |

#### 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,

#### Applicant Agreement - Signature Required



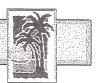
#### **SECTION V - AGREEMENT**

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.

| his/her knowledge.                |                       |
|-----------------------------------|-----------------------|
| rein C. Schilberg                 | Sent B Pr             |
| Signature of Applicant            | Witness               |
| Kevin C, Schulbard                | SCOTT B STUNCIS       |
| Print Name of Applicant and Title | Print Name of Witness |
| March 4,2019                      | 3/4/2019              |
| Date                              | Date                  |



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

| CHECK THE ADDIVIDITATE DOVIEST DETON | Check the | appropriate | boxles | ) below. |
|--------------------------------------|-----------|-------------|--------|----------|
|--------------------------------------|-----------|-------------|--------|----------|

SPECIAL EVENT PERMIT

| ***                   | UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  IIT                   |
|-----------------------|---|
|                       | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| Parking:              | Parking in authorized areas only.   |
| Deputies (How Many?): | None  |
| Fee for Services:     | None  |
| Special Arrangements: | None  |
|                       | Print Name: Captain Loethen   |
|                       | Signature: Apt April 9/19  Title: Special Events, Permits and Details  Date: 4/2/19                           |
|                       |   |



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

| USE OF COUNTY PROPERTY PERMIT  PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |      |
|---|------|
| PERMIT TO SELL AND CONSUME ALCOHOLIC REVERAGES WITHIN LEE COLINTY EACH ITIES  |      |
| 1 - FUMILIE O SEFE VIAN COMPONIE VECCHOFIC DE AFINACES ANTHUM FEE COMMITTACIENTES   |      |
| FILM PERMIT   |      |
|   |      |
| AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZAT WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.      | ΓΙΟΝ |
| Parking:  Park in designated areas. No event parking on Lee County maintained road rights-of-way, and no event parking on FDOT US 41 road right-of-way. | ent  |
| Ingress and Egress:  Use all established means of ingress and egress.   |      |
| Special Arrangements: Use Lee County Sheriff's Office for assistance with traffic control.  |      |
| Print Name: Bryan Miller  Signature: Bryan D. Miller  Digitally signed by Bryan D. Miller  Date: 2019 03 12 14:17:40 -04:00                             |      |
| Date: 2019.03.12 14:17:40 -04'00'   |      |
| Title: Senior Project Manager   |      |
| Date: March 12, 2019  |      |



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

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

Check the appropriate box(es) below:

▼ SPECIAL EVENT PERMIT

FILM PERMIT

□ USE OF COUNTY PROPERTY PERMIT

| VILL REQUIRE THE APPL            | ICANT TO COMPLY WITH FOR THEIR EVENT.  |
|----------------------------------|--|
| Treatment Facilities:            | None necessary.  |
| Medical Personnel:               | Lee County Public Safety - EMS will require medical coverage for this event. This can be arranged through LCEMS or North Fort Myers Fire District. (NFMFD 239-997-8654).   |
| Medical Supplies /<br>Equipment: | None necessary.  |
| Safety Requirements:             | No additional precautions necessary.   |
| Fee for Services                 | None for this event.   |
| Special Arrangements:            | To arrange special event coverage, contact our office at dhiggins@leegov.com or you may contact the North Fort Myers Fire Control and Rescue Service District at 239-997-8654. Mr. Schulberg has agreed to having coverage from LCEMS. |
|                                  | Print Name: Douglas B. Higgins   |

Douglas B. Higgins Digitally DN: Crie

Division Chief

03-20-2019

Signature:

Title:

Date:



#### FIRE DEPARTMENT

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

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

| Check the i | 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<br>Many?) | None               |
|----------------------------|--------------------|
| Fee for Services:          | 0.00               |
| Flammable Vegetation:      | None               |
| First Ald Equipment:       | Call 911 as needed |
| Fire Extinguishing:        | NONE               |
| Special Arrangements:      | NONE               |
| (A) (A) (A)                |                    |

Print Name:

Signature:

Title:

Fire Chief



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

| Check the | appropriate | box(es) | below: |
|-----------|-------------|---------|--------|
|-----------|-------------|---------|--------|

SPECIAL EVENT PERMIT

IX: USE OF COUNTY PROPERTY PERMIT

| FILM PERM                                   |  | SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
|---|--|--|
| AFTER REVIEWING THE<br>WILL REQUIRE THE APP | APPLICATION, I<br>LICANT TO COM                              | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.  |
| Illumination:                               | N/A - Event is held  | during the daytime.  |
|   |  |  |
| Parking Areas:                              | must provided at<br>traffic back out of<br>Western Hotel and | limited parking for event race participants and exhibitor vehicles. Event organizers least 2 Traffic Attendants that will flag and restrict all general parking and direct thru the Park. All General Public Parking for the event must be directed to park at the Best d 3 Fishermen Restaurant. Parking Attendants must ensure that the park driveway and s not blocked and remains open for emergency vehicles. |
| Special Arrangements:                       | park interior roady  | ance must remain open, however the flow of traffic must be regulated through the way as to not block any roads. Follow parking plan for race participants and exhibitors. he park, the beach and parking areas are clean and free of trash and debris at the event.  |
|   | Print Name:  | Alise Flanjack   |
|   | Signature:   | Alse Flanck  |
|   | Title:   | Deputy Director  |
|   | Date:  | March 19 2010  |

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

| Check the appropriat  | te box(es) bel      | low:  |  |  |  |  |  |  |
|---|---------------------|---|--|--|--|--|--|--|
| ▼ SPECIAL EVENT PERMIT  |                     |   |  |  |  |  |  |  |
| USE OF COU  | NTY PROPERTY PERMIT |   |  |  |  |  |  |  |
| PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |                     |   |  |  |  |  |  |  |
| FILM PERMIT   | Γ                   |   |  |  |  |  |  |  |
|   |                     | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.   |  |  |  |  |  |  |
| Insurance Requirements:   | occurrence to pr    | eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County. |  |  |  |  |  |  |
| Special Arrangements:   |                     |   |  |  |  |  |  |  |
|   | Print Name:         | Mike Figueroa   |  |  |  |  |  |  |
|   | Signature:          | Mike Frin-  |  |  |  |  |  |  |
|   | Title:              | Risk Program Manager  |  |  |  |  |  |  |
|   | Date:               | April 2, 2019   |  |  |  |  |  |  |



Fort Myers

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2019

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

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

| If SUBROGATION IS WAIVED, subject<br>this certificate does not confer rights  | to ti  | ne tei                 | ms and conditions of th  | e poli   | cy, certain po                          | olicies may i                             |  | . A st | atement on                              |  |
|---|--|------------------------|--|--|---|---|--|--------|---|--|
| PRODUCER  | CONTACT \ASH Maddux  |                        |  |  |   |   |  |        |   |  |
| East Main Street Insurance Services, Inc.   | NAME: VVIII IVIAGGAX   |                        |  |  |   |   |  |        |   |  |
| Will Maddux   |  |                        |  | (A/C, No, Ext): (OSO) 477-0321 (A/C, No):                            |   |   |  |        |   |  |
| PO Box 1298   |  |                        |  | ADDRESS: IIIIO@tileeveritileiper.com                                 |   |   |  |        |   |  |
|   |  |                        | CA 05045   | INSURER(S) AFFORDING COVERAGE INSURER A . Evanston Insurance Company |   |   |  |        | NAIC#<br>35378                          |  |
| Grass Valley  |  |                        | CA 95945   | INSURE   | 35376                                   |   |  |        |   |  |
| INSURED   |  |                        |  | INSUR  | RB:                                     |   |  |        |   |  |
| Calusa Waterkeeper  |  |                        |  | INSUR  | ERC:                                    |   |  |        |   |  |
| KC Schulberg  |  |                        |  | INSURER D:   |   |   |  |        |   |  |
| P.O. Box 1165   |  |                        |  | INSURER E :  |   |   |  |        |   |  |
| Naples  |  |                        | FL 33902   | INSURER F:   |   |   |  |        |   |  |
|   | The section of the section of  |                        | NUMBER:  |  |   |   | REVISION NUMBER:                             |        |   |  |
| THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT<br>POLI  | REMEI<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD<br>LIMITS SHOWN MAY HAVE | OF AN<br>ED BY   | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPEC                         | OT TO  | WHICH THIS                              |  |
| INSR<br>LTR TYPE OF INSURANCE   |  | SUBR                   | POLICY NUMBER  |  | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT  | S      |   |  |
| COMMERCIAL GENERAL LIABILITY  |  |                        | ,  |  |   |   | EACH OCCURRENCE                              | \$ 1,0 | 00,000                                  |  |
| CLAIMS-MADE X OCCUR   |  |                        |  |  |   |   | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$ 100 | ,000                                    |  |
| Host Liquor Liability   |  |                        |  |  |   |   | MED EXP (Any one person)                     | \$ 5,0 | 00                                      |  |
| A Retail Liquor Liability   | Υ  |                        | 3DS5468-M1492381   |  | 04/27/2019                              | 04/28/2019                                | PERSONAL & ADV INJURY                        | \$ 1,0 | 00,000                                  |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |                        |  |  | 12:01 AM                                | 12:01 AM                                  | GENERAL AGGREGATE                            | \$ 2,0 | 00,000                                  |  |
| POLICY PRO- LOC   |  |                        |  |  |   |   | PRODUCTS - COMP/OP AGG                       | \$ 1,0 | 00,000                                  |  |
| OTHER:  |  |                        |  |  |   |   | Deductible                                   | \$ 1,0 | 00                                      |  |
| AUTOMOBILE LIABILITY  |  |                        |  |  |   |   | COMBINED SINGLE LIMIT (Ea accident)          | \$     |   |  |
| ANY AUTO  |  |                        |  |  |   |   | BODILY INJURY (Per person)                   | \$     |   |  |
| OWNED SCHEDULED AUTOS ONLY AUTOS  |  |                        |  |  |   |   | BODILY INJURY (Per accident)                 | \$     |   |  |
| HIRED NON-OWNED AUTOS ONLY AUTOS ONLY   |  |                        |  |  |   |   | PROPERTY DAMAGE<br>(Per accident)            | \$     |   |  |
| AUTOS UNLY  |  |                        |  |  |   |   | (Fet accide(tt)                              | \$     | *************************************** |  |
| UMBRELLA LIAB OCCUR   |  |                        |  |  |   |   | EACH OCCURRENCE                              | \$     |   |  |
| EXCESS LIAB CLAIMS-MADE   |  |                        |  |  |   |   | AGGREGATE                                    | s      |   |  |
| DED RETENTION \$  | 1  |                        |  |  |   |   | AGGREGATE                                    | s      |   |  |
| WORKERS COMPENSATION  |  |                        |  |  |   |   | PER OTH-                                     | Ψ      |   |  |
| AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE   |  |                        |  |  |   |   | STATUTE   ER  E.L. EACH ACCIDENT             | \$     |   |  |
| OFFICER/MEMBER EXCLUDED?  | N/A  |                        |  |  |   |   | E.L. DISEASE - EA EMPLOYEE                   |        |   |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |  |                        |  |  |   |   | E.L. DISEASE - POLICY LIMIT                  | \$     |   |  |
| DESCRIPTION OF OPERATIONS BOILD   |  |                        |  |  |   |   | E.L. DISEASE - FOLICT LIVIT                  | Ψ      |   |  |
|   |  |                        |  |  |   |   |  |        |   |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC   |  |                        |  | -  |   | e space is require                        | ed)  |        |   |  |
| Certificate holder listed below is named as a   |  |                        |  | 2217 (   | 01 19.                                  |   |  |        |   |  |
| Attendance: 600, Event Type: Festival & Cu  | iturai   | Even                   |  | 04/02/   | 2010                                    |   |  |        |   |  |
|   |  |                        |  |  |   |   |  |        |   |  |
|   | The form   |                        |  |  |   |   |  |        |   |  |
|   |  |                        |  |  |   |   |  |        |   |  |
|   |  |                        |  |  |   |   |  |        |   |  |
| CERTIFICATE HOLDER  |  |                        |  | CAN  | CELLATION                               |   |  |        |   |  |
| Lee County Board of County  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  Lee County Board of County Commissioners |                        |  |  |   |   |  |        |   |  |
| BOCC  |  |                        |  | AUTHORIZED REPRESENTATIVE /  |   |   |  |        |   |  |
| 2115 Second St,   |  |                        |  | Will Madding   |   |   |  |        |   |  |
| Fort Myers  |  |                        | EI 33001   | WINI IT OBERTY   |   |   |  |        |   |  |

FL 33901



#### **EVANSTON INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

#### **SCHEDULE**

#### Name Of Additional Insured Person(s) Or Organization(s):

Lee County Board of County Commissioners BOCC 2115 Second St, Fort Myers, FL 33901

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section Ⅲ − Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/ DD/YYYY) 03/29/2019

| 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 configurate helder is an ADDITIONAL INCLIDED, the notice/lies/ must be endorsed. If SURPOCATION IS WANTED as bised to the configuration of the relies and in th |
| 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)  |

| require an endorsement. A statement on this certificate does not confer rights to the certificate holder in |  | lain policies may                     |  |  |  |
|---|--|---------------------------------------|--|--|--|
| PRODUCER  | CONTACT NAME: Brennan Martin                                       | · · · · · · · · · · · · · · · · · · · |  |  |  |
| SADLER & COMPANY, INC.  | PHONE (A/ C, No. Ext): 800-622-7370   FAX (A/ C, No): 803-256-4017 |                                       |  |  |  |
| P.O. BOX 5866   | E-MAIL ADDRESS: brennan@sadlersports.com                           |                                       |  |  |  |
| COLUMBIA, SOUTH CAROLINA 29250-5866   | PRODUCER CUSTOMER ID#:   |                                       |  |  |  |
| INSURED American Canoe Association, Inc. (ACA); Outdoor Surety Services,                                    | INSURER(S) AFFORDING COVERAGE                                      | NAIC#                                 |  |  |  |
| LLC   | INSURER A: Arch Insurance Company                                  | 1150                                  |  |  |  |
| 503 Sophia Street, Suite 100  | INSURER B:   |                                       |  |  |  |
| Fredericksburg, VA 22401  | INSURER C:   |                                       |  |  |  |
|   | INCURED D.   | E .                                   |  |  |  |

INSURER D: 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.

|   | TR | TYPE OF INSURANCE  | INSR | WVD | POLICY NUMBER | POLICY EFF<br>(MM/ DD/ YYYY) | (MM/ DD/ YYYY) | LIMITS   |  |
|---|----|--|------|-----|---------------|------------------------------|----------------|--|--|
|   | A  | GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY  CLAIMS MADE COCCUR  C | X    |     | SBCGL0458301  | 12/01/2018                   | 12/01/2019     | EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence)  MEDICAL EXP (Any one person)  PERSONAL & ADV INJURY  GENERAL AGGREGATE  PRODUCTS- COMP/ OP AGG | \$1,000,000<br>\$1,000,000<br>Excluded<br>\$1,000,000<br>\$5,000,000 |
|   | A  | AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED AUTOS  SCHEDULED AUTOS  HIRED AUTOS  NON-OWNED AUTOS  NOT PROVIDED WHILE IN HAWAII   |      |     |               |                              |                | COMBINED SINGLE LIMIT (Ea Accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)                              |  |
| A |    | UMBRELLA LIAB  Ø OCCUR  Ø EXCESS LIAB  □ CLAIMS-MADE □ DEDUCTIBLE Ø RETENTION  |      |     | SBFXS 0058601 | 12/01/2018                   | 12/01/2019     | EACH OCCURRENCE AGGREGATE  | \$4,000,000  |
|   |    | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / Y/ N MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below  |      |     |               |                              |                | □ WC STATUTORY LIMITS □ OTHER  E.L. EACH ACCIDENT  E.L. DISEASE - EA EOMPLOYEE  E.L. DISEASE - POLICY LIMIT  MEDICAL                                       |  |
|   |    |  |      |     |               |                              |                | DEDUCTIBLE   |  |

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

Affiliate Club: Calusa Waterkeeper - Po Box 1165, Fort Myers, 33902

"BURN THE BRIDGES: Race for Clean Water": 04/27/2019 - 04/27/2019

The certificate holder shall be an additional insured and subject to the provisions and limitations of Form CG 20 26 Additional Insured — Designated Person or Organization, but only with respect to the

named insured and/ or event listed above.

CERTIFICATE HOLDER

Property Owner/ Lessor

RELATIONSHIP:

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.

Lee County Board of County Commissioners 2115 Second St. Fort Myers, FL 33901

AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01)

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OK 04/02/2019

ISO | Commercial General Liability Forms | 07/01/04

POLICY NUMBER: SBCGL0458301 INSURED: Calusa Waterkeeper COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

#### COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

#### 1. Name of Additional Insured Person(s) or Organizations(s):

Any person or organization you are required to add as an additional insured to this policy by written contract or written agreement which is currently in effect or coming into effect during the term of this policy; and Executed prior to the occurrence of any "property damage", "bodily injury", or "personal and advertising injury".

(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

#### However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Date Added: 03/29/2019 04:54:21 PM

CG 20 26 04 13

Page 1 of 1

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ACORD

#### ADDITIONAL REMARKS SCHEDULE

Page 1 of

| The same of the sa |              |  | Page 1 of 1     |
|--|--------------|--|-----------------|
| American Speciality Insurance & Risk Se  | rvices, Inc. | NAME INSURED American Canoe Association, Inc. (ACA); Outdoor | Surety Services |
| POLICY NUMBER: SBCGL0458301  |              | LLC  |                 |
| CARRIER Arch Insurance Company   |              | 503 Shophia Street, Suite 100                                |                 |
|  |              | Fredericksburg   |                 |
|  |              | EFFECTIVE DATE: 03/29/2019                                   |                 |

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- The General Liability Policy includes Form 00 SGL0100 00 Exclusion Designated Activity, Service or Work, with the following Designated Activity, Service or Work excluded from coverage: Use of air ramps at covered event, unless approved, in advance and in writing, by American Speciality Insurance and Risk Services, Inc. on behalf of Arch Insurance Company.
- The General Liability policy includes Form 00 SGL0100 00 Exclusion Designated Activity, Service or Work, with the following Designated Activity, Service or Work excluded from coverage: American Canoe Association sanctioned evenrs as well as on non-water activities such as approved fundraisers, banquets and meetings that have a concert component with more than 2,500 spectators anticipated or that have events with sports/ sports demonstrations other than canoe/ kayak.
- Named Insured (continued): American Canoe Association Divisions, Activity Councils and Committees

ACA members during any ACA sanctioned course/ workshop/ event

Paddle America Clubs including their club members, event members, coaches, event leaders and administrators arising from club sponsored and adult suppervised on- water workshops, practices, training, instruction and American Canoe Association sactioned events as well as non- water activities such as approved fundraisers, banquets and meetings.

American Canoe Association Affiliate Clubs and Organizational Affiliates, event members, coaches, event leaders and administrators but only with respect to loses arising from sanctioned events and sanctioned workshops.

ACA Certified Instructors, certified instructor trainers and certified instructor trainer educators arising out of their performance as instructors and trainers, but only with respect to losses arising from ACA instruction received during sanctioned courses/ workshops/ events.



Commander United States Coast Guard Sector St. Petersburg 155 Columbia Drive Tampa, FL 33606 Staff Symbol: sp Phone: (813) 228-2191 x8307 Fax: (813) 228-2050

16750 March 14, 2019

KC Schulberg 3400 25<sup>th</sup> Ave SW Naples, FL 34117

Dear Mr. Schulberg,

I have received your Application for Approval of Marine Event, Form CG-4423, dated March 4, 2019 in which you requested approval for The Big CALUSA paddling event occurring on April 27, 2019. I have reviewed your application and determined that the proposed event does not require a Coast Guard Marine Event Permit, as outlined in 33 CFR Part 100, in that the event does not introduce any extra or unusual hazards that would jeopardize the safety of human life on the navigable waters of the U.S. For this reason, a Coast Guard Permit for Marine Event, Form CG-4424, is not required.

You are reminded that, while no Coast Guard permit is required, you must comply with all existing Federal, State, and local laws and other requirements that may impact your ability to hold your event as proposed. You should take appropriate action to ensure compliance with all such requirements prior to holding your event. Although no Coast Guard permit will be issued at this time, it is your responsibility to contact this office if there are any changes to the event, including the number of participants and/or expected spectators, location, or any other significant changes that may necessitate reconsideration as to whether a permit is required.

I sincerely appreciate your proactive effort in bringing this marine event to my attention. Because of the dynamic nature of the waterway, boating, and maritime activities, the Coast Guard carefully considers the totality of the risks associated with each event on a case-by-case basis when determining whether a permit is needed. Although a Coast Guard Permit for Marine Event, Form CG-4424, is not required for this occasion, you should continue to submit an Application for Approval of Marine Event, Form CG-4423, for this, and any similar events, you may sponsor in the future.

Furthermore, nothing in this determination is intended to restrict the Coast Guard's ability to take action authorized under the Ports and Waterways Safety Act, the Magnusson Act, or other authorities to ensure the safety of vessels and waterfront facilities, and the protection of the navigable waters and the resources therein. Such actions could include promulgation of Regulated Navigation Areas or Limited Access Areas, broadcasting safety notices or disseminating safety flyers, or other actions taken under the authorities granted to the United States Coast Guard.

The decision that your proposed event does not require a Coast Guard permit in no way implies that the event is without risk or deemed completely safe, nor does it imply that the Coast Guard has "approved" the event. As the event sponsor, you are still responsible for the overall safety of the event and obtaining any appropriate permits from other Federal, State, or local authorities.

If you have any questions, please contact the Coast Guard Sector St. Petersburg Waterways Management Division at (813) 228-2191 x 8307 or email at <a href="mailto:D07-SMB-Tampa-WWM@uscg.mil">D07-SMB-Tampa-WWM@uscg.mil</a>.

Sincerely,

M. W. Bonner

Chief, Waterways Management Division

U. S. Coast Guard By direction

Copy: Officer in Charge, Coast Guard Station Fort Myers Beach



March 28, 2019

Attention to FDOT Dept

RE: Big Calusa Way Event
April 27, 2019
7A – 4P – North Shore County Park.

The Best Western Waterfront hotel will be the official partner to this great event. This is a confirmation to advice that the hotel parking lot will be available for those attending event.

Sandard Manda

Sandra L. Moxley Director of Sales

