

EVENT PERMIT



Ordinance 17-08

LIGHT-UP ESTERO

PERMIT NUMBER: TMP2019-00339

Date(s) of Event: DECEMBER 7, 2019 FROM 4:00PM UNTIL 7:00PM WITH

SET UP STARTING AT 12:00PM

Property Owner:

LEE COUNTY

Applicant:

MEAGAN PIERCE

239-317-3200

Description:

COMMUNITY EVENT WITH LIGHTING OF THE CHRISTMAS TREE,

NON-PERISHABLE FOOD DONATIONS COLLECTED FOR INTERFAITH

CHARITIES OF SOUTH LEE COUNTY, NET PROCEEDS FUND SCHOLARSHIPS

Location of event: 9200 CORKSCREW PALMS BLVD, ESTERO, FL 33928

ESTERO COMMUNITY PARK

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

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager Date

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

LIGHT UP ESTERO

TMP2019-60 339



Event Application

Check th	e ap	propriate	box(es)	below:
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X	SPECIAL	EVENT	PERMIT
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USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)		-
Title of Event / Name of Production	Light-Up Estero		
Date(s) of Event / Production:	December 7, 2019		
Location(s) of Event:	Estero Community Park		
Name of Applicant:	The Rotary Club of Estero		
Applicant Address:	PO Box 743 Estero, FL 33928		
Applicant Phone Number:	See contact person phone numbers		
Contact Person: (If different from applicant)	Meagan Pierce and Christen Pittman, event co-chairs	-	A THE RESERVE THE PARTY OF THE
Contact Phone Number: (If different from applicant)	Meagan 239-317-3200 and Christen 239-444-5486		
Email Address:	meagan.pierce@marriot.com and christen.pittman@hil	ton.com	
Estimated Attendance:	200 - 400		
Event Description: Include each activity, when activities take place, etc.	This is an Estero community event. There will be a lighting items will be collected for donations to Interfaith Charitie to funding scholarships at Estero High School for student vocational training.	s of South I	Lee County. Net proceeds will go
Hours of Operation:	Event: 4:00pm - 7:00pm; Will arrive between around 12:0	0 to begin s	set up
STRAP # of Parcel:	34-46-25-E4-6100 C.D	17A	
Owner of Premises*:	Lee County		

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



Fi	ill out the following questions for allpermit types:		The second section of the section of the second section of the section of the second section of the sect
V	Vhat is the Zoning Classification of the premises?		
Ar	re any temporary structures to be installed for the event? Yes No Type	e:	
Do	o you have the appropriate permits for the temporary structures?	- Yes	Γ No
* in	For a 'Special Event' and 'Use of County Property' permit, submit a site plan with al identified, including all parking areas.	l propose	ed facilities and activities
lr	nsurance Company Insuring the Event: Lexington Insurance Company		
N	ote: Certificate of Insurance must be submitted at time of application		
S	urety Company Bonding this Event (Name and Address):		
	Will Vehicles be Used as Part of This Will Food be Available at this Event?		coholic Beverages be onsumed at this Event?
	┌ Yes	口	∕es ▼ No
	If yes, automobile coverage must be included on the certificate of insurance.	If yes, liquo ncluded or	or liability coverage must be the certificate of insurance.
	Name & Address of Organization JewBan's Deli Dale food truck (727-272-4576) and 7	The Brit Pi	t food truck (239-450-5884)
Ţ	Type of Food being Served: Sandwiches and Burgers		
	Section II - USE OF COUNTY PROPERTY PERMIT		
	Organization Sponsoring the Event:		
f	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:		
1	(Proof of registration with the Dept. of Agriculture & Consumer Services §496.405 or proof the organization is exe	empt from t	this requirement. §316.2045)
	Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PER	MIT	
	Is alcohol being sold/consumed on County Property? If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Pro	┌ Yes	⊠ No
	Non-profit certificate/registration number: (Required if alcohol is to be <u>SOLD</u> 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



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all		ries / Pilot		TV Commerc	ial	Г	Still Photos
Public Service Announcem			_	Other:			
				.00000000000000000000000000000000000000			
Will any of the following be no	eded or include	ed*?		□ Voc		No	
Street Closure				Yes		No	
Traffic / Crowd	Control			☐ Yes]	No	
Fire or Burning				Yes	-	No	
Explosives or Py				Yes		No	
Animals, Large				Yes	-	No	
Construction of				├ Yes		No	
Large and/or N	umerous Vehicle	es		Yes		No	
Helicopters, Bo	ats, etc.			Yes	Γ	No	
Stunts				☐ Yes		No	
Other				☐ Yes	Γ	No	
Special Parking Requiremen	nts:				***************************************		
City or County Services Re	quired: (Person	nel, equipment, faci	lities,	etc.)			
						-	
The following information the industry. If exact figur	is required for lo es are not availa	ocal and state record able, please estimate	ds on p e as clo	oroduction in Fossib	lorid le.	a to	track the economic impact
Number in Cast:		Number in Crew:	••••	Num	ber o	f loc	als hired:
Total budget:		Estimate amount s	spent i	n Lee County:			
Hotel room nights:		Number of shooting	ng days	:			
-	ooms x number of nig	ghts		***			

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.

Signature of Applicant

Print Name of Applicant and Title

Date

Date



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

Check the appropri	te box(es) below:
	ENT PERMIT
USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT '
AFTER REVIEWING THE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION
WILL REQUIRE THE APPI	ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only
Deputies (How Many?):	none
Fee for Services:	none
Special Arrangements:	none
	Print Name: Lt. S. Brady
	Signature: LT- Steven Brady
	Title: Special Events, Permits and Details
5	Date: 10-25-19



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 appropri	iate box(es) belo	ow:		
X SPECIAL EV	/ENT PERMIT			
USE OF CC	UNTY PROPERTY I	PERMIT		
FILM PERN	NIT			
AFTER REVIEWING THE AWILL REQUIRE THE APPL				OUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	N/A			
Flammable Vegetation:	N/A			
First Aid Equipment:	Call 911 for	Emergencies		
Fire Extinguishing:	Call 911 for	Emergencies		
Special Arrangements:				-
	Print Name: Signature: Title:	Scott Danielson Lt. Fire Prevent	cion	
	Date:	10/21/2019		



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check	the	appropriate	box(es)	below:
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X	SPECIAL	EVENT	PERMIT
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□ 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 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 co	verage, contact our office at
	Print Name:	Douglas B. Higgins	
•	Signature:	Douglas B. Higgins	inger-table Ches
	Title:	Division Chief	
	Date:	11-05-2019	

Paro 8



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 CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	Y FACILITIES
☐ FILM PERM	IIT			
AFTER REVIEWING THE WILL REQUIRE THE APPL			W WHAT ARRANGEMENTS ENT.	S YOUR ORGANIZATION
Parking:	Park in designated	areas. No event parking or	Lee County maintained road rig	ghts-of-way.
	4			
Ingress and Egress:	l lse all established	means of ingress and egre	SS	
mgress and Egress.	Ose all established	means of mgress and egre	551	
Special Arrangements:	None.			
		,		
	*			

	* .	-		
	Print Name:	Bryan Miller		
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2019.10.24 08:39:56 -04'00'	
	Title:	Senior Project Manager		-
	Date:	October 24, 2019		-

Light Up Estero-Dec. 7, 2019-Estero Rec. Ctr.

Lee County Event Permit Application

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

Check	the	annro	nrinte	hox	PSI	below:
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SPECIAL EV	ENT PERMIT	
USE OF CO	UNTY PROPERTY	PERMIT
		UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM		
1 TIENT LEIN		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	The event organize	er is to provide own lighting if needed.
	,	
Parking Areas:	Organizers may dr then remove vehic at 239-851-0995 S	ise designated parking area in the parking lots. No vehicles on the central lawn area. op off supplies via the service road between the rec Center and the Chiller area and cles. For overflow parking, contact Select Real Estate Office Manager, Stephanie Miller tepahnie@selectre.net and also contact Keith at Collier Association Management sist obtain authorization to use their respective parking lots.
Special Arrangements:	a dumpster if food or signs are permit	or any inflatable devices, must use water barrels or sand bags. Organizers must orde vendors are on site and portable toilets if needed at organizers expense. No Banners ted outside of the park boundaries. Outdoor restroom open at 7am and close at 9pm 6am. Rec Center restrooms open Sat and Sun at 9am - 5pm.
	Contact Trever Sne	earley at 239-771-1079 or the Rec Center at 239-498-0415 for questions.
		graduation and the second seco
		er eg
	Print Name:	Kimberly Garrett
	Signature:	Kimberly Garrett
	Title:	Administrative Manager
	Date:	10/24/2019



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:
ti	NTY PROPERTY ELL AND CONSI	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
AFTER REVIEWING THE AWILL REQUIRE THE APPLIC	APPLICATION, P CANT TO COMP	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 Subject to proof	
	Print Name: Signature: Title: Date:	Mike Figueroa Mike Figueroa Risk Program Manager October 22, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2019

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.

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 t	o the	certi	ficate holder in lieu of su	ich end	orsement(s)					
PRODUCER	O tile	00111	nodio notaor in nod or oc	CONTAC NAME:	CT Ali Sulita					
Arthur J. Gallagher Risk Management Services, Inc.				PHONE (A/C, No, Ext): 1-833-3ROTARY (A/C, No): 630-285-4062						85-4062
2850 Golf Road					ss: rotary@a	ia com		(A/C, NO).		
Rolling Meadows IL 60008				ADDRES			DING COVERAGE			NAIC#
						on Insurance				19437
						on mourance	e Company			15457
INSURED				INSURER B:						
All Active US Rotary Clubs & Districts				INSURER C:						
Rotary Club of Estero ATTN: Risk Management Dept.				INSURER D:						
1560 Sherman Ave.				INSURER E:						
Evanston, IL 60201-3698					INSURER F:					
COVERAGES CER	TIFIC	CATE	NUMBER: 899307648	×			REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIR PERT	EMEI	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	Y CONTRACT THE POLICIE	OR OTHER D S DESCRIBED	DOCUMENT WITH D HEREIN IS SU	1 RESPEC		WHICH THIS
NSR TYPE OF INCUPANCE	ADDL	SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S	
	INZD	WVD	015375594		7/1/2019	7/1/2020	EACH OCCURRENCE	CE	\$2,000	,000
CLAIMS-MADE X OCCUR	Y						DAMAGE TO RENT PREMISES (Ea occi	ED	\$500,0	
							MED EXP (Any one	person)	\$	
X Liquor Liability Included							PERSONAL & ADV	INJURY \$2,000,000		,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	REGATE \$4,000,		,000
X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG \$4,000		,000	
OTHER:									\$	
A AUTOMOBILE LIABILITY			015375594		7/1/2019	7/1/2020	COMBINED SINGLE (Ea accident)	LIMIT	\$2,000	,000
ANY AUTO			,				BODILY INJURY (P	er person)	\$	
OWNED SCHEDULED							BODILY INJURY (P	er accident)	\$	*
HIRED NON-OWNED							PROPERTY DAMAG (Per accident)	GE	\$	a
X AÜTÖS ONLY X AÜTÖS ÖNLY	-		4				(Fer accident)		\$	
LIMPRELLA LIAR	+		NOT I DRIEGIDIE				EACH OCCURREN	CE	\$	
UMBRELLA LIAB OCCUR			NOT APPLICABLE					OL .	\$	
EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
DED RETENTION \$			NOT APPLICABLE				PER STATUTE	OTH- ER	Φ	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			INOT INTERCREDED				•		_	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
(Mandatory in NH)	1						E.L. DISEASE - EA EMPLOYEE \$			
If yes, describe under DESCRIPTION OF OPERATIONS below						1	E.L. DISEASE - PO	LICY LIMIT	\$	
										a .
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORI	0 101, Additional Remarks Sched	ule, may l	ne attached if mo	re space is requi	red)			
The Certificate holder is included as a general liability policy, but only to the insured.	itibbe	onal	insured where required	by wri amage	tten contrac	t or permit s	ubject to the te	erms and ets or om	l cond ission	itions of the s of the
			JN 1012212	•	÷					
			Miny Fo	· .						
CERTIFICATE HOLDER				CAN	CELLATION					
Lee County Board of County Commissioners PO Box 398				THE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
Fort Myers, FI 33902				AUTHO	AUTHORIZED REPRESENTATIVE					
Light Up Estero 12/7/2019				En Para						



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2019

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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). Ali Sulita PRODUCER FAX (A/C, No): 630-285-4062 Arthur J. Gallagher Risk Management Services, Inc. PHONE (A/C, No, Ext): 1-833-3ROTARY 2850 Golf Road E-MAIL ADDRESS: rotary@ajg.com Rolling Meadows IL 60008 NAIC# INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company 19437 INSURED INSURER B: All Active US Rotary Clubs & Districts INSURER C Rotary Club of Estero INSURER D : ATTN: Risk Management Dept. INSURER E 1560 Sherman Ave. Evanston, IL 60201-3698 INSURER F CERTIFICATE NUMBER: 899307648 REVISION 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 ADDL SUBR LIMITS TYPE OF INSURANCE INSD WVD POLICY NUMBER LTR COMMERCIAL GENERAL LIABILITY 015375594 7/1/2019 7/1/2020 EACH OCCURRENCE \$2,000,000 Α X DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) \$ \$2,000,000 PERSONAL & ADV INJURY Liquor Liability Included \$4,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$4,000,000 PRO-JECT PRODUCTS - COMP/OP AGG POLICY OTHER COMBINED SINGLE LIMIT \$2,000,000 7/1/2019 7/1/2020 AUTOMOBILE LIABILITY 015375594 (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) \$ PROPERTY DAMAGE HIRED AUTOS ONLY NON-OWNED AUTOS ONLY \$ (Per accident) EACH OCCURRENCE \$ UMBRELLALIAB OCCUR NOT APPLICABLE EXCESS LIAB \$ AGGREGATE CLAIMS-MADE \$ DED RETENTION \$ NOT APPLICABLE WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY Y/N E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ N/A 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 is required) The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured. CANCELLATION CERTIFICATE HOLDER

Lee County Board of County Commissioners
PO Box 398
Fort Myers, FI 33902
Light Up Estero 12/7/2019

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



Pop-Up Shade Tents and Tables Lawn Games for Kids

Charis

-

Food