

EVENT PERMIT



Ordinance 17-08

KEARNS/ADAMS BANYAN STREET WEDDING CEREMONY

PERMIT NUMBER: TMP2019-00257

Date(s) of Event: OCTOBER 20, 2019 FROM 2:30PM UNTIL 6:30PM

Property Owner:

LEE COUNTY

Applicant:

BRITTANY KEARNS

315-532-1096

Description:

WEDDING CEREMONY OCTOBER 20, 2019 FROM 2:30PM UNTIL 6:30PM

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921

BANYAN STREET, BOCA GRANDE

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

ftmpprmt_specialevent.rpt

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Kearns / Adams Banyan Street Wedding Ceremony - Sunday October 20, 2019

TMP2019-00257



Event Application

| Check the appropriate | e box(es) below: |
|--|---|
| SPECIAL EVEN | NT PERMIT |
| □ USE OF COUN | NTY PROPERTY PERMIT |
| PERMIT TO SI | ELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERMIT | |
| Section I - GENERAL INF | ORMATION (All Permit Types) |
| Title of Event / Name of Production | Kearns / Adams Banyan Street Wedding Ceremony |
| Date(s) of Event / Production: | Sunday October 20, 2019 |
| Location(s) of Event: | Banyan Street |
| Name of Applicant: | Brittany Kearns / Brandon Adams |
| Applicant Address: | 2048 Shroud Street Apt. 305, Orlanda, Fl 32814 |
| Applicant Phone Number: | 315-532-1096 Brittany or 863-940-9639 Ashton Events |
| Contact Person: (If different from applicant) | Brittany Kearns Sarah Giles & Laura Helm - Ashton Events |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | sarah@ashtonevents.com |
| Estimated Attendance: | 35 |
| Event Description: | Wedding Ceremony from 4:00-5:00pm |

Setup as early as 3:00p, breakdown finished by 6:00p

Detail officers hired from 2:30 - 6:30p

14432001000050010

Lee County Government

Include each activity, when activities take place, etc.

Hours of Operation:

STRAP # of Parcel:

Owner of Premises*:

Wedding 4:00p - 5:00p, Setup as early as 3:00p, Breakdown finished by 6:00p

^{*}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 | premises? Public Facility | |
|--|---|---|
| Are any temporary structures to be insta | alled for the event? 🔀 Yes 🗀 No | Type: Possible ceremony arbor |
| Do you have the appropriate permits for | the temporary structures? | Yes No |
| For a 'Special Event' and 'Use of Couning indentified, including all parking areas. | ty Property' permit, submit a site plan wi See Attached Map | th all proposed facilities and activities |
| Insurance Company Insuring the Event: | TBD | |
| Note: Certificate of Insurance must be submitted | d at time of application | |
| Surety Company Bonding this Event (Na | me and Address): N/A | |
| 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? |
| ☐ Yes | ☐ Yes 🔀 No | ☐ Yes |
| 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: N/A | | |
| Section II - USE OF COUNTY P | ROPERTY PERMIT | |
| Organization Sponsoring the Event: | | |
| <u></u> | Solicitation in the County Rights-of-Wa | y: |
| Name of Charity: | | |
| Address of Charity: | | |
| Phone Number: | | |
| Non-profit certificate/registration num | ber: | |
| (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/CONSUMPT | ION OF ALCHOLIC BEVERAGES P | PERMIT |
| Is alcohol being sold/consumed on Coulf Yes, then a "Lee County Alcohol Permit" is required. | nty Property? Only non-profit organizations can sell alcohol on Count | ☐ Yes No y Property. |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | ber: | |
| 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 |



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| TV Movie or Special | Γ | TV Series / Pilot | | TV Comme | | Still Photos |
|--|---------------------------------|---|---|---|-----------------|--|
| Public Service Annou | ncement [| Industrial / Document | ary 🗵 | Other: We | dding | |
| I any of the following | be needed | or included*? | | | | |
| Street Clos | | | | ▼ Yes | □ No | |
| Traffic / Cr | | ol | | T Yes | No | |
| Fire or Bur | ning | | | Yes | ⊼ No | |
| Explosives | or Pyrotec | nnics | g en e general en | ☐ Yes | ▼ No | |
| Animals, L | arge or Sma | all | *************************************** | Yes | ▼ No | |
| Constructi | on of Any K | ind | | ☐ Yes | No | |
| Large and/ | or Numero | us Vehicles | | Yes | ⊠ No | and the second s |
| Helicopter | s, Boats, et | С. | | ☐ Yes | ⊠ No | |
| Stunts | | | 020000000000000000000000000000000000000 | T Yes | ⊠ No | |
| Other | | | | ☐ Yes | ⊠ No | |
| | | | | | | |
| For any marked Yes, per a Banyan Street w | edding cere | | | | | |
| For a Banyan Street w | edding cere | | | | | |
| For a Banyan Street w | edding cere | | facilities, | etc.) | | |
| For a Banyan Street w | edding cere | emony | facilities, | etc.) | | |
| For a Banyan Street w | edding cere | emony | facilities, | etc.) | | |
| For a Banyan Street w Special Parking Require City or County Service | edding cere ements: s Required: | emony | cords on | production in | Florida to ole. | track the economic imp |
| For a Banyan Street w Special Parking Require City or County Service | edding cere ements: s Required: | emony (Personnel, equipment, ired for local and state rec | cords on l | production in psely as possil | Florida to ole. | |
| For a Banyan Street with the second street with the second | edding cere ements: s Required: | emony (Personnel, equipment, ired for local and state reconst available, please estimates) | cords on late as clow: | production in psely as possil Nur | ole. | |

Applicant Agreement - Signature Required



SECTION I - SAFETY

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

SECTION II - INSURANCE

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

SECTION III - INDEMNIFICATION

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

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

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

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

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

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

| Brandon Adams | Sarah Giles | |
|-----------------------------------|-----------------------|------|
| Signature of Applicant | Witness | e de |
| Brandon Adams, Groom | Sarah Giles | |
| Print Name of Applicant and Title | Print Name of Witness | |
| 07/18/2018 | | |
| Date | Date | |



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

Check the appropriate box(es) below:

| • • | UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
|-----------------------|---|
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| Parking: | Parking in authorized parking areas only. |
| Deputies (How Many?): | Two deputies for road closure, traffic control and security on Banyan Street between Park Ave and Gilchrist while wedding takes place. |
| Fee for Services: | Traffic detail is \$58/hr per deputy with a four hour minimum. |
| Special Arrangements: | Each end of Banyan Street must be blocked in order to provide safety and security to participants. All chairs, tables and other items used for the event must be removed from the roadway as soon as possible in order to reopen Banyan Street. |
| | Print Name: Lt. S. Brady Signature: Attever 7. Brack Title: Special Events, Permits and Details Date: 8-13-19 |
| , | Date: 8-13-19 |



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:

1 SPECIAL EVENT PERMIT

| ∏ USE OF CO ☐ FILM PERM | UNTY PROPERTY | PERMIT |
|---|--|--|
| AFTER REVIEWING THE VILL REQUIRE THE APPLI | APPLICATION, PL | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | inga, _m a dalam dalam kalam kalam dalam d | None |
| ee for Services: | namatika nama ka nafa na na na kaka kifungan pengangan pengangkan da tahun | None |
| Flammable Vegetation: | | None |
| First Aid Equipment: | | |
| ; ; | | None |
| Fire Extinguishing: | oka inguniak aktivista ayaan kahilika kilo ee a | |
| | | None |
| Special Arrangements: | | EMERGENCY access on Banyan St, is required. Be prepared to move any rom the street to allow emergency vehicle access. Any damage to BGFD haking access to emergency will be the responsibility of the permit holder. |
| | · | In case of emergency - DIAL 911 |
| 4 | Print Name: | C.W. Blosser |
| | Signature: | CAL |
| | Title: | Fire Chief |
| | Date: | 08/13/2019 |



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

| Check the appropri | ate box(es) belov | v: |
|--|--------------------------------------|---|
| SPECIAL EV | ENT PERMIT | |
| ₩ USE OF CO | UNTY PROPERTY PE | ERMIT |
| FILM PERM | IT | |
| AFTER REVIEWING THE WILL 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 | tions necessary |
| Fee for Services | Not applicable. | |
| Special Arrangements: | Please call 911 in the 239 533-3911. | event of an emergency. To arrange special event coverage, contact our office at |
| | Print Name: | Douglas B. Higgins |
| | Signature: | Douglas B. Higgins Objectily signed by Douglas B. Higgins Obtect-moloogies B. Higgins on-see County, Department of Public Safety, Date: 2019/08.12 1609422 401007 |
| | Title: | Division Chief |
| | Date: | 08-12-2019 |



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

| Check the appropri | ate box(es) bel | ow: | | |
|--|-------------------------------|---|--|-------------------|
| ⊠ USE OF CO | | | RAGES WITHIN LEE COUNTY | / FACILITIES |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | | | W WHAT ARRANGEMENTS ENT. | YOUR ORGANIZATION |
| Parking: | Park in designated | areas. No event parking o | n or within Banyan Street right-o | f-way. |
| Ingress and Egress: | Use all established | means of ingress and egr | ess. | |
| Special Arrangements: | Use Lee County Sh | eriff's Office for assistance | with traffic control as needed. | |
| | Print Name: Signature: Title: | Bryan Miller Bryan D. Miller Senior Project Manager | Digitally signed by Bryan D. Miller Date: 2019.08.19 11:36:14 -04'00' | |
| | Date: | August 19, 2019 | | |



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

| Cneck the appropri | ate box(es) bei | ow: | | , |
|---|---|--------------------------|--|------------------------|
| ☐ SPECIAL EV | ENT PERMIT | | | |
| ₹ USE OF CO | UNTY PROPERTY | PERMIT | | |
| PERMIT TO | SELL AND CONSU | JME ALCOHOLIC BEV | ERAGES WITHIN LEE COUNTY F | ACILITIES |
| FILM PERM | IIT | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | | | OW WHAT ARRANGEMENTS Y EVENT. | OUR ORGANIZATION |
| lliumination: | Generators prohib or draped on trees | | for lighting on Banyan Street. Ligh | ats are not to be hung |
| Parking Areas: | Parking is permitte | ed in existing parking a | ireas at the Boca Grande Commun | nity Park and Center. |
| | | | | |
| Special Arrangements: | | | y BOCC being additionally insured Lands for Weddings on Banyan St | |
| | Must adhere to all | rules on use of county | land procedures document. | |
| | All wedding guest | s and participants mus | t stay on County property at all tim | es. |
| · | | | | |
| | | | | |
| | Print Name: | Jesse Lavender | Joe Wier | |
| | Signature: | Jesse Jeh | | |
| | Title: | Director | Supervisor | |
| | Date: | 8/12/19 | 6/20/18 | • |
| | | | | |



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

| Check the appropriat | e box(es) bel | ow: |
|---|---|---|
| SPECIAL EVEI USE OF COUI PERMIT TO S FILM PERMIT | NTY PROPERTY ELL AND CONS | PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO LY 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: | A Certificate of Ir Board of County additional insure Subject to proof | |
| | Print Name: Signature: Title: Date: | Mike Figueroa Mike Figueroa Risk Program Manager August 12, 2019 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2018

| _ | | | | | IEI 6 1 EI 6 1 1 1 6 1 6 1 | OUED AO A SIATED S | E INCODMATION |
|---|---|--|---|--|-----------------------------------|--|----------------|
| PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 | | | THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | | | | |
| Gra | Grass Valley, CA 95945 Phone: (530) 477-6521 Email: info@theeventhelper.com | | | INSURERS AFFORDING COVERAGE | | | NAIC# |
| INSU | <u> </u> | 550) 411-0521 Elliali. Illowilleeve | naroipor.com | | anston Insurance | | 35378 |
| INOU | Brandon Adams | | | INSURER A: LV | andton mourance (| copariy | |
| | | 8167 Nemours Parkway | | INSURER C: | | | |
| | | Orlando, FL 32827 | | INSURER D: | | | |
| | | | | INSURER E: | | to | |
| CO | /FR | AGES | | | | | 1 |
| TI A M | HE PO | DLICIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE ES. AGGREGATE LIMITS SHOWN MA | I OF ANY CONTRACT OR OTHER D D BY THE POLICIES DESCRIBED F | OCUMENT WITH R HEREIN IS SUBJECT | ESPECT TO WHICH | I THIS CERTIFICATE MAY E | BE ISSUED OR . |
| | ADD'L INSRD | | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | 3 |
| LIK | INSKD | GENERAL LIABILITY | | | , | EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE | \$ 1,000,000 |
| Α | Υ | X COMMERCIAL GENERAL LIABILITY | 3DS5468-M1792927 | 10/20/2019 | 10/21/2019 | MED EXP (Any one person) | \$ 5,000 |
| | | CLAIMS MADE X OCCUR | SECO TOO WITT SESE! | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | Host Liquor Liability | · | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | \$ 1,000,000 |
| | | X POLICY PRO- LOC | | | | DEDUCTIBLE | \$ 1,000 |
| | | Retail Liquor Liability | | | | | \$ |
| | | AUTOMOBILE LIABILITY ANY AUTO | | 3 | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | ALL OWNED AUTOS SCHEDULED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| | | HIRED AUTOS NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) | \$ |
| | | NO. CHALD ACTOS | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | ANY AUTO | · | | | OTHER THAN EA ACC AGG | \$ |
| - | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE | \$ |
| | | CEATING MADE | | | | | \$ |
| | | DEDUCTIBLE | | | | | \$ |
| | | RETENTION \$ | | | | | \$ |
| l | WOF | RKERS COMPENSATION AND | | | | WC STATU- OTH- TORY LIMITS ER | |
| | EMP | PLOYERS' LIABILITY | | | | E.L. EACH ACCIDENT | \$ |
| ŀ | OFF | PROPRIETOR/PARTNER/EXECUTIVE ICER/MEMBER EXCLUDED? | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| L | | s, describe under CIAL PROVISIONS below | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | ОТН | | | | | | |
| Ce | tificate | TION OF OPERATIONS / LOCATIONS / VEHIC e holder listed below is named as addition ce: 30, Event Type: Wedding. | | | ISIONS | | - |
| CE | RTIF | ICATE HOLDER | | CANCELLAT | TION | | |
| | Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902 OK 08/12/2019 | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR | | | |
| | | | Mil. Lin | REPRESENTATI | | 11 11 11 | |
| | I we figure | | | | I RESERVATIVE /// | Il Maddino | • |



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 P.O. Box 398 Fort Myers, FL 33902 | | |
| | | |

- 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.

Banyan Street

Park Avenue