



EVENT PERMIT

Ordinance 17-08



CELEBRATING 100 YEAR ANNIVERSARY & HONORING OUR HEROES

PERMIT NUMBER: TMP2019-00265

Date(s) of Event: SEPTEMBER 5, 2019 THROUGH SEPTEMBER 8, 2019
FROM 8:00AM UNTIL 7:00PM

Property Owner: NESV FLORIDA REAL ESTATE LLC

Applicant: GEORGE TICE
239-332-1553

Description: AMERICAN LEGION POST 38 CELEBRATING OUR 100 YEAR ANNIVERSARY & HONORING OUR HEROES BY BRINGING IN VIETNAM TRAVELING WALL. A HELICOPTER ON A FLAT BED WILL BE WITH THE WALL. THE HELICOPTER

Location of event: 11400 FENWAY SOUTH DR, FORT MYERS, FL 33913
JETBLUE PARK

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? No

Will there be alcohol consumed or sold at the event ? Sold and Consumed

Will a bond be posted for this event ? No

Permit Conditions:

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

Board of County Commissioners
Lee County, Florida

 8-29-19
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

CELEBRATING 100 YEAR ANNIVERSARY & HONORING

OUR HEROES

TMP2019-00265

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

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

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	CELEBRATING 100 YEAR ANNIVERSARY AND HONORING OUR HEROES
Date(s) of Event / Production:	SEPTEMBER 5,6,7,8,9 2019
Location(s) of Event:	JETBLUE PARK 11500 FENWAY SOUTH DRIVE FORT MYERS 33913
Name of Applicant:	AMERICAN LEGION POST 38/COLLONIAL CHARITABLE FOUNDATION
Applicant Address:	1857 JACKSON ST FORT MYERS FL 33901/ 10031 TURTLE DR FORT MYERS FL 33913
Applicant Phone Number:	LEGION# (239) 332-1553
Contact Person: (If different from applicant)	GEORGE TICE
Contact Phone Number: (If different from applicant)	(239) 738-0601
Email Address:	POST038.VICECOMMANDER@YAHOO.COM
Estimated Attendance:	1,000
Event Description: Include each activity, when activities take place, etc.	AMERICAN LEGION POST 38 CELEBRATING OUR 100 YEAR ANNIVERSARY AND WE ARE HONORING OUR HEROES BY BRINING IN THE VIETNAM TRAVELING WALL. A HELICOPER ON A FLAT BED WILL BE WITH THE WALL. THE HELICOPTER DOESN'T WORK AND WILL NOT FLY.
Hours of Operation:	9/5 0800 TO 1500, 9/6 1000 TO 1900, 9/7 AND 9/8 0900 TO 1500.
STRAP # of Parcel:	#24-45-25-02-00001 TO #24-45-25-02-00005
Owner of Premises*:	BOSTON RED SOX AND NESV FLORIDA REAL ESTATE

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

Lee County Event Permit Application



Fill out the following questions for all permit types:

What is the Zoning Classification of the premises? _____

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: TENT

Do you have the appropriate permits for the temporary structures? ☐ Yes ☒ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: _____

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 Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☒ Yes ☐ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: _____

ARAMARK 5421 DIVISION DRIVE FORT MYERS FL 33905

Type of Food being Served: HOT DOGS, HAMBURGERS, FRIES, RIBS, SANDWICHES, POPCORN, PEANUTS, ICE CREAM, SODA, WATER.

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: _____

Fill out this portion for applications for Solicitation in the County Rights-of-Way:

Name of Charity: _____

Address of Charity: _____

Phone number: _____

Non-profit certificate/registration number: _____

(Proof of registration with the Dept. of Agriculture & Consumer Services \$496.405 or proof the organization is exempt from this requirement. \$316.2045)

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(Required if alcohol is to be **SOLD** at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Page 3

Applicant Agreement - Signature Required

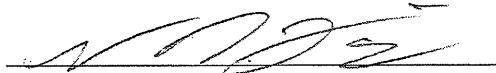


SECTION V - AGREEMENT

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

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

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


Signature of Applicant

Witness

George B Fice Vice-commander
Print Name of Applicant and Title

Print Name of Witness

8/8/2019
Date

Date



1903 1912 1915 1916 1918 2004 2007 2013 2018

June 7, 2019

To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant Colonial Charitable Foundation 10031 Turtle Drive Fort Myers, FL 33913. Permission to access land owned by NESV Florida Real Estate and surrounding parking lots located at 11500 Fenway South Drive for Honoring our Heroes Vietnam Traveling Memorial Wall.

The times for each day are as followed:

September 5th + 6th, 2019 - Set-Up 7:00 am to 7:00 pm.
September 7th + 8th, 2019 - Event 9:00 am to 3:00 pm.
September 9th, 2019 - Load out 7:00 am to 7:00 pm.

The parcels of land used for the event have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincerely,

Jay Fandel

Senior Manager of Florida Ballpark Operations |
Boston Red Sox | JetBlue Park
11500 Fenway South Drive | Fort Myers, FL | 33913
Phone: 239-226-4734 | Cell: 239-989-7477
Fax: 239-226-4767
Email: jfandel@redsox.com

State of Florida County of Lee

Subscribed and sworn to (or affirmed) before me
this 7th day of June, 2019

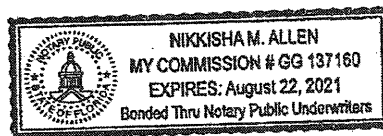
By Jay Fandel

Personally known ☒ OR produced identification

Type of identification produced

Notary Name Here, Notary Public

My Commission Expires 8/22/21



Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

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

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

Parking:

Parking in authorized areas only. Parking will be handled with volunteers.

Deputies (How Many?):

One deputy for security & presence from the time the wall arrives on 9/5 thru the time that the breakdown starts on 9/8/19.

Two deputies for security & presence during public viewings 9/7 & 9/8/19.

One Traffic Supervisor & Four traffic deputies for traffic control at main entrance 9/7 & 9/8/19.

Fee for Services:

Contact Details Unit 239-477-1199

Special Arrangements:

LCSO deputies as well as event volunteers will be on site during the overnight hours for security & presence. LCSO Voice members will assist during viewings. Global Security has been contracted to handle the bag checks & security checkpoint upon entrance to the event. On 9/5/19, LCSO will be providing an escort for the Vietnam Wall and Legion Riders from the Winn Dixie on Palm Beach Blvd into JetBlue Stadium. An escort out of the stadium on 9/9/19 will not be required.

Print Name:

Lt. S. Brady

Signature:

Lt. Steven Brady

Title:

Special Operations Division

Date:

8-22-19

Lee County Event Permit Application



FIRE DEPARTMENT

*The Fire Department serving the area where the event is to be held signs this form.
Please see User's Guide for contact information and Fire District Map.*

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	CALL 911 IF NEEDED
Fire Extinguishing:	N/A
Special Arrangements:	N/A

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley
Date: 2019.08.12 10:55:20 -04'00'

Title: Division Chief - Fire & Life Safety

Date: August 12, 2019

Sheen, Sara

From: Nate Burley [nburley@southtrailfire.org]
Sent: Monday, August 12, 2019 10:56 AM
To: George Tice
Cc: Martica Pitt; Krzastek, Loretta; OccsZoning
Subject: [EXTERNAL] RE: Permit
Attachments: AMERICAN LEGION 100 YEAR ANNIVERSARY SIGN OFF.pdf

Please see attached sign off.

Respectfully,

Nate Burley
Division Chief - Fire & Life Safety
South Trail Fire & Rescue
5531 Halifax Ave.
Fort Myers, FL 33912
T 239-482-8030
F 239-433-2185
E nburley@southtrailfire.org

Isaiah 43:2 "When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you."

From: George Tice <post038.2vice@yahoo.com>
Sent: Friday, August 09, 2019 2:22 PM
To: Nate Burley <nburley@southtrailfire.org>
Subject: Permit

Afternoon sir,

I'm so sorry about getting back to you so late. Wednesday and Friday's I'm learning to live my life blind. I went Blind in January of 2017. So there is a lot to learn.

Please find attached the copy of the Special Event, layout of the wall and sponsorship area.



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ FILM PERMIT

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

Treatment Facilities:	None necessary.
Medical Personnel:	None necessary.
Medical Supplies / Equipment:	None necessary.
Safety Requirements:	No additional precautions necessary.
Fee for Services	Not applicable.
Special Arrangements:	Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Digitally signed by Douglas B. Higgins
 DN: cn=Douglas B. Higgins, o=Lee County, Department of Public Safety,
 ou=Division of EMS, email=higgins@leegov.com, c=US
 Date: 2019.08.27 14:38:31 -0400

Title: Division Chief

Date: 08-27-2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

Parking:

No event parking on Lee County maintained road rights-of-way.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County Sheriff's Office for assistance with traffic control as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller
Date: 2019.08.12 10:51:30 -04'00'

Title: Senior Project Manager

Date: August 12, 2019

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

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Illumination:

All illumination must follow county ordinance and FAA regulations.

Parking Areas:

Event organizer must ensure that parking is restricted to designated areas and ensures that all driveways and roadways remain accessible for emergency vehicles.

Special Arrangements:

Must coordinate event with both the Red Sox staff and the on-site Parks and Recreation staff. Must ensure all parking areas are clean and free of trash and debris at the conclusion of the event.

Print Name:

JESSE LAVENDER

Signature:

Jesse John

Title:

DIRECTOR

Date:

8/13/19

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

4/24
BL

Check the appropriate box(es) below:

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☐ FILM PERMIT

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

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

April 22, 2019

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

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Special Arrangements: A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: William Diaz

Signature:

Title: Risk Management Analyst

Date: August 28, 2019



COLOCHA-01

D2HCOX

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2019

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 to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # L077730 AssuredPartners of Florida, Cape Coral 3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904	CONTACT NAME: Heather Cox	
	PHONE (A/C, No, Ext): (239) 205-1537	FAX (A/C, No): (239) 542-5527
	E-MAIL ADDRESS: heather.cox@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Mount Vernon Fire Insurance Company	26522
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
Colonial Charitable Foundation Inc and American Legion Post
38
P O Box 60931
Fort Myers, FL 33913

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CL2751038	09/05/2019	09/11/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Lee County Board of County Commissioners is named as additional insured with regards to general liability but only with respects to the operations of the named insured during the policy period.

Certificate is good to go.
William Diaz

CERTIFICATE HOLDER

Lee County Board of County Commissioners
PO BOX 398
Fort Myers, FL 33902-0398

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

RC

CERTIFICATE OF LIABILITY INSURANCE

COLOCHA-01

D2HCOX

DATE (MM/DD/YYYY)

08/02/2019

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PRODUCER License # L077730 AssuredPartners of Florida, Cape Coral 3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904		CONTACT Heather Cox NAME: PHONE (A/C, No, Ext): (239) 205-1537 FAX (A/C, No): (239) 542-5527 E-MAIL ADDRESS: heather.cox@assuredpartners.com	
INSURED Colonial Charitable Foundation Inc and American Legion Post 38 P O Box 60931 Fort Myers, FL 33913		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Mount Vernon Fire Insurance Company	26522
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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EXCLUSIONS AND CONDITIONS OF SUCH POLICIES: LIMITS SHOWN MAY HAVE BEEN INCREASED								
INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input type="checkbox"/> OCCUR	X		CL2751038	09/05/2019	09/11/2019	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/>							MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/>							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/>	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ Excluded
	<input type="checkbox"/>	OTHER:						\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/>	ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/>	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/>	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>							\$
	<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<input type="checkbox"/>	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/>	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N / A							E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
								E.L. DISEASE - POLICY LIMIT \$

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

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CERTIFICATE HOLDER

CANCELLATION

<p>CERTIFICATE HOLDER</p> <p>Lee County Board of County Commissioners PO BOX 398 Fort Myers, FL 33902-0398</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p> <p></p>



COLOCHA-01

D2HCOX

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2019

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 to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # L077730 AssuredPartners of Florida, Cape Coral 3501 Del Prado Blvd. S Suite #204 Cape Coral, FL 33904		CONTACT NAME: Heather Cox PHONE (A/C, No, Ext): (239) 205-1537 FAX (A/C, No): (239) 542-5527 E-MAIL ADDRESS: heather.cox@assuredpartners.com		
INSURED Colonial Charitable Foundation Inc and American Legion Post 38 P O Box 60931 Fort Myers, FL 33913		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Mount Vernon Fire Insurance Company		26522
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
INSURER F :				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CL2751038	09/05/2019	09/11/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NESV Florida Real Estate, LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC; N.E.S.V. IV, LLC are named as additional insured with regards to general liability but only with respects to the operations of the named insured during the policy period.

CERTIFICATE HOLDER

CANCELLATION

NESV Florida Real Estate, LLC; N.E.S.V. I, LLC; N.E.S.V. II, LLC
N.E.S.V. IV, LLC
11500 Fenway South Dr.
Fort Myers, FL 33913

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

AUTHORIZED REPRESENTATIVE



COLOCHA-01

D2HCOX

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/02/2019

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		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Mount Vernon Fire Insurance Company	
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		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED

Colonial Charitable Foundation Inc and American Legion Post 38
P O Box 60931
Fort Myers, FL 33913

COVERAGES

CERTIFICATE NUMBER:

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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

New England Sports Ventures LLC is named as additional insured with regards to general liability but only with respects to the operations of the named insured during the policy period.

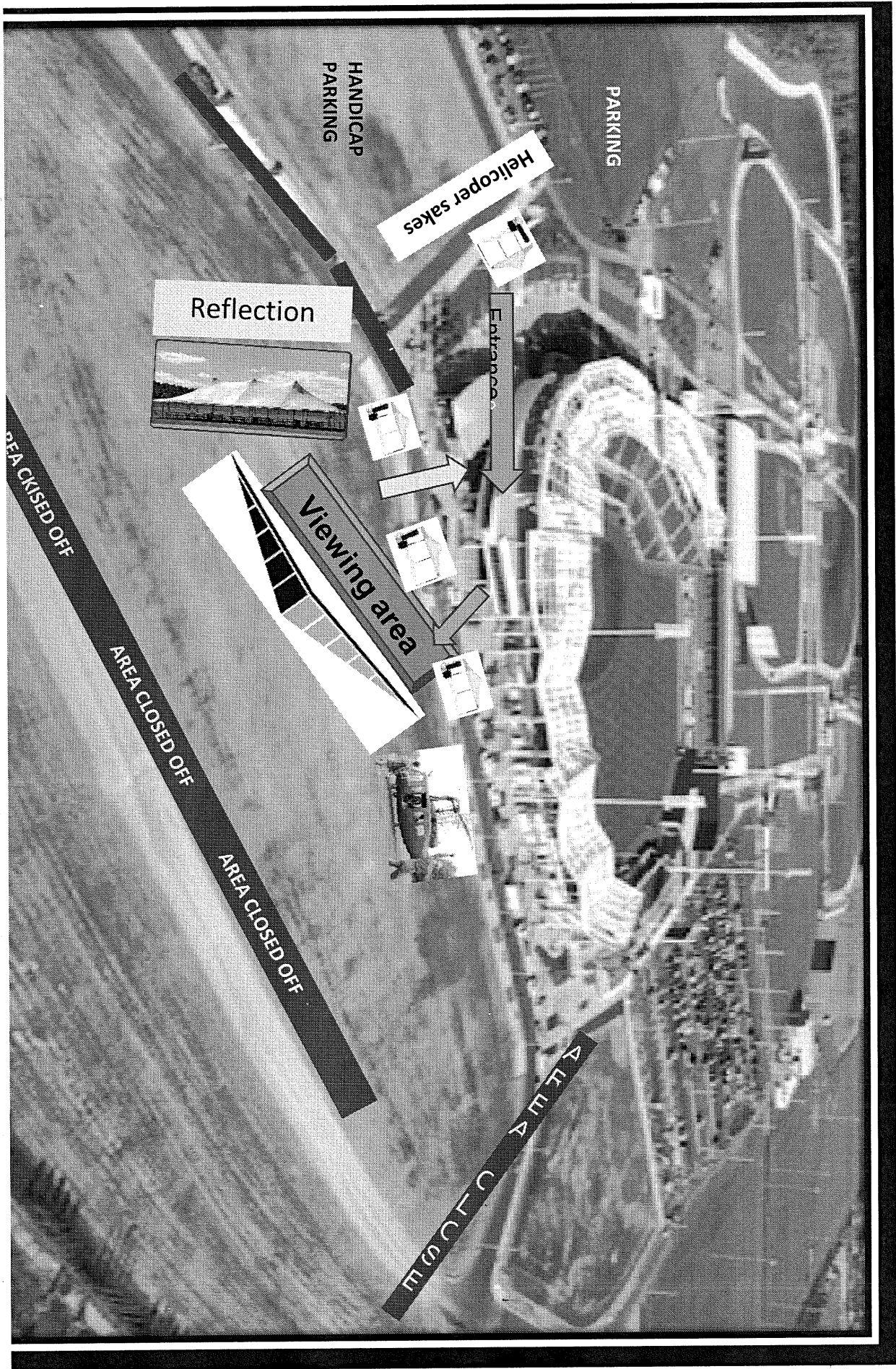
CERTIFICATE HOLDER

CANCELLATION

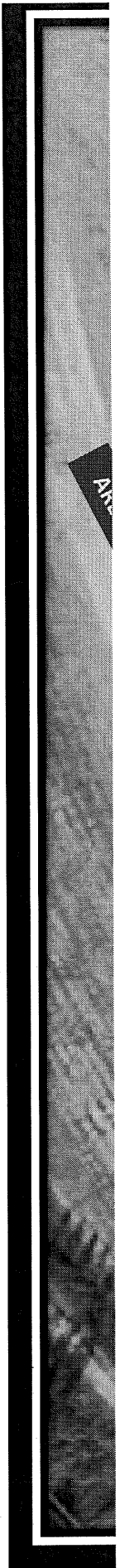
New England Sports Ventures, LLC
N.E.S.V. IV, LLC
11500 Fenway South Dr.
Fort Myers, FL 33913

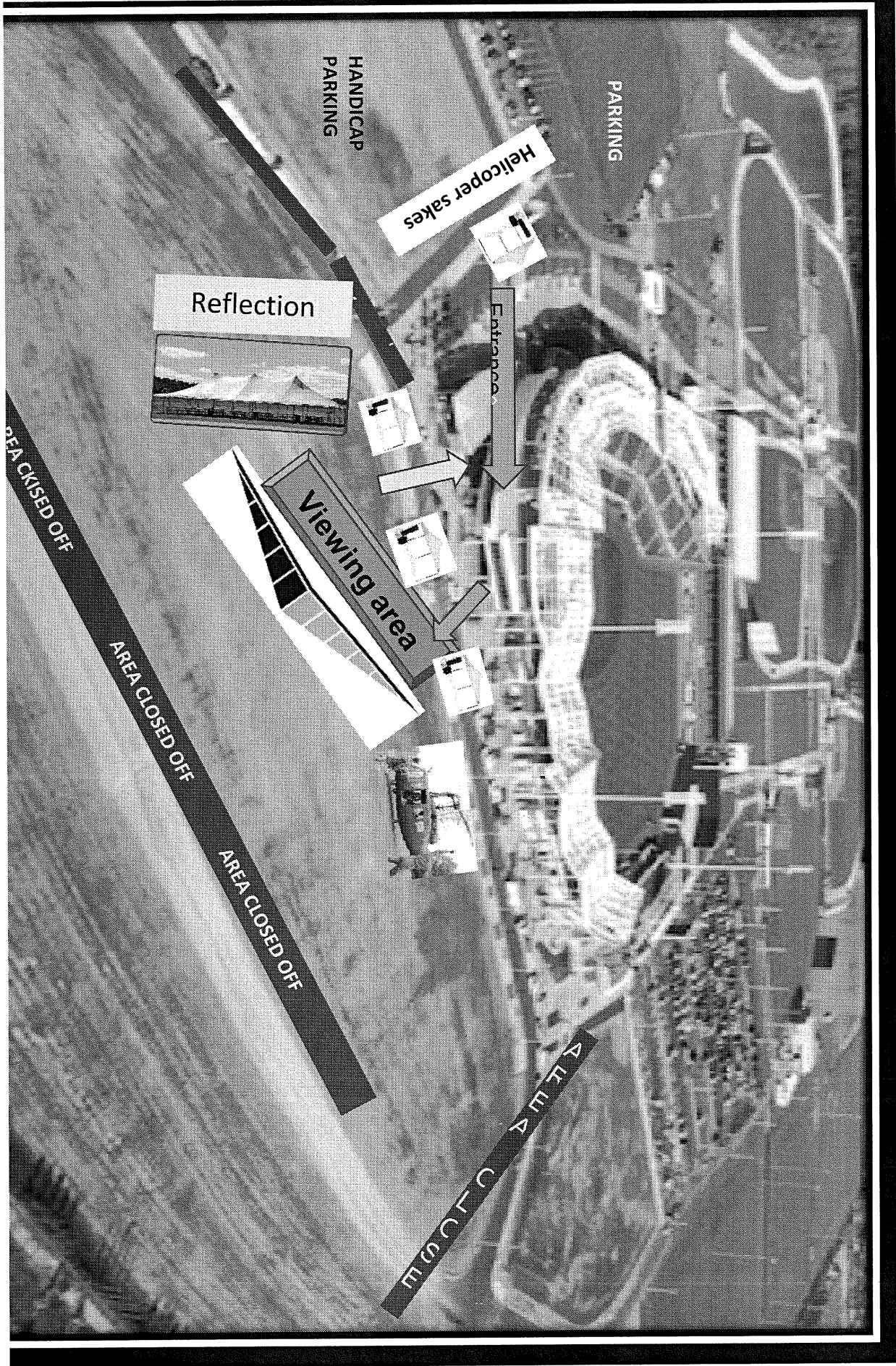
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

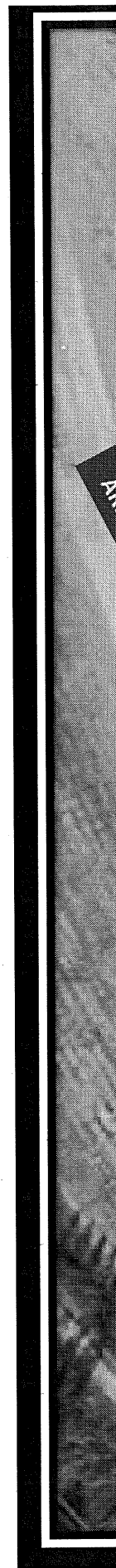


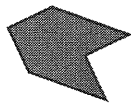
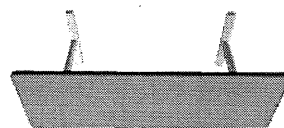
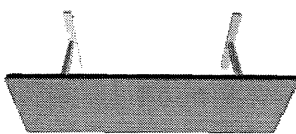
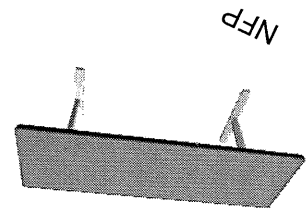
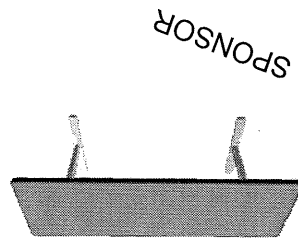
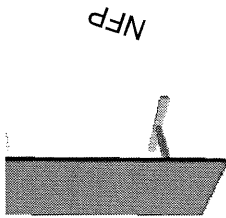
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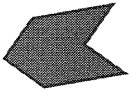
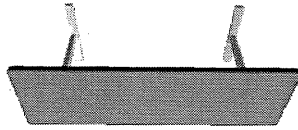


AREA CLOSED

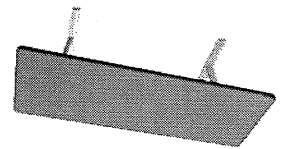
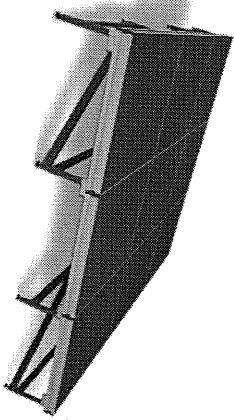




SPONSOR



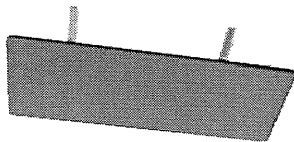
STAGE



SPONSOR



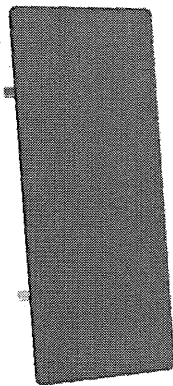
SPONSOR



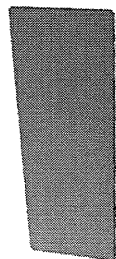
NFP



COLONIAL



POST 38



NOTICE OF COMMENCEMENT

Permit No. _____
Tax Folio No. _____
State of _____
County of _____

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in the Notice of Commencement.

1. **Description of property:** (legal description of property and street address if available).
BALLPARK - 11500 Fenway South Drive
2. **General description of improvement:**
Temporary Wall
3. **Owner information:**
Name Boston Red Sox
Address 11500 Fenway South Drive
Phone 888-226-4734 Fax _____
Interest in property Senior Manager Operations
Name and address of fee simple titleholder (if other than Owner) _____

4. **Contractor:**
Name Volunteers
Address _____
Phone _____ Fax _____
5. **Surety:**
Name _____
Address _____
Amount of bond: \$ _____ Phone _____ Fax _____
6. **Lender:**
Name _____
Address _____
Phone _____ Fax _____
7. **Persons within the State of Florida designated by Owner** upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
Name _____
Address _____
Phone _____ Fax _____
8. **In addition to himself or herself, Owner designates** the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.
Name _____
Address _____
Phone _____ Fax _____
9. **Expiration date of notice of commencement** (the expiration date is 1 year from date of recording unless a different date is specified) _____

Printed Name JAY FANDEL Signature [Signature]
(Printed Name of Person Signing Notice) (Owner or Owner's Authorized Officer/Director/Partner/Manager)
Owner's Name _____
Owner's Address _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENT UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Verification Pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person Signing Above