



# EVENT PERMIT

Ordinance 17-08



## RESCUE ME

**PERMIT NUMBER:** TMP2020-00002

**Date(s) of Event:** JANUARY 10, 2020 AND JANUARY 11, 2020 SET UP DURING THE DAY AND EVENT FROM 6:00PM UNTIL 9:30PM

**Property Owner:** LEE COUNTY

**Applicant:** ERICA MARTIN  
917-653-5493

**Description:** FUNDRAISER FOR SUNCOAST HUMANE SOCIETY WITH ALCOHOL ON JANUARY 10, 2020 AND JANUARY 11, 2020 SET UP DURING THE DAY AND EVENT FROM 6:00PM UNTIL 9:30PM

**Location of event:** 131 1ST ST W, BOCA GRANDE, FL 33921  
**LOUISE DUPONT CROWNINSHIELD COMMUNITY HOUSE**

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 ? To Be Consumed

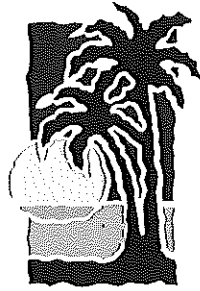
Will a bond be posted for this event ? No

**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

 1-3-2020  
County Manager Date



**Lee County**  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

Rescue Me, Too Fundraiser at the Louise DuPont Crowninshield House 1/10 - 1/11, 2020

TMP 2020 - 00002

# 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	Rescue Me
Date(s) of Event / Production:	1/10 - 1/11, 2020
Location(s) of Event:	Louise DuPont Crowninshield Community House
Name of Applicant:	Erica Martin
Applicant Address:	14 Grouper Hole Dr Boca Grande, FL 33921
Applicant Phone Number:	917-653-5493
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	sparkbocagrande@gmail.com
Estimated Attendance:	200+
Event Description: Include each activity, when activities take place, etc.	Fundraiser for Suncoast humane Society Set up during the day and show from 6p -9:30p
Hours of Operation:	6 - 9:30pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	LEE COUNTY GOVERNMENT

\*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? PUBLIC FACILITY

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

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 indentified, including all parking areas.

Insurance Company Insuring the Event: Southern Owners Insurance Company

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): N/A

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: \_\_\_\_\_

Type of Food being Served: Snacks

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: N/A

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

Name of Charity: Suncoast Humane Society

Address of Charity: 6781 San Casa Drive, Englewood, FL 34224

Phone Number: 474-7884

Non-profit certificate/registration number: Tax ID 23-7174193

(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 ~~xxx~~/consumed on County Property? **CONSUMED ONLY** ☒ 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



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

N/A

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 shooting days: \_\_\_\_\_  
number of rooms x number of nights



#### **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.

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.

Leah N Cornish  
Signature of Applicant

Terry Marks  
Witness

Leah N Cornish - Dir of Business  
Print Name of Applicant and Title

Terry Marks  
Print Name of Witness

12/13/19  
Date

12/13/19  
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?):

None

Fee for Services:

None

Special Arrangements:

Alcoholic beverages must remain within the confines of the event area.

Print Name: Lt. S. Brady

Signature:

*Lt. Steven Brady*

Title:

Special Events, Permits and Details

Date:

12-17-19



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?)	None
Fee for Services:	None
Flammable Vegetation:	None
First Aid Equipment:	None
Fire Extinguishing:	None
Special Arrangements:	In case of emergency - Dial 911

Print Name: C.W. Blosser

Signature: 

Title: Fire Chief

Date: 12/19/2019

## Lee County Event Permit Application



## EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100

FORT MYERS, FL 33901

(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, ou=Lee County Emergency Medical Services, ou=Lee County Public Safety  
and Disaster Management, email=Douglas.B.Higgins@leegov.net, c=US  
Date: 2019.12.19 12:24:42 -0500

Title: Division Chief

Date: 12-19-2019

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☐ 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:

Park in designated areas. No event parking on Lee County maintained road rights-of-way that would interfere with the safe passage of pedestrians, bicyclists, or emergency vehicle access, or where parking is prohibited.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

None.

Print Name: Bryan Miller

Signature: Bryan D. Miller

Digitally signed by Bryan D. Miller  
Date: 2019.12.17 08:41:29 -05'00'

Title: Senior Project Manager

Date: December 17, 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:*

- ☐ 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:**

No open flames aloud on premises. Any additional lighting must be provided by permit holder.

**Parking Areas:**

Use Community House parking lot and existing parking at the Boca Grande Community Park and Center

**Special Arrangements:**

- All trash must fit into two 90 gallon garbage containers provided by the Community House.
- Must provide insurance with Lee County BOCC being additionally insured and adhere to all rules and guidelines set forth by the Louise DuPont Crowninshield House representative.
- Alcohol must be contained inside of the Louise DuPont Crowninshield House during the Hours of operation listed on page #1.
- Lee County Parks & Recreation Director or Deputy Director approves this alcohol permit (2 - permits already granted at the Boca Grande Community Park) by signing below.

**Print Name:** Jesse Lavender Joe Wier

**Signature:** Jesse Lavender Digitally signed by Joseph R Wier  
Date: 2019.12.13 16:25:15 -0500

**Title:** Director Supervisor

**Date:** 12/13/19 12/13/19

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.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

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 13, 2019



SUNCO10

OP ID: SP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/08/2019

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  
Gifford-Helden Ins - NG/VG  
111 E Venice Avenue  
Venice, FL 34205  
Victor L. Garraus

941-484-0681

CONTACT Victor L. Garraus

PHONE 941-484-0681

FAX 941-485-3835

E-MAIL victorgarraus@giffordheldenins.com

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Southern-Owners Ins Co

10190

INSURER B: Nova Casualty Company

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Suncoast Humane Society Inc  
6781 San Casa Dr.  
Englewood, FL 34224

## 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	ADDITIONAL SUBR INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	CF1-ML-10000951-02	05/01/2019	05/01/2020	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (E&A OCCURRENCE) \$ 1,000,000 MED EXP (ADY ONE PERSON) \$ 300,000 PERSONAL & ADV INJURY \$ 70,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Host Liq \$ 3,000,000
B	X Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		4840472101	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Auto Liability) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000	X OCCUR CLAIMS-MADE	CF1-UM-10000202-02	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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				1 PER STAFF/NTL 1 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)

See Attached additional wording

## CERTIFICATE HOLDER

LEEC001

LEE COUNTY BOARD  
OF COUNTY COMMISSIONERS  
BOX 398  
FT MYERS, FL 33902

## 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

Victor Garraus



SUNC010

OP ID: SP

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/05/2019

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 Gifford-Heiden Ins - NG/VG 111 E Venice Avenue Venice, FL 34285 Victor L. Garraus	941-484-0681	CONTACT NAME: Victor L. Garraus PHONE (A/C, No, Ext): 941-484-0681 E-MAIL: victorgarraus@giffordheidenins.com FAX (A/C, No): 941-485-3835
INSURED Suncoast Humane Society Inc 6781 San Casa Dr. Englewood, FL 34224		INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Ins Co INSURER B: Nova Casualty Company INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 10190

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR B X Liquor Liability GENL AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	CF1-ML-10000951-02	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Host Liq \$ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY		4840472101	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	X UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000 X OCCUR CLAIMS-MADE		CF1-UM-10000202-02	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUT <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)

See Attached additional wording

OK 12/13/2019

## CERTIFICATE HOLDER

## CANCELLATION

LEEC001

LEE COUNTY BOARD  
OF COUNTY COMMISSIONERS  
BOX 398  
FT MYERS, FL 33902

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

**NOTEPAD:**

HOLDER CODE LEEC001  
INSURED'S NAME Suncoast Humane Society Inc

SUNCO10  
OP ID: SP

PAGE 2  
Date 12/05/2019

Lee County, a political subdivision & Charter County of the State of Florida its agents, employees, and public officials are Additional Insured on the General Liability as required by written contract.

Liquor Liability is included, see section "general liability"





