

## **EVENT PERMIT**



Ordinance 17-08

### BOCA GRANDE FARM AND FISH MARKET

PERMIT NUMBER: TMP2019-00267

Date(s) of Event: DECEMBER 20, 2019 - APRIL 24, 2020

Property Owner:

LEE COUNTY

Applicant:

JEAN BAER 239-691-9249

Description:

FARMER'S MARKET EACH FRIDAY FROM DECEMBER 20, 2019 THROUGH

APRIL 24, 2020 FROM 9:00AM UNTIL 1:00PM

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

BOCA GRANDE BALL FIELD ON WHEELER RD.

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

No Will a bond be posted for this event?

#### 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

ftmpprmt\_specialevent.rpt



## **Event Application**

Special Event

Use of County Property

Alcohol within Lee County **Facilities** 

Film, Video 8. Photography



#### **Event Application**

Check	the	appropriate	box(es)	below:
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	SPECIAL	EVENIF	CKIVIII	
N'	USE OF	COUNTY	<b>PROPERTY</b>	<b>PERMIT</b>

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INFO	DRMATION (All Permit Types)
Fitle of Event / Name of Production	Boca Grande Farm and Fish Market
Date(s) of Event / Production:	Fridays, Dec 20,2019 thru Apr. 24,2020
Location(s) of Event:	Bora Grande Ball Field on Wheeler
Name of Applicant:	Local Roots, LLC
Applicant Address:	1418 Sandrastle Rd Sanchel, FL 33957
Applicant Phone Number:	239-691-9249
Contact Person: (If different from applicant)	Jean Baer
Contact Phone Number: (If different from applicant)	SAME
Email Address:	Imbaera concestinet
Estimated Attendance:	400
Event Description: Include each activity, when activities take place, etc.	Farmer's Market each Friday
Hours of Operation:	9 an to 1 pm
STRAP # of Parcel:	1443200 10000 500 10
Owner of Premises*:	Lee County

<sup>\*</sup>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 p	oremises?	
Are any temporary structures to be insta	lled for the event? Yes No	Type: 40 Vendors 10×10 Te
Do you have the appropriate permits for	•	⊤Yes
* For a 'Special Event' and 'Use of Count indentified, including all parking areas.	ž.	
Insurance Company Insuring the Event:	Hanover Insuran	исе втопр
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Nat	me and Address):	'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 X 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: BBQ	Independent Food Ve	endors
Type of Food being Served: BBQ	, Produce , Baked	Goods
Section II - USE OF COUNTY PF		
Organization Sponsoring the Event:		
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	ıy:
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	n is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES	PERMIT
Is alcohol being sold/consumed on Coul If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on Cour	☐ Yes ☐ No
Non-profit certificate/registration num (Required if alcohol is to be <u>SQLD</u> at the event)		
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco ma	y also be required; please call (239) 344-0885 for



#### Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

e of Production (choose TV Movie or Special	TV:	Series / Pilot	$\Gamma$	TV Comme	rcial	) ,	Still Photos	,
Public Service Announce	ement $\Gamma$ Indu	strial / Documentary	genterer.	Other:				
I any of the following be	needed or inclu	ded*?						
Street Closur				T: Yes	K	No		
Traffic / Crow	d Control			┌ Yes	V	No	÷	
Fire or Burnir				Yes	T	No		
	Pyrotechnics			T: Yes	Ŕ	No		
Animals, Larg				T. Yes	X	No		
Construction				T. Yes	R	No		
	Numerous Vehi	cles		Yes	Z/	No		
Helicopters,				T Yes	文	No		
Stunts				[ Yes	K	No		
Other				Yes	区	No		
For any marked Yes, pro	ovide further det	alis below:						
		ans below:						
Special Parking Requiren	nents:		ilities,	etc.)	×			
Special Parking Requiren	nents:		ilities,	etc.)				
Special Parking Requiren  City or County Services I	nents: Required: (Perso	onnel, equipment, faci						
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Special Parking Requiren  City or County Services I  The following information the industry. If exact fig	nents:  Required: (Person is required for	onnel, equipment, faci local and state recon ilable, please estimate Number in Crew:	ds on pe as clo	oroduction in osely as poss Nu n Lee County;	umber (			conomic im

#### 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.

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Year Bar	- Callabo
Signature of Applicant	Witness
Selen Bae - Co - Owner	Track Choff
Print Name of Applicant and Title	Print Name of Witness
6-26-19	6-26-19
Date	Date



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

Check the appropria	te box(es) below:
SPECIAL EVI	ENT PERMIT
USE OF COL	JNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ιτ
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorizd areas only.
_	
	· <del></del>
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	Name
Special Arrangements.	None
	Print Name: Lt. S. Brady
	Signature: A. Steven Brady
	Title: Special Events, Permits and Details
	Date: 7-/9-/9



#### 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 appropriat	e box(es) below	<b>/</b>			
FILM PERMIT	NTY PROPERTY PE				
AFTER REVIEWING THE AI	PPLICATION, PLEA ANT TO COMPLY V	SE INDICATE BELOW WITH FOR THEIR EVEN	WHAT ARRANGE T.	MENTS YOUR OF	RGANIZATION
Fire Guards (How Many?)					
Fee for Services:					The state of the s
Flammable Vegetation:					
First Aid Equipment:	agagiga (aga e e e e e e e e e e e e e e e e e e				
Fire Extinguishing:	and the second s	cana Chambar agina atauna na teorema dialamen e cela			
Special Arrangements:	extinguish	or an open flame, the to er. emergency dial 911.	ent must have a fire	•	
4.	Print Name:	C.W. Blosser			
	Title:	Fire Chief		<u> </u>	, .
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Date:	07/16/2019			talian di dinancia di dina



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

Check the appropria	ite box(es) belov	v:
☐ SPECIAL EVI ☑ USE OF COU ☐ FILM PERM	JNTY PROPERTY PE	RMIT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLE ICANT TO COMPLY	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  Object by Dougla
	Title:	Division Chief
	Date:	08-26-19



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

Check the approprie	ate box(es) bel	ow:		
☐ SPECIAL EV	ENT PERMIT			
▼ USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONSU	JME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	' FACILITIES
FILM PERM	IT .			
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PICANT TO COMP	LEASE INDICATE BELO LY WITH FOR THEIR EV	W WHAT ARRANGEMENTS ENT.	YOUR ORGANIZATION
Parking:	Park in designated or would restrict sa	areas. No event parking or fe emergency vehicle acce	n Lee County maintained roads v ss.	vhere parking prohibited
Ingress and Egress:	Use all established	means of ingress and egre	ess.	•
	-			
Special Arrangements:	None.			
,				
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2019.07.17 14:05:10 -04'00'	
	Title:	Senior Project Manager		-
	Date:	July 17, 2019		-



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

Check the appropri	ate box(es) bel	ow:	
F SPECIAL EV	ENT PERMIT		
√ USE OF CO	UNTY PROPERTY	PERMIT	
F PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY F	ACILITIES
FILM PERM	1	•	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS Y PLY WITH FOR THEIR EVENT.	OUR ORGANIZATION
WILL REQUIRE THE APP	ICANT TO CONT	THE WHITE FOR ITELE EVENT.	
Illumination:	Daytime event, no	lights needed.	
	-	•	
Parking Areas:	Parking will be ava	ilable in designated areas for patrons and vendors at the Boo	a Grande Ball Field site.
Special Arrangements:	An existing agreen	nent between event organizer and Lee County Parks and Rec kly market operations.	reation has site specific
	occurs for the wee	Ny mandro operational	
	ennounce production of the contract of the con		
	ſ		
	Print Name:	Alise Flanjack	
	Signature:	Alse Flayock	
	Title:	Deputy Director	_
	Date:	7/18/19	
		•	
Boco Farm	Fish Me	rtot	
Boco Farm : Dec. 20, 2010	7 - April	24, Page   10	

Freidays



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

Check the appropriat	e box(es) belo	ow:	
SPECIAL EVEN	NT PERMIT	-	
□ USE OF COU!	NTY PROPERTY	PERMIT	
PERMIT TO S	ELL AND CONSU	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERMIT	,		
*			
AFTER REVIEWING THE A	PPLICATION, P CANT TO COMP	LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million Entect against bodily injury and/or property damage relative event within Lee County.	iollars (\$1,000,000) per to applicants use of
			reve de listing Loo County
Special Arrangements:	A Certificate of In Board of County additional insure	surance shall be submitted as evidence of the required cov Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the co d.	erage listing Lee County ertificate holder and as an
	Subject to proof	of insurance.	·
	Print Name:	Mike Figueroa	
	Signature:	Mito from-	
	Title:	Risk Program Manager	
	Date:	July 15, 2019	

OP ID: LS

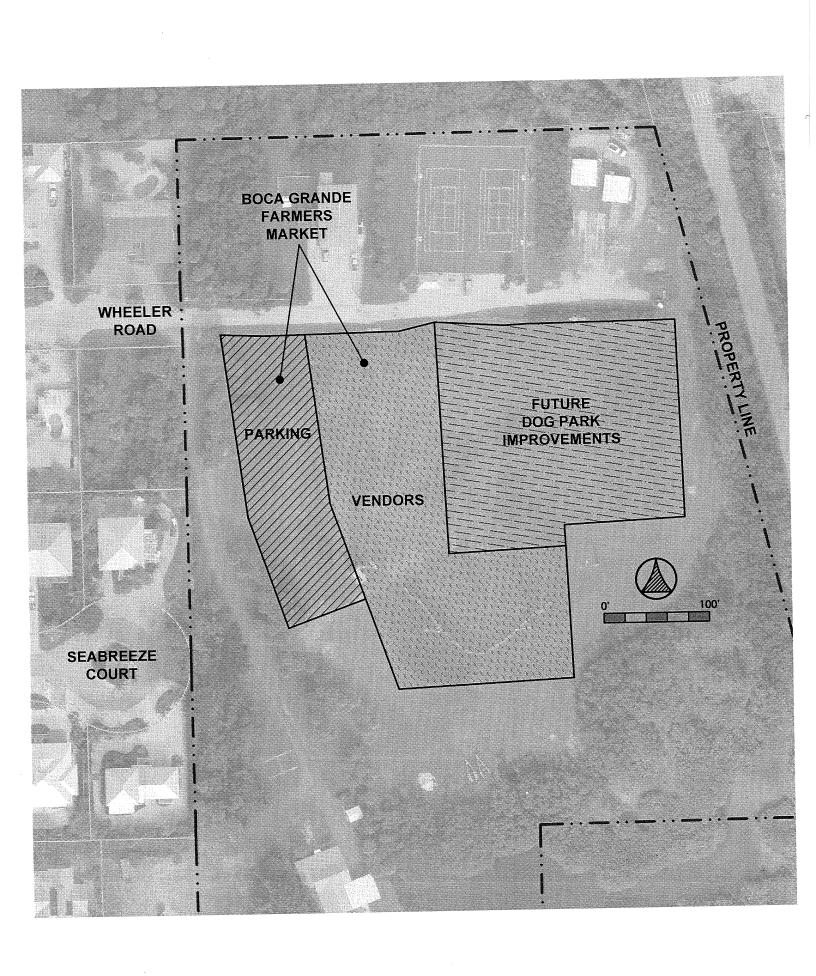
ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 01/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS

BEL	RTIFICATE DOES NOT AFFIRMATI OW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AI	URAN ND TH	IE C	DOES NOT CONSTITUT ERTIFICATE HOLDER.	re a c	ONTRACT	BETWEEN T	HE ISSUING INS	UKEK	(5), A	UTHORIZED
IF S	ORTANT: If the certificate holder UBROGATION IS WAIVED, subject certificate does not confer rights to	to th	e tei certi	rms and conditions of th ficate holder in lieu of su	e polic ch end	y, certain po lorsement(s)	olicies may i ·	require an endors	vision sement	s or b	e endorsed. tatement on
PRODU			317	-848-9075	CONTA NAME:	CT Larry Sp	ilker ext 20	3		0.47 0	40.0003
Pro In	sur,Inc. dba bell Risk Management				(A/C, No	, Ext): 317-84	8-9075	1 (/	ÑĈ, No):	377-84	48-9093
9595 V	Vhitley Drive, Suite 204				E-MAIL	ss: Ispilker@	campbellr	isk.com		-	
Indian	apolis, IN 46240				VARIVE			DING COVERAGE			NAIC#
Larry	Spilker ext 203			1				ANCE GROUP			22292
		INSURE									
INSURE	D Local Roots LLC				INSURE	RB:					
	1418 Sandcastle Road Sanibel, FL 33957				INSURE	RC:					
	Sallibei, 1 L 33331				INSURE	RD:					-
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COVE	RAGES CER	TIFIC	ATE	NUMBER:				REVISION NUME		ur poi	VOV PEDIOD
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NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	5	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	2,000,000
	CLAIMS-MADE X OCCUR	Υ		AA2370 LHW D481967		02/27/2019	02/27/2020	DAMAGE TO RENTED PREMISES (Ea occurre	ence)	S	100,000
-	CONTROL IN COURT	1		ANZO/0 E/111 5-10 100,		V=/=//=-				s	5,000
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							î .	PERSONAL & ADV IN.		\$	4,000,000
(	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	re	\$	4,000,000
)	POLICY PRO-							PRODUCTS - COMP/C	)P AGG	\$	4,000,000
	OTHER:									\$	
	UTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	MIT	\$	
F								BODILY INJURY (Per p		S	
-	ANY AUTO OWNED SCHEDULED									s	
	AUTOS ONLY AUTOS							BODILY INJURY (Per a PROPERTY DAMAGE			
ļ	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							(Per accident)		\$	
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
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- [	DED RETENTIONS									\$	
34								PER STATUTE	OTH- ER		
A	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N							E.L. EACH ACCIDENT		S	
A	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A									
								E.L. DISEASE - EA EM		\$	
D	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT	\$	
							-		4.0	-	
DERGE	IPTION OF OPERATIONS / LOCATIONS / VEHIC	IES /A	COPT	101 Additional Remarks Schodu	le, may h	e attached if mor	e space is requir	ed)			
DESCR	IPTION OF OPERATIONS/LOCATIONS/VERIC	res (M	CORL	1 to 1, Additional Nemonas Serves	,		,				
Lee C	County Board of County Co., is	an ad	diti	onal Insured.							
				0	K 07/	15/2019					
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	*				Miken	- Train	*******************************				
				/		1					
CED.	TIFICATE HOLDER				CAN	ELLATION					
CER	Lee County Board of Co.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	PO Box 398				AUTHORIZED REPRESENTATIVE						
1	E Minara El 22002				1	1 1/1 / 1	V.1.1				

ACORD 25 (2016/03)

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OP-ID: LS

DATE (MM/DD/YYYY)

#### CERTIFICATE OF LIABILITY INSURANCE

01/25/2019

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). CONTACT Larry Spilker ext 203 317-848-9075 PRODUCER FAX (A/C, No): 317-848-9093 PHONE (A/C, No, Ext): 317-848-9075 PRODUCER Pro Insur,Inc. dba Campbell Risk Management 9595 Whitley Drive, Suite 204 Indianapolis, IN 46240 E-MAIL ADDRESS: Ispilker@campbellrisk.com INSURER(S) AFFORDING COVERAGE Larry Spilker ext 203 22292 INSURER A : HANOVER INSURANCE GROUP INSURED Local Roots LLC 1418 Sandcastle Road Sanibel, FL 33957 INSURER B INSURER C INSURER D INSURER E INSURER F REVISION NUMBER: CERTIFICATE 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 PETAIN, 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. COVERAGES ADDL SUBR INSD WVD POLICY NUMBER TYPE OF INSURANCE 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurre X COMMERCIAL GENERAL LIABILITY 100,000 02/27/2019 02/27/2020 AA2370 LHW D481967 CLAIMS-MADE X OCCUR 5,000 2,000,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ PRO-JECT LOC X POLICY COMBINED SINGLE LIMIT (Ea accident) OTHER: AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) \$ SCHEDULED AUTOS OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY EACH OCCURRENCE HMRRELLA LIAB AGGREGATE CLAIMS-MADE **EXCESS LIAB** RETENTION \$ DED STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT

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

Lee County Parks and Recreation, is an additional Insured.

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

DESCRIPTION OF OPERATIONS below

If yes, describe under

	CANCELLATION
Lee County Parks & Recreation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
3410 Palm Beach Blvd Fort Myers, FL 33916	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

ACORD

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E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT 3

OP ID: LS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2019

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). CONTACT Larry Spilker ext 203 PHONE (A/C, No. Ext): 317-848-9075 317-848-9075 FAX (A/C, No): 317-848-9093 PRODUCER Pro Insur,Inc. dba
Campbell Risk Management
9595 Whitley Drive, Suite 204
Indianapolis, IN 46240 E-MAIL ADDRESS: Ispilker@campbellrisk.com NAIC #

Larry Spilker ext 203						INSURER A: HANOVER INSURANCE GROUP					22292	
											-	
INSUR	ED LOCALING	p Local Roots LLC 1418 Sandcastle Road					INSURER B:					
		FL 33957						***************************************				
						INSURE						
								INSURER E :				
						INSURE	RF:		REVISION NUMBER:			
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	(Mandatory in N	H)	4					***************************************		ž.		
	DESCRIPTION C	nder IF OPERATIONS below						<b></b>	E.L. DISEASE - POLICY LIMIT	Ş		
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		erations/Locations/VEHI			D 101, Additional Remarks Sched	ule, may Ì	e attached if mo	re space is requi	red)			
CEI	RTIFICATE H	OLDER				CAN	CELLATION					
		e County Board of Co	ounty	ŗ		1 TUE	EVDIDATIO	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL CY PROVISIONS.	BE [	ELLED BEFORE DELIVERED IN	
Co. PO Box 398 Fort Myers, FL 33902						AUTHORIZED REPRESENTATIVE						

ACORD 25 (2016/03)

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OP ID: LS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2019

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) CONTACT Larry Spilker ext 203 317-848-9075 PRODUCER Pro Insur,Inc. dba FAX (A/C, No): 317-848-9093 PHONE (A/C, No, Ext): 317-848-9075 E-MAIL ADDRESS: Ispilker@campbellrisk.com Campbell Risk Management 9595 Whitley Drive, Suite 204 Indianapolis, IN 46240 INSURER(S) AFFORDING COVERAGE Larry Spilker ext 203 22292 INSURER A : HANOVER INSURANCE GROUP INSURED Local Roots LLC INSURER B 1418 Sandcastle Road Sanibel, FL 33957 INSURER C 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 PETAIN, 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 ADDL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE 2,000,000 EACH OCCURRENCE A X COMMERCIAL GENERAL LIABILITY 100,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 02/27/2019 02/27/2020 AA2370 LHW D481967 CLAIMS-MADE X OCCUR Y 5,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY 4,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 4,000,000 PRODUCTS - COMP/OP AGG \$ PRO-JECT X POLICY OTHER COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) HIRED ONLY NON-OWNED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAS OCCUR AGGREGATE EXCESS LIAB CLAIMS-MADE RETENTION\$ DED STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT NIA 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 Com., are additional Insured's. 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 Com** AUTHORIZED REPRESENTATIVE 2115 Second Street

ACORD 25 (2016/03)

Fort Myers, FL 33901

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01/25/2019

#### CERTIFICATE OF LIABILITY INSURANCE

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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.

Di	ELOW. THIS CERTIFICATE OF INSEPRESENTATIVE OR PRODUCER, A	ND TI	HE C	ERTIFICATE HOLDER.							
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rol	oucer Insur,inc. dba				CONTACT Larry Spilker ext 203  NAME: PHONE (AIC, No. Ext): 317-848-9093  (AIC, No. Ext): 1-848-9093  (AIC, No. Ext): 1-848-9093						
am	nhell Risk Management			-	E-MAIL	Ispilker@	campbellr	sk.com			
595	i Whitley Drive, Suite 204 anapolis, IN 46240			-	ADDRES			DING COVERAGE		NAIC#	
arr	y Spilker ext 203					22292					
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DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES	ACOR	D 101, Additional Remarks Schedu	ile, may t	se attached if mo	re space is requi	(eu)			
The	Lakes Park Enrichment Founda	tion,	is a	n additional insured.							
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CF	ENTIFICATE HOLDED				CAN	CELLATION		-			
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	y _g										
	Lakes Park Enrichment										
	Foundation				AUTHORIZED REPRESENTATIVE						
	7330 Gladiolus Drive										
	Fort Myers, FL 33908										