



# EVENT PERMIT

Ordinance 17-08



## PINE ISLAND CALUSA TRAIL 5K RUN

**PERMIT NUMBER:** TMP2019-00403

**Date(s) of Event:** JANUARY 11, 2020

Property Owner: TIITF/UNIV OF FL

Applicant: Susan Saulsbery  
2395606286

Description: 5K RACE STARTING AND FINISHING AT THE CALUSA HERITAGE TRAIL ON  
JANUARY 11, 2020 FROM 6:30AM UNTIL 9:30AM

Location of event: 13810 WATERFRONT DR, BOKEELIA, FL 33922  
**CALUSA HERITAGE TRAIL**

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

Will the event be held on County Owned Property ? Yes

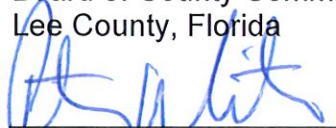
Will there be alcohol consumed or sold at the event ? No

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

 1-2-20  
County Manager Date



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

PINE ISLAND CALUSA TRAIL 5K RUN

TMP2019-00403

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	Pine Island Calusa Trail 5K Run
Date(s) of Event / Production:	January 11, 2020
Location(s) of Event:	Calusa Heritage Trail 13810 Waterfront Drive Bokeelia, FL and surrounding neighborhood streets
Name of Applicant:	Susan Saulsbery for Kiwanis Club of Greater Pine Island
Applicant Address:	5712 Linden Lane Bokeelia, FL 33922
Applicant Phone Number:	239-560-6286
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	ssaulsbery@comcast.net
Estimated Attendance:	100
Event Description: Include each activity, when activities take place, etc.	5K race starting and finishing at the Calusa Heritage Trail
Hours of Operation:	6:30 am to 9:30 am
STRAP # of Parcel:	07-44-22-00-00009.0030
Owner of Premises*:	University of Florida

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



Lee County Event Permit Application



What is the Zoning Classification of the premises? Vacant Govenrmental/80

Are any temporary structures to be installed for the event? ☒ Yes ☐ No Type: two 10x10 pop up tents

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: Kiwanis Club of Greater Pine Island PO Box 111 St James City FL 33956

Type of Food being Served: fruit, juices, water, muffins, yogurt

## Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Kiwanis Club of Greater Pine Island

*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

## Lee County Event Permit Application



Type of Production (choose all that apply):

☐ TV Movie or Special      ☐ TV Series / Pilot      ☐ TV Commercial      ☐ Still Photos  
☐ Public Service Announcement      ☐ Industrial / Documentary      ☐ Other: \_\_\_\_\_

Will any of the following be needed or included\*?

Street Closure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explosives or Pyrotechnics	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____	Number in Crew: _____	Number of locals hired: _____
Total budget: _____	Estimate amount spent in Lee County: _____	
Hotel room nights: _____ number of rooms x number of nights	Number of shooting days: _____	





#### **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 premises 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.

## Lee County Event Permit Application



### 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.

Susan K Saulsbury  
Signature of Applicant

T. L. M.  
Witness

Susan K Saulsbury  
Print Name of Applicant and Title

Timothy L Saulsbury  
Print Name of Witness

12/11/19  
Date

12/11/19  
Date



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.

Deputies (How Many?):

2 Deputies and 3 Community Service Aides

Fee for Services:

\$58/hr per deputy + \$15 vehicle fee each  
\$38/hr per CSA

Special Arrangements:

3 Deputies and 2 Community Service Aides will be utilized for traffic control and presence while 5K takes place. Should the CSA's not be available, Deputies will be used in their place at the cost to the vendor.

Print Name: Lt. S. Brady

Signature:

*A. Steven J. Brady*

Title:

Special Events, Permits and Details

Date:

12-23-19



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  
☒ 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.

Fire Guards (How Many?)

Ø

Fee for Services:

Ø

Flammable Vegetation:

Ø

First Aid Equipment:

First aid provided by Lee County EMS.

Fire Extinguishing:

Ø

Special Arrangements:

None

Print Name:

Courtney Ulrich

Signature:

Courtney Ulrich

Title:

Fire Inspector

Date:

12.26.19

Lee County Event Permit Application



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

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:

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

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Short duration road closure on Pineland Road from Roberts to the Marina may be permitted subject to traffic control provided by Lee County Sheriff's Office and arrangements made for local business and residential access and emergency access. Shall use LCSO for traffic control purposes as needed.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2019.12.19 15:07:54 -05'00'

Title: Senior Project Manager

Date: December 19, 2019



*Pine Island Calusa Trail 5k-Run - January 11, 2020*

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:

- ☒ 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.

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

N/A-Event is not on or near Lee County Parks and Recreation property and will not affect our operations or programs.

Print Name: Kimberly Garrett

Signature: Kimberly Garrett

Digitally signed by Kimberly Garrett  
Date: 2019.12.12 11:15:39 -05'00'

Title: Administrative Manager

Date: December 12, 2019

Lee County Event Permit Application



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

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.

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:

December 16, 2019





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2019

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).

<b>PRODUCER</b> Hylant - Indianapolis 10401 North Meridian St, Ste 200 Indianapolis IN 46290		<b>CONTACT NAME:</b> Lisa Christenson <b>PHONE (A/C No. Ext.):</b> 317-817-5172 <b>FAX (A/C No.):</b> 317-817-5151 <b>E-MAIL ADDRESS:</b> kiwaniscert@hylant.com		
<b>INSURED</b> Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: Lexington Insurance Company		19437
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

**COVERAGES** **CERTIFICATE NUMBER:** 96043683 **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 SUBR (INSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	013136005	11/1/2019	11/1/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		013136005	11/1/2019	11/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (if 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"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Self-Insured Retention		013136005	11/1/2019	11/1/2020	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The Certificate Holder and others as defined in the written agreement are additional insured subject to the terms, conditions, and exclusions on the policy with respect to the General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included).  
January 11, 2020 or any future date(s) during the policy term.

Pine Island Calusa Trail 5K run  
Event location: Calusa Heritage Trail, Pineland, FL  
Kiwanis Club of Pine Island

OK 12/16/2019

**CERTIFICATE HOLDER**

Lee County Board of County Commissioners  
2115 2nd Street  
Ft. Myers FL 33901

**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



## ENDORSEMENT

This endorsement, effective 12:01 AM 11/01/2019

Forms a part of policy no.: 013136005

Issued to: KIWANIS INTERNATIONAL, INC.

By: LEXINGTON INSURANCE COMPANY

### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

#### COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

##### Name of Additional Insured Person(s) or Organization(s)

Lee County Board of County Commissioners  
2115 2nd Street  
Ft. Myers, FL 33901

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

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, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

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 of the policy remain the same.



Authorized Representative



Florida Museum of Natural History  
Randell Research Center  
Cynthia L. Bear, Co-Director

7450 Pineland Road  
PO Box 608  
Pineland, FL 33945-0608  
Phone: (239) 283-6168  
clbear@ufl.edu

December 4, 2019

To Whom It May Concern,

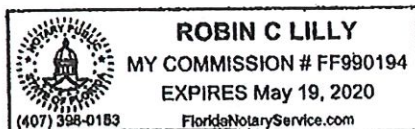
This letter is to certify that the Kiwanis Club of Pine Island is granted permission to use grounds, including the parking lot, trail, deck and restrooms, of the Calusa Heritage Trail, which is operated by the Randell Research Center and is located at 13810 Waterfront Drive, Pineland, on January 11, 2020 for the *Pine Island Calusa Trail 5K Run*.

Further, Linda Heffner, Administrative Assistant for the Randell Research Center, is authorized to make decisions and grant permissions related to this event.

Any questions or concerns should be addressed to the attention of Cynthia Bear at the above email or phone number.

REC'D  
DEC 5 2019

Linda Heffner







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/11/2019

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<b>PRODUCER</b> Hylant - Indianapolis 10401 North Meridian St, Ste 200 Indianapolis IN 46290	<b>CONTACT NAME:</b> Lisa Christenson	
	<b>PHONE (A/C, No, Ext):</b> 317-817-5172 <b>FAX (A/C, No):</b> 317-817-5151	
<b>INSURED</b> Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268	<b>E-MAIL:</b> kiwaniscert@hylant.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Lexington Insurance Company	19437
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

## COVERAGES

CERTIFICATE NUMBER: 96043683

REVISION NUMBER:

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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 checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		013136005	11/1/2019	11/1/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			013136005	11/1/2019	11/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> 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 <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2019	11/1/2020	All Claims \$75,000

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

The Certificate Holder and others as defined in the written agreement are additional insured subject to the terms, conditions, and exclusions on the policy with respect to the General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included).

January 11, 2020 or any future date(s) during the policy term.  
Pine Island Calusa Trail 5K run  
Event location: Calusa Heritage Trail, Pineland, FL  
Kiwanis Club of Pine Island

## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of County Commissioners  
2115 2nd Street  
Ft. Myers FL 33901

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

Judy K. Wilson

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## ENDORSEMENT

This endorsement, effective 12:01 AM 11/01/2019

Forms a part of policy no.: 013136005

Issued to: KIWANIS INTERNATIONAL, INC.

By: LEXINGTON INSURANCE COMPANY

### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG2026 04/13)

This endorsement modifies insurance provided by the following:

#### COMMERCIAL GENERAL LIABILITY POLICY

#### SCHEDULE

##### Name of Additional Insured Person(s) or Organization(s)

Lee County Board of County Commissioners  
2115 2nd Street  
Ft. Myers, FL 33901

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- 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, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

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

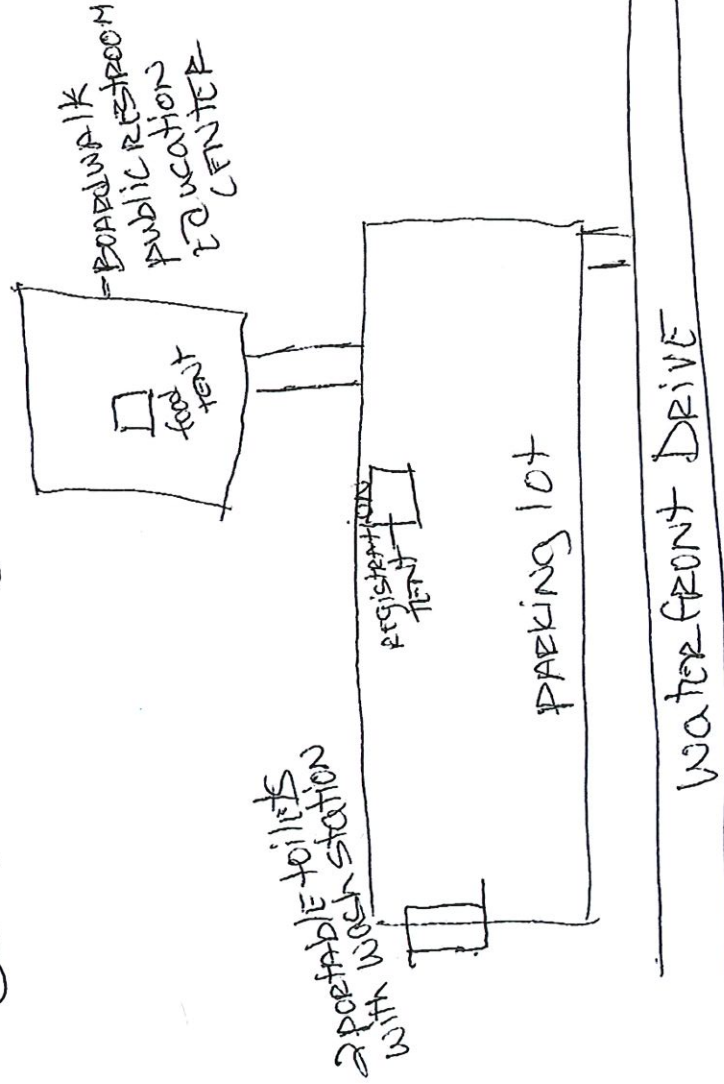
# Calusa Sk Site Plan

## Alden Pines Parking



All public parking will be at Alden Pines ~~will~~ parking lot at Calusa Heritage Trail will be staging area for athletes until the start of the RACE

## Calusa Heritage Trail



RACE ROUTE  
Left out of Calusa Heritage Trail onto Waterfront Drive to Pineland Rd  
Don Roberts Rd  
Don Caloosa Dr  
loop in Pacosin Court  
Don Waterfront Drive  
End ~~end~~ on the property of Calusa Heritage Trail





Grab Bag Grocery & Deli

Alden Pines Country Club

14281 Pacosin Court



Stringfellow Rd

Windsong Dr

Robert Rd

Victory Rd

Pomelo Ave

Lyons St

Hibiscus Ave

Sundiet Blvd

Bokeella Rd

Bokaella Concierge Services

52 min  
2.7 miles

Pineland Marina



Public Kayak Launch

13605 Waterfront Drive

United States Postal Service

Pineland Rd