

EVENT PERMIT



Ordinance 17-08

SAN CARLOS PARK 4TH OF JULY PARADE

PERMIT NUMBER: TMP2019-00197

Date(s) of Event: JULY 4, 2019 FROM 8:30AM UNTIL 10:30AM

Property Owner:

SWF INVESTMENTS LLC

Applicant:

BONNIE JASPER

239-878-7624

Description:

PARADE BEGINNING AT ACE HARDWARE PLAZA HEADING EAST ON SANIBEL

BLVD AND ACROSS VARIOUS RIGHT OF WAYS (SEE ATTACHED MAP) AND

ENDING AT THREE OAKS PARK.

Location of event: 18911 S TAMIAMI TRL, FORT MYERS, FL 33908

SAN CARLOS PARK

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

Yes Will the event be held on County Owned Property?

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

Date

0-12-19

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography

Check tl	ne appropriate box(es) below:
	SPECIAL EVENT PERMIT
ž.,	USE OF COUNTY PROPERTY PERMIT
Γ	PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
ľ	FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	San Carlos Park 4th of July Parade
Date(s) of Event / Production:	July 4, 2019
Location(s) of Event:	San Carlos Park
Name of Applicant:	Bonnie Jasper
Applicant Address:	7576 San Carlos Blvd Ft. Myers, Fl 33967
Applicant Phone Number:	239-878-7624
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	bjqb@aol.com
Estimated Attendance:	1000 Applicant changed to 600
Event Description: Include each activity, when activities take place, etc.	Parade will begin at the Ace Hardware Plaza, corner of US 41 and Sanibel Blvd. It will go East on Sanibel Blvd to Lee Rd, right on Lee to San Carlos Blvd, left on San Carlos Blvd to Three Oaks Parkway, left on Three Oaks Parkway to Three Oaks Park where the parade will disband
Hours of Operation:	8:30am to 10:30am
STRAP # of Parcel:	
Owner of Premises*:	

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

Fill out the following questions for	allpermit types:	
What is the Zoning Classification of the	e premises?	
Are any temporary structures to be ins	stalled for the event? Yes No	Туре:
Do you have the appropriate permits f	or the temporary structures?	☐ Yes ☐ No
* For a 'Special Event' and 'Use of Cou indentified, including all parking areas	inty Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Even	t:	
Note: Certificate of Insurance must be submit	ted at time of application	
Surety Company Bonding this Event (Name and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
ŢYes ▼ 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:	San Carlos Park Fire Dept.	
	for Solicitation in the County Rights-of-Wa	у:
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration nu (Proof of registration with the Dept. of Agriculture	umber: e & Consumer Services §496.405 or proof the organization	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMF	TION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Co	ounty Property? red. Only non-profit organizations can sell alcohol on Coun	Yes No
Non-profit certificate/registration nu (Required if alcohol is to be <u>SOLD</u> at the event)	umber:	
Please note: A permit from the State of Flor further details	ida Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for

Lee County Event Permit Application



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

	or Special		TV Series / Pilot	П	TV Commer	cial	Г	Still P	hotos		
			Industrial / Documentary		Other:						
Public Ser	vice Announcement		industrial / Documentary	<u> </u>	other						***************************************
ill any of th	e following be neede	≥d or ir	ncluded*?								
	Street Closure				☐ Yes		No				
	Traffic / Crowd Con	trol			T Yes	ļП.	No				
	Fire or Burning				T Yes	П	No				
	Explosives or Pyrote	echnic	S		☐ Yes	П	No				
	Animals, Large or Sr	mall			Yes		No				
	Construction of Any	/ Kind			☐ Yes		No				
	Large and/or Nume	rous V	ehicles/		Yes	П	No				
	Helicopters, Boats,	etc.			☐ Yes		No				
	Stunts				T Yes		No				
	Other				☐ Yes		No				
* For any m								2			
	king Requirements:										
	king Requirements:										
Special Par	·	ud: (Pe	ersonnel equipment facil	ities (etc.)						
Special Par	·	:d: (Pe	ersonnel, equipment, facil	ities, e	etc.)						
Special Par	·	ed: (Pe	ersonnel, equipment, facil	ities, e	rtc.)						
Special Par	·	ed: (Pe	ersonnel, equipment, facil	ities, e	etc.)						
Special Par City or Cou	unty Services Require	quired	ersonnel, equipment, facil for local and state record available, please estimate	s on p	roduction in	Florid ble.	a to t	rack th	ne econo	omic im	pact
Special Par City or Cou	unty Services Require ing information is rec ry. If exact figures ar	quired	for local and state record	s on p	roduction in sely as possib	ole.		rack th		omic im	pact
Special Par City or Cou	unty Services Require ing information is rec ry. If exact figures ar	quired	for local and state record available, please estimate	s on p	roduction in sely as possib	ole.		. *		omic im	pact

Applicant Agreement - Signature Required



SECTION I - SAFETY

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

SECTION II - INSURANCE

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

SECTION III - INDEMNIFICATION

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

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

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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

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

Print Name of Applicant and Title

5/13/2019

Witness

Print Name of Witness

5/13/2019



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

arking:	Parking in authorized areas only.
eputies (How Many?):	Three deputies will be needed for the duration of the parade for traffic control along the parade route as well as for the safety of the public and participants.
ee for Services:	Holiday rate \$68/hr per deputy for the 4 hour minimum.
pecial Arrangements:	Voice members have been requested to assist with traffic control and road closures.
	Print Name: Lt. K. Sonier

The the Department serving the their where the event is to be held signs this john.

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

Check the appropriate box(es) below:

又 SPECIAL EVENT PERMIT

	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEN CANT TO COMPLY WITH FOR THEIR EVENT.	MENTS YOUR	ORGANIZA	ATION
re Guards (How any?)	N/A			
e for Services:				
ammable Vegetation:				
rst Aid Equipment:				
Account active a				
re Extinguishing:				
pecial Arrangements:				
niddin quid dh'harrin mannannann				
	Print Name: Daţid Cambareri Signature:			
	Title: Fire Chief			
	Date: May 17, 2019	·		

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 CO	UNTY PROPERTY P	ERMIT
AFTER REVIEWING THE VILL REQUIRE THE APPL	APPLICATION, PLE	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	No additional precau	utions necessary.
Fee for Services	Not applicable.	
Special Arrangements:		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 City-bly signed by Drouglas & Hoppies City-bly signed by Drouglas & Hoppies City-bly signed by Companies of Freible Sudery, October of Pitts, Freid Highly subjects where Companies of Freible Sudery, October of Pitts, Freid Highly subjects where Companies of Freible Sudery, October of Pitts, Freid Highly subjects where the Pitts Sudery, October of Pitts Sudery, October Division Chief
	Date:	05-17-2019

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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

arking:	No event parking in	n Lee County maintained r	oad rights-of-way.	
ngress and Egress:	Use all established	means of ingress and egre	255.	
	en e			
pecial Arrangements:	Parade Route and a &/or traffic diversion	and along the moving para	fic Control at all signalized and made route. Advance public notice and made published. Emergency versions.	of road impacts (delays
	Print Name:	Bryan Miller		
		30.	Digitally signed by Bryan D. Miller	
	Signature:	Bryan D. Miller	Date: 2019.05.31 10:22:29 -04'00'	
	Signature:	Bryan D. Miller Senior Project Manager		:

3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropria	ite pox(es) pelow:
SPECIAL EVI	ENT PERMIT
VSE OF COL	UNTY PROPERTY PERMIT
PERMITTO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
lumination:	N/A - Day time Event
arking Areas:	parade rehicles most not black roadways or driveways.
	driveways.
pecial Arrangements:	NA
	Print Name: Alise Flaniack
	Signature: Absi Flayerk
	Title: Depute Director
, at	Date: 5/20/19
	5/20/13
July 4th page	de
July 4th para San Carlos f end at 3.6	Page 118
oun caros f	1. kg
end at 3.6) who



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

Check the appropriate box(es) below:

SPECIAL EVE	NT PERMIT					
☑ USE OF COU	NTY PROPERTY	PERMIT				
PERMIT TO S	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
FILM PERMIT						
3 2 3 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4						
AFTER REVIEWING THE A	APPLICATION, PI	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.				
Insurance Requirements:	occurrence to pro	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:	A Certificate of In Board of County additional insure	Isurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an d.				
	Subject to proof	of insurance.				
	Parameter Control of the Control of					
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	Print Name:	Mike Figueroa				
	Signature:	Mikey Jozin -				
	Title:	Risk Program Manager				
	Date:	June 3, 2019				

AND THE PROPERTY AND THE WINDS WITHOUT		*	LOGATIACT					
UCER			CONTACT Joanne Dedrick					
of Florida NW 11th Street		PHONE (A/C, No, Ext): 800-233-1957 FAX (A/C, No): 800-729-8347						
Raton, FL 33486 nteer Fireman's Ins Svcs			E-MAIL ADDRESS: jdedrick(@vfis.com				
nteer Fireman's ins SVCS			Lancoura de la constante de la		ING COVERAGE	NAIC#		
			INSURER A : America	an Alternati	ve	19720		
RED San Carlos Park Fire			INSURER B:					
Protection and Rescue D 19591 Ben Hill Griffin Par	istrict		INSURER C					
Fort Myers, FL 33913		INSURER D:						
2 02 2 222 y 03 04 2 m 000 10			INSURER E:					
			INSURER F:					
/ERAGES CER	TIFICATI	E NUMBER:			REVISION NUMBER:			
IIIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RESTRIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN	INT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT DED BY THE POLICIES	OR OTHER I S DESCRIBED	JUCUMENT WITH KEOPE	CLIO MAUICU LUI		
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CLAIMS-MADE X OCCUR		VFIS-TR-2051082	02/15/2019	02/15/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 1,000,		
X Prof Health Care					MED EXP (Any one person)	ş 5,		
Liability					PERSONAL & ADV INJURY	s. 1,000,		
GEN'L AGGREGATE LIMIT APPLIES PER:	***************************************				GENERAL AGGREGATE	\$ 3,000,		
	desire and the second				PRODUCTS - COMP/OP AGG	s 3,000,		
						\$		
OTHER:					COMBINED SINGLE LIMIT	\$ 1,000		
AUTOMOBILE LIABILITY		VFIS-TR-2051082	02/15/2019	02/15/2020	(Ea accident) BODILY INJURY (Per person)	s		
X ANY AUTO ALL OWNED SCHEDULED		VF13-111-2031V02	02,10,20,0	02.70.2020	BODILY INJURY (Per accident)	s		
AUTOS AUTOS					PROPERTY DAMAGE	\$		
X HIRED AUTOS X AUTOS		000000000000000000000000000000000000000			(Per accident)	\$		
						s 4,000		
UMBRELLA LIAB X OCCUR		1/FIG TO 0004000	02/15/2019	02/15/2020	EACH OCCURRENCE	8,000		
X EXCESS LIAB CLAIMS-MADE		VFIS-TR-2051082	02/13/2013	0211012020	AGGREGATE	\$		
DED RETENTIONS					PER OTH	*		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY YIN			and and the		STATUTE ER			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		acception and	accusarios de la constantina della constantina d	EL EACH ACCIDENT	15		
(Mandatory in NH)	man and an			-	E.L. DISEASE - EA EMPLOYEE	1		
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$		

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cription of operations / Locations / Vehicle of July Parade - 2019 ifficate Holder is an additional in .101.				re ápada is roqui	ion all			
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RTIFICATE HOLDER			CANCELLATION					
		SHOULD ANY OF THE EXPIRATIO ACCORDANCE W	N DATE TH	DESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.	CANCELLED BEFORE BE DELIVERED			
Lee County Board of								
County Commissioners			AUTHORIZED REPRES	ENTATIVE				
PO Box 398 Fort Myara, FL 33002			1 /2	1 2.6				
s was a surpress of a second or a second			George L. Delenson					

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REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PHONE Joanne Dedrick PRODUCER VFIS of Florida NE No, Ext): 800-233-1957 FAX (A/C, No): 800-729-8347 1500 NW 11th Street E-MAIL ADDRESS: jdedrick@vfis.com Boca Raton, FL 33486 Volunteer Fireman's Ins Svcs INSURER(S) AFFORDING COVERAGE INSURER A: American Alternative 19720 San Carlos Park Fire INSURED INSURER B: **Protection and Rescue District** INSURER C: 19591 Ben Hill Griffin Parkway Fort Myers, FL 33913 INSURER D : INSURER E : INSURER F: **REVISION NUMBER:** CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY ADDL SUBR INSD WVD LIMITS NSR LTR TYPE OF INSURANCE POLICY NUMBER 1,000,000 Δ X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 02/15/2019 02/15/2020 VFIS-TR-2051082 \$ CLAIMS-MADE X OCCUR 5,000 **Prof Health Care** \$ X MED EXP (Any one person) 1,000,000 Liability PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 3,000,000 PRODUCTS - COMP/OP AGG 8 POLICY LOC OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 AUTOMOBILE LIABILITY \$ 02/15/2019 02/15/2020 BODILY INJURY (Per person) VFIS-TR-2051082 X ANY AUTO SCHEDULED AUTOS NON-OWNED S BODILY INJURY (Per accident) ALL OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ X X HIRED AUTOS AUTOS \$ 4,000,000 \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR 8,000,000 02/15/2019 02/15/2020 VFIS-TR-2051082 AGGREGATE \$ X EXCESS LIAB CLAIMS-MADE 63 DED RETENTION S PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space in required) 4th of July Parade - 2019 Certificate Holder is an additional insured for General Liability per form VGL101. CANCELLATION CERTIFICATE HOLDER 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** AUTHORIZED REPRESENTATIVE PO Box 398 Jonne L. Dolor is Fort Mycro, FL 22002

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

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