



EVENT PERMIT

Ordinance 17-08



LAZY FLAMINGO HALF MARATHON

PERMIT NUMBER: TMP2020-00030

Date(s) of Event: MARCH 1, 2020 FROM 5:00AM UNTIL 11:00AM

Property Owner: BRIDGE USA INC

Applicant: JeAnne Hertel
239-400-9305

Description: HALF MARATHON RACE ON MARCH 1, 2020 FROM 5:00AM UNTIL 11:00AM

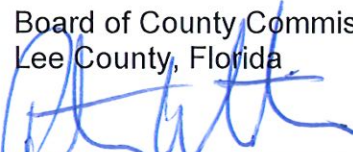
Location of event: 12895 MCGREGOR BLVD, FORT MYERS, FL 33919
MCGREGOR BLVD SEE RACE ROUTE

| | |
|---|-------------------|
| 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 ? | Sold and Consumed |
| Will a bond be posted for this event ? | No |

Permit Conditions:

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

Board of County Commissioners
Lee County, Florida


County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

LAZY FLAMINGO HALF MARATHON

TMP 2020-00030

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 | Lazy Flamingo Half Marathon |
| Date(s) of Event / Production: | March 1, 2020 |
| Location(s) of Event: | 12951 McGregor Blvd., Fort Myers, FL 33919 |
| Name of Applicant: | JeAnne Hertel |
| Applicant Address: | P.O. Box 60131 Fort Myers, FL 33906 |
| Applicant Phone Number: | (239)400-9305 |
| Contact Person: (If different from applicant) | |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | jlhertel@comcast.net |
| Estimated Attendance: | 700 |
| Event Description: Include each activity, when activities take place, etc. | This is a half marathon event (running). March 1, 2020 packet pick-up & registration begins at 5am. Race start time on March 1, 2020 is 6:30am with a 3 hour time limit. |
| Hours of Operation: | March 1, 2020 (race day) 5am-11am. |
| STRAP # of Parcel: | 16-45-24-00-00013.0038; 16-45-24-00-00013.0050 |
| Owner of Premises*: | LCT Restaurant Partners 4 LLC, Bridge USA Inc. |

*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? Commercial

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

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

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

Insurance Company Insuring the Event: Insurance Management Group (260)338-2925

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:

Lazy Flamingo, 12951 McGregro Blvd., 33919

Type of Food being Served: Wings, french fries, bagels, fruit

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Fort Myers Track Club

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):

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> TV Movie or Special | <input type="checkbox"/> TV Series / Pilot | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Still Photos |
| <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Industrial / Documentary | <input type="checkbox"/> 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: _____ <small>number of rooms x number of nights</small> | 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.

A handwritten signature in black ink, appearing to read "JeAnne Hertel", written over a horizontal line.

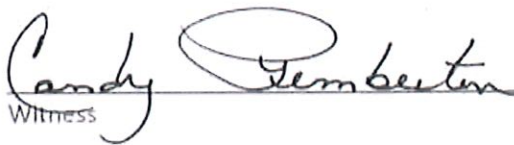
Signature of Applicant

JeAnne Hertel

Print Name of Applicant and Title

January 8, 2020

Date

A handwritten signature in black ink, appearing to read "Candy Pemberton", written over a horizontal line.

Witness

Candy Pemberton

Print Name of Witness

January 8, 2020

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 for this event will be in authorized areas only. Any parking in business parking lots will only be done with permission from property owner and permission letters should be forwarded to LCSO.

Deputies (How Many?):

LCSO will require 32 volunteers, 15 deputies including supervisors and motor units, and 7 Community Service Aids for traffic control. If all of the volunteer spots are not filled, LCSO will have to man the intersections with additional detail deputies at the vendor's expense.

Fee for Services:

Contact Details Unit 239-477-1199 to ensure that all paperwork has been executed.

Special Arrangements:

FDOT permit as well as FMPD Special Event permit is being filed. Ft Myers Track Club is responsible for hiring a company to prepare MOT plans as well as securing cones & barricades for all areas that require them in accordance with Florida State Statute. FMTC will notify residents along the race route of the race and road closures prior to the event. If FMTC provides any volunteers for intersection control, they are not permitted to be in the roadway without proper safety equipment. Ft Myers Police Department will handle all intersections within their jurisdiction (McGregor Blvd at Royal Palm north).

Print Name:

Capt J Loethen 92149

Signature:

Capt J Loethen

Title:

Special Operations Division

Date:

1-28-2020

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?)

NO FIRE GUARDS

Fee for Services:

NO FEE FOR EVENT SERVICE (standard fees apply for tents permits, etc)

Flammable Vegetation:

N/A

First Aid Equipment:

SEE LEE COUNTY EMS / 911

Fire Extinguishing:

NO SPECIAL EQUIPMENT REQUIRED

Special Arrangements:

NO SPECIAL ARRANGEMENTS REQUIRED

Print Name: EDWARD STEFFENS

Signature: _____

Title: DIV CHIEF / FIRE MARSHAL

Date: 01/16/2020

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: | We will require one ambulance at the start/finish line to respond to medical calls/emergencies related to the race. |
| Medical Supplies / Equipment: | None necessary. |
| Safety Requirements: | No additional precautions necessary. |
| Fee for Services | The charges are figured at \$100.00 per hour with an additional hour for setup (1/2 hour) and takedown (1/2 hour). The invoice will be generated after the event and we estimate that it will be a total of 4 hours at \$100.00/hour equaling \$400.00. |
| Special Arrangements: | Please call 911 in the event of an emergency. Ms. Hertel has arranged special event coverage. If you need to do so, please feel free to reach me at the email address or cell phone. Please let us know if there are any changes or concerns. On the day of the event, you should contact our Shift Commanders at 239-533-3635 should there be any questions or changes. We wish you a safe and successful race. |

Print Name: Douglas B. Higgins

Signature: _____

Title: Division ChiefDate: January 23, 2020

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 parking is permitted on Lee County road rights-of-way, except as directed by police.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Traffic shall be maintained on all County roads in the manner depicted in the approved MOT plan. Police officers shall be present to direct traffic at all intersections while lane and specific movements are restricted. Volunteer staff that are controlling traffic at minor driveways shall be properly trained and equipped, and they shall be present for the entirety of the event.

Print Name: Bryan Miller

Signature:

Title: Senior Project Manager

Date: January 24, 2020

Lazy Flamingo Half Marathon - March 1, 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: 2020.01.09 15:43:37 -05'00'

Title: Administrative Manager

Date: January 9, 2020

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
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☐ 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:

January 9, 2020



CERTIFICATE OF LIABILITY INSURANCE

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

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 Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES**CERTIFICATE NUMBER:** 2020 \$1M A.I.**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 |
| | <input checked="" type="checkbox"/> Legal Liability to | | | | | | MED EXP (Any one person) \$ 5,000 |
| | <input type="checkbox"/> Participant \$1,000,000 | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | | | | Abuse and Molestation \$ 500,000 |
| A | AUTOMOBILE LIABILITY | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | | | | | | |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | EACH OCCURRENCE \$ |
| | DED RETENTION \$ | | | | | | AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | PER STATUTE OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| | | | | | | | Excess Medical \$10,000 |
| | | | | | | | AD & Specific Loss \$2,500 |

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

Lee County Board of County Commissioners, a political subdivision & charter of the State of Florida are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 3/01/20 Lazy Flamingo Half Marathon
INSURED RRCA CLUB/EVENT: Fort Myers Track Club, Alt'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906 Processed by VE

OK 01/09/2020

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| 03/01/20 Lee County Board of County Commissioners PO Box 398 Fort 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 |
|--|---|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/05/2019

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| | | | |
|---|--|--|--|
| PRODUCER Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2925 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 11991 66869 | |

COVERAGES

CERTIFICATE NUMBER: 2020 \$1M Club

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.

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|----------|--|------------------------------|----------|------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <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 | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input type="checkbox"/> 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"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

RRCA Club Member Certificate of Insurance

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|---|
| Fort Myers Track Club PO Box 60131 Ft. Myers FL 33906 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

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CERTIFICATE OF LIABILITY INSURANCE

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

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 Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 11991 66869 | |

COVERAGES**CERTIFICATE NUMBER:** 2020 \$1M A.I.**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|--|------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 | | | | |
| | <input checked="" type="checkbox"/> Legal Liability to | | MED EXP (Any one person) \$ 5,000 | | | | |
| | <input type="checkbox"/> Participant \$1,000,000 | | PERSONAL & ADV INJURY \$ 1,000,000 | | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 5,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | | | | Abuse and Molestation \$ 500,000 |
| A | AUTOMOBILE LIABILITY | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO | | BODILY INJURY (Per person) \$ | | | | |
| | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS | | BODILY INJURY (Per accident) \$ | | | | |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | PROPERTY DAMAGE (Per accident) \$ | | | | |
| | | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DED | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 3/01/20 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906 Processed by VE

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| 03/01/20 Bridge Plaza Fort Myers Limited Co c/o Commerical Property 17595 South Tamiami Trail Suite 110 Fort Myers FL 33908 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|---|

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CERTIFICATE OF LIABILITY INSURANCE

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12/12/2019

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| | | | |
|---|--|--|--|
| PRODUCER Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 11991 68869 | |

COVERAGES**CERTIFICATE NUMBER:** 2020 \$1M A.I.**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"/> Legal Liability to <input type="checkbox"/> Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <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 | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input type="checkbox"/> 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"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 3/01/20 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906 Processed by VE

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|---|
| 03/01/20 Bridge USA Inc. c/o Comm Property Mgmt 17595 S Tamiami Trl, Suite 110 Fort Myers FL 33919 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|---|

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CERTIFICATE OF LIABILITY INSURANCE

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

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| | | | |
|--|--|--|--|
| PRODUCER Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: National Casualty Company | |
| | | INSURER B: Nationwide Life Insurance Company | |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** 2020 \$1M A.I. **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"/> Legal Liability to <input type="checkbox"/> Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <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 | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 3/01/20 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT: Fort Myers Track Club, Attn: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906 Processed by VE

| | |
|---|--|
| CERTIFICATE HOLDER 03/01/20 City of Fort Myers 2200 Second St Fort 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 |
|---|--|

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CERTIFICATE OF LIABILITY INSURANCE

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| | | | |
|---|--|--|--|
| PRODUCER Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 11991 66869 | |

COVERAGES**CERTIFICATE NUMBER:** 2020 \$1M A.I.**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 Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <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 | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | <input type="checkbox"/> 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"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

Lee County Board of County Commissioners, a political subdivision & charter of the State of Florida are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 3/01/20 Lazy Flamingo Half Marathon
INSURED RRCA CLUB/EVENT: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906 Processed by VE

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| 03/01/20 Lee County Board of County Commissioners PO Box 398 Fort 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 |
|--|---|

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CERTIFICATE OF LIABILITY INSURANCE

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| | | | |
|---|--|--|--|
| PRODUCER Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 11991 66869 | |

COVERAGES**CERTIFICATE NUMBER:** 2020 \$1M A.I.**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|---------------------------------|----------|------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <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 | | | KRO0000008194100 | 12/31/2019 | 12/31/2020 | 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 3/01/20 Lazy Flamingo Half Marathon INSURED RRCA CLUB/EVENT: Fort Myers Track Club, Att'n: JeAnne Hertel, PO Box 60131, Fort Myers, FL 33906 Processed by VE

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| 03/01/20 LCT Restaurant Partners 4 LLC 3520-A Pine Avenue Sanibel FL 33957 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|---|

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CERTIFICATE OF LIABILITY INSURANCE

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

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 Insurance Management Group 12730 Coldwater Rd Ste 103 Fort Wayne IN 46845 | | CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 338-2434 FAX (A/C, No): (765) 664-0761 E-MAIL ADDRESS: mrmayers@insmgt.com | |
| INSURED Road Runners Club of America/2020 and Its Member Clubs 1501 Lee Highway Suite 140 Arlington VA 22209 | | INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 11991 66869 | |

COVERAGES **CERTIFICATE NUMBER:** 2020 \$1M A.I. **REVISION NUMBER:**

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| B | Excess Medical & Accident (\$250 Deductible/Claim) | | | BAX0000031001200 | 12/31/2019 | 12/31/2020 | Excess Medical \$10,000 AD & Specific Loss \$2,500 |

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

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| | |
|--|--|
| CERTIFICATE HOLDER 03/01/20 Lexington Country Club 16275 Willowcrest Way Fort Myers FL 33908 | 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 |
|--|--|

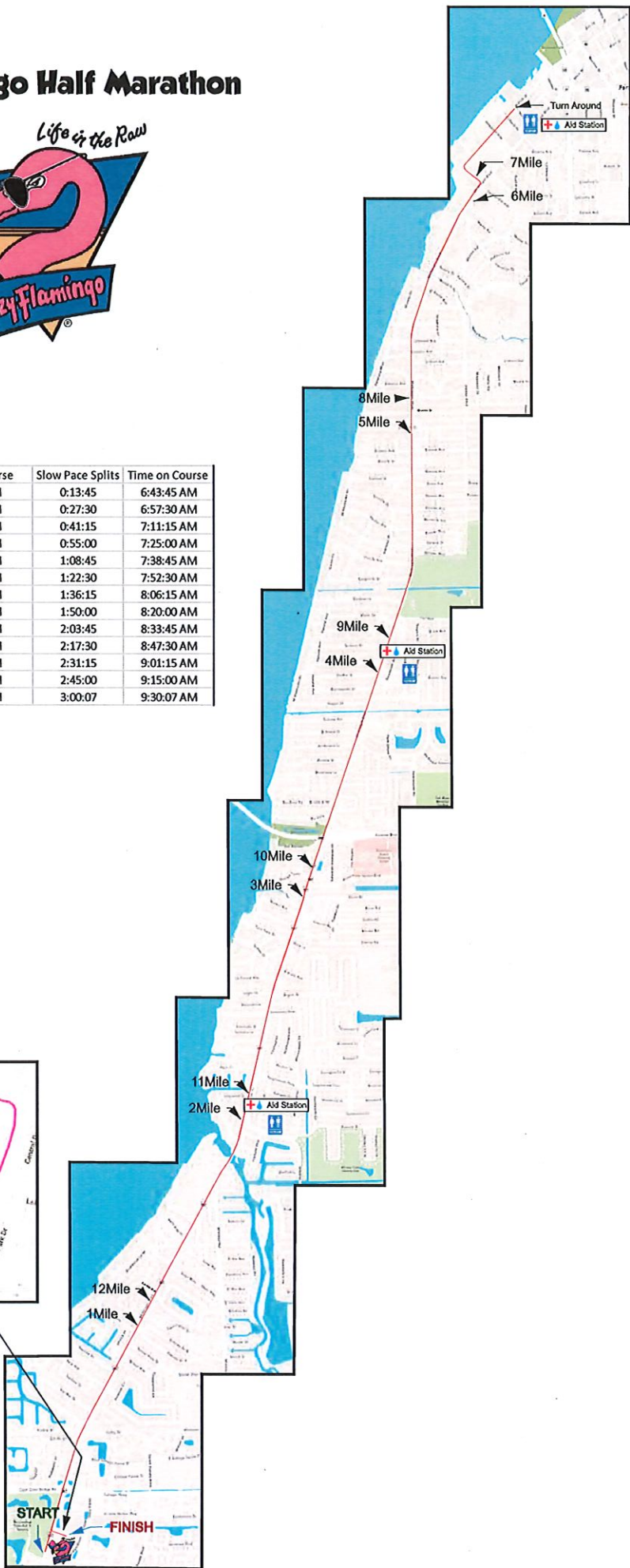
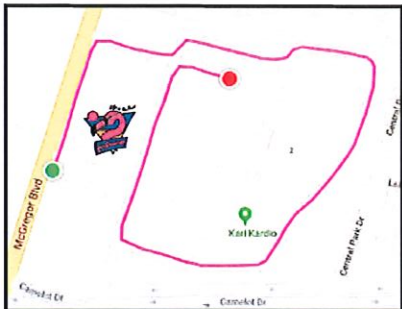
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Lazy Flamingo Half Marathon



| Mile | From Start | Fast Pace Splits | Time on Course | Slow Pace Splits | Time on Course |
|------|------------|------------------|----------------|------------------|----------------|
| 1 | 6:30:00 AM | 0:05:33 | 6:35:33 AM | 0:13:45 | 6:43:45 AM |
| 2 | 6:30:00 AM | 0:11:07 | 6:41:07 AM | 0:27:30 | 6:57:30 AM |
| 3 | 6:30:00 AM | 0:16:41 | 6:46:41 AM | 0:41:15 | 7:11:15 AM |
| 4 | 6:30:00 AM | 0:22:15 | 6:52:15 AM | 0:55:00 | 7:25:00 AM |
| 5 | 6:30:00 AM | 0:27:49 | 6:57:49 AM | 1:08:45 | 7:38:45 AM |
| 6 | 6:30:00 AM | 0:33:23 | 7:03:23 AM | 1:22:30 | 7:52:30 AM |
| 7 | 6:30:00 AM | 0:38:57 | 7:08:57 AM | 1:36:15 | 8:06:15 AM |
| 8 | 6:30:00 AM | 0:44:31 | 7:14:31 AM | 1:50:00 | 8:20:00 AM |
| 9 | 6:30:00 AM | 0:50:05 | 7:20:05 AM | 2:03:45 | 8:33:45 AM |
| 10 | 6:30:00 AM | 0:55:39 | 7:25:39 AM | 2:17:30 | 8:47:30 AM |
| 11 | 6:30:00 AM | 1:01:13 | 7:31:13 AM | 2:31:15 | 9:01:15 AM |
| 12 | 6:30:00 AM | 1:06:47 | 7:36:47 AM | 2:45:00 | 9:15:00 AM |
| 13.1 | 6:30:00 AM | 1:12:55 | 7:42:55 AM | 3:00:07 | 9:30:07 AM |

WALK





ALL NORTH BOUND TRAVEL LANE WILL STAY OPEN SOUTH BOUND LANE WILL BE DETOURED SEE DETOUR ROUTE OVERVIEW

NOTE:
PLEASE NOTE THAT THERE WILL BE POLICE OFFICERS TO HELP AT VARIOUS LOCATIONS TO HELP TRAFFIC ENTER AND LEAVE BUSINESS SAFELY ON FROM CAMELOT DR THRU TO TURN AROUND LOCATION WILNA ST

TURN AROUND AREA

POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



RACE EVENT AHEAD
USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 1

RACE WILL TAKE PLACE
5AM-11AM

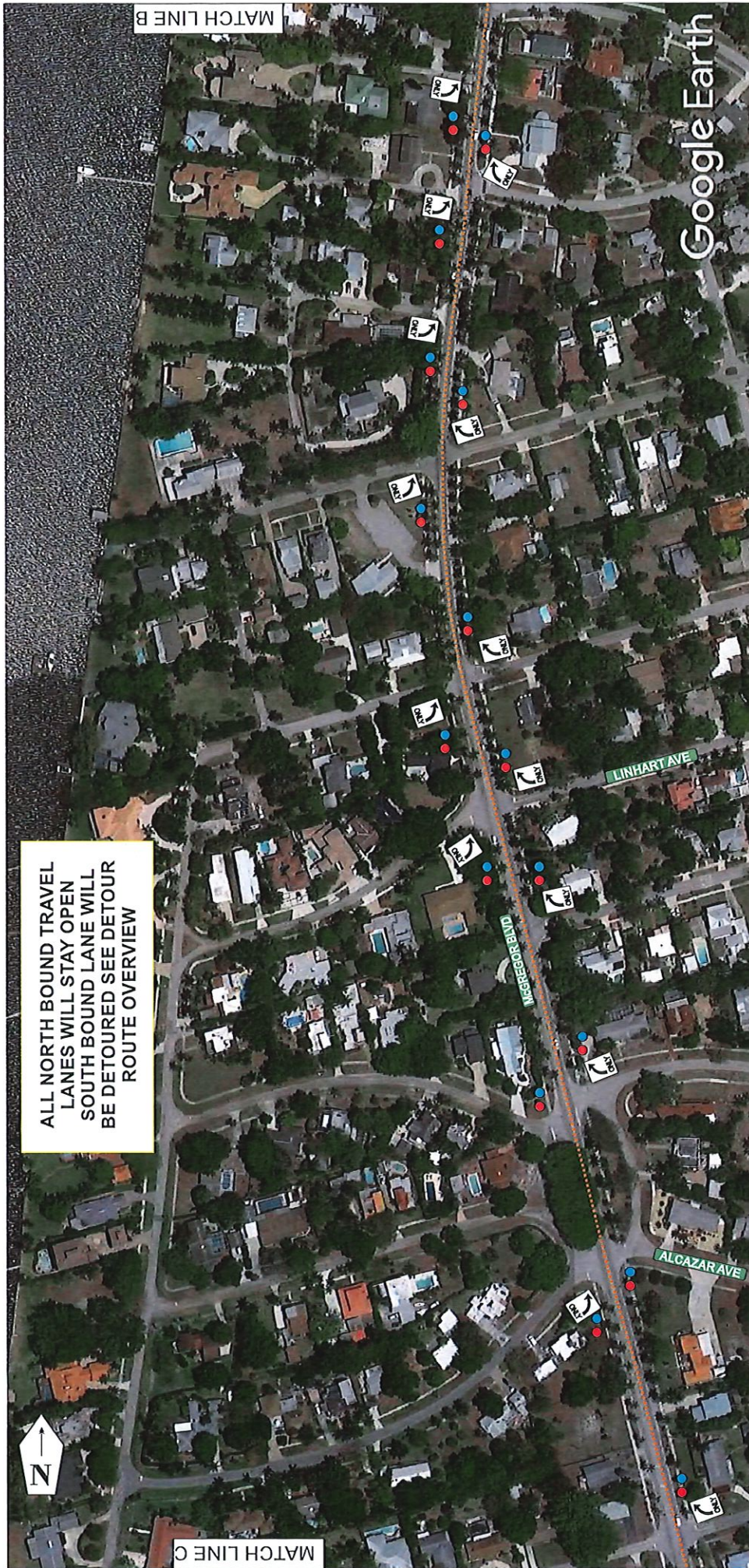
MCGREGOR BLVD
FT MYERS FLA.

ALL RACERS WILL HEAD NORTH IN THE SOUTH BOUND LANE ON MCGREGOR BLVD FROM START POINT CAMELOT DR TURN AROUND POINT WILNA ST AND FINISH POINT BACK TO CAMELOT DR

NOTE:
THERE WILL BE A MEMBER OF THE FORT MYERS TRACK CLUB (200) PLACED THROUGH OUT THE RACE TO HELP WITH TRAFFIC FOR RESIDENT, EMERGENCY VEHICLES, AND ALSO POLICE OFFICERS TO HELP KEEP THE RACERS SAFE



Google Earth



POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



RACE EVENT AHEAD
USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 3

RACE WILL TAKE PLACE
5AM-11AM

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ALL NORTH BOUND TRAVEL
LANES WILL STAY OPEN
SOUTH BOUND LANE WILL
BE DETOURED SEE DETOUR
ROUTE OVERVIEW

POLICE OFFICERS &
STAFF MEMBERS OF
TRACK CLUB WILL BE
PLACED AT EVERY SIDE
STREET TO HELP WITH
TRAFFIC FLOW



MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
ADVANCE OF RACE



USE
CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 4

RACE WILL TAKE PLACE
5AM-11AM

MCGREGOR BLVD
FT MYERS FLA.

ALL RACERS WILL HEAD
NORTH IN THE SOUTH BOUND
LANES ON MCGREGOR BLVD
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AND FINISH POINT BACK TO
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Google Earth



ALL NORTH BOUND TRAVEL
LANES WILL STAY OPEN
SOUTH BOUND LANE WILL
BE DETOURED SEE DETOUR
ROUTE OVERVIEW

POLICE OFFICERS &
STAFF MEMBERS OF
TRACK CLUB WILL BE
TRACKED AT EVERY SIDE
STREET TO HELP WITH
TRAFFIC FLOW



MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
ADVANCE OF RACE



USE
CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 5

RACE WILL TAKE PLACE
5AM-11AM

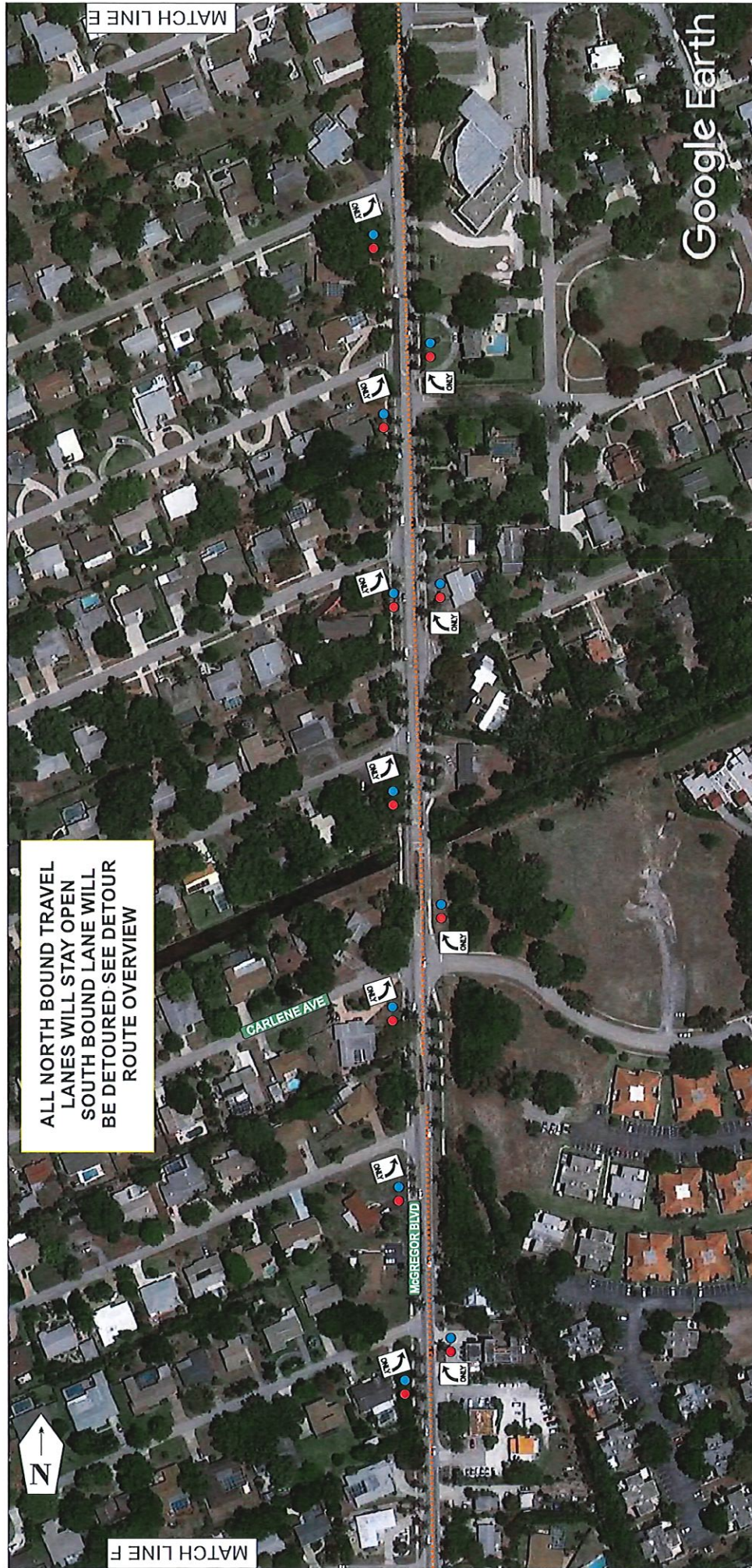
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Google Earth



ALL NORTH BOUND TRAVEL LANE WILL STAY OPEN SOUTH BOUND LANE WILL BE DETOURED SEE DETOUR ROUTE OVERVIEW

MATCH LINE E

MATCH LINE F

Google Earth

POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



RACE EVENT AHEAD
USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 6

RACE WILL TAKE PLACE
5AM-11AM

ALL RACERS WILL HEAD NORTH IN THE SOUTH BOUND LANES ON MCGREGOR BLVD FROM START POINT CAMELOT DR TURN AROUND POINT WILNA ST AND FINISH POINT BACK TO CAMELOT DR

MCGREGOR BLVD
FT MYERS FLA.

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POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 7

RACE WILL TAKE PLACE
5AM-11AM

MCGREGOR BLVD
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POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 8

RACE WILL TAKE PLACE
5AM-11AM

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LAZY FLAMINGO HALF MARATHON
PAGE 9

POLICE OFFICERS &
STAFF MEMBERS OF
TRACK CLUB WILL BE
PLACED AT EVERY SIDE
STREET TO HELP WITH
TRAFFIC FLOW



RACE WILL TAKE PLACE
5AM-11AM

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NORTH IN THE SOUTH BOUND
LANES ON MCGREGOR BLVD
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MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
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USE
CAUTION
RACE
EVENT
AHEAD

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ALL NORTH BOUND TRAVEL
LANES WILL STAY OPEN
SOUTH BOUND LANE WILL
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ROUTE OVERVIEW

POLICE OFFICERS &
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**MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
ADVANCE OF RACE**



USE
CAUTION
RACE
SPEED
AHEAD

LAZY FLAMINGO HALF MARATHON
PAGE 10

RACE WILL TAKE PLACE
5AM-11AM

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MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



USE CAUTION

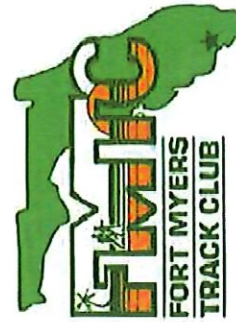
LAZY FLAMINGO HALF MARATHON
PAGE 11

RACE WILL TAKE PLACE
5AM-11AM

MCGREGOR BLVD
FT MYERS FLA.

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POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 12

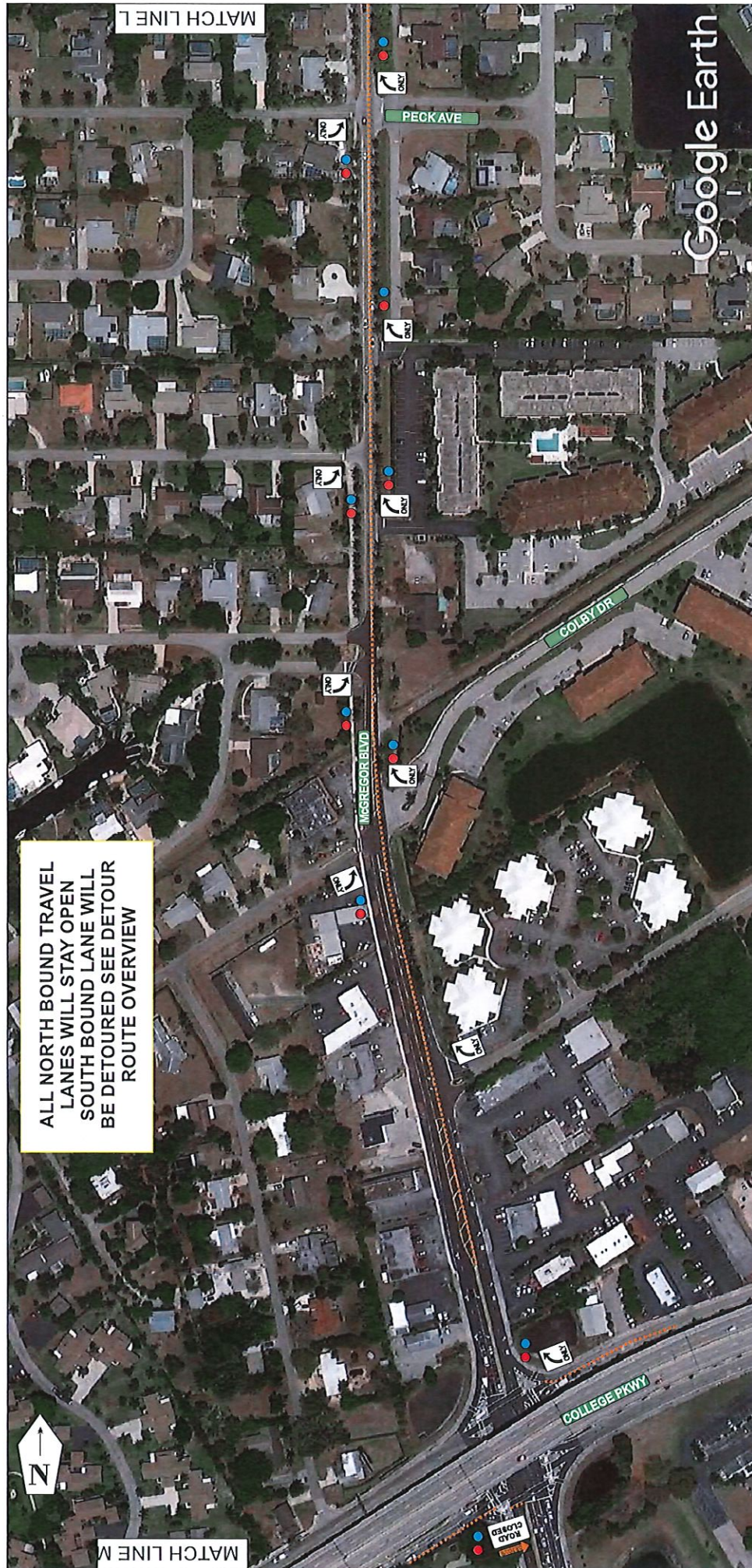
RACE WILL TAKE PLACE
5AM-11AM

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POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



RACE EVENT AHEAD

USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 13

RACE WILL TAKE PLACE
5AM-11AM

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MATCH LINE M-A

ALL NORTH BOUND TRAVEL LANE WILL STAY OPEN SOUTH BOUND LANE WILL BE DETOURED SEE DETOUR ROUTE OVERVIEW

MATCH LINE M

NOTE:
PLEASE NOTE THAT THERE WILL BE POLICE OFFICERS TO HELP AT VARIOUS LOCATIONS TO HELP TRAFFIC ENTER AND TO HELP BUSINESS SAFELY ON LEFT LANE AHEAD FROM CAMELOT DR. THRU TO TURN AROUND LOCATION WILNA ST

POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE



USE CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 14

RACE WILL TAKE PLACE
5AM-11AM

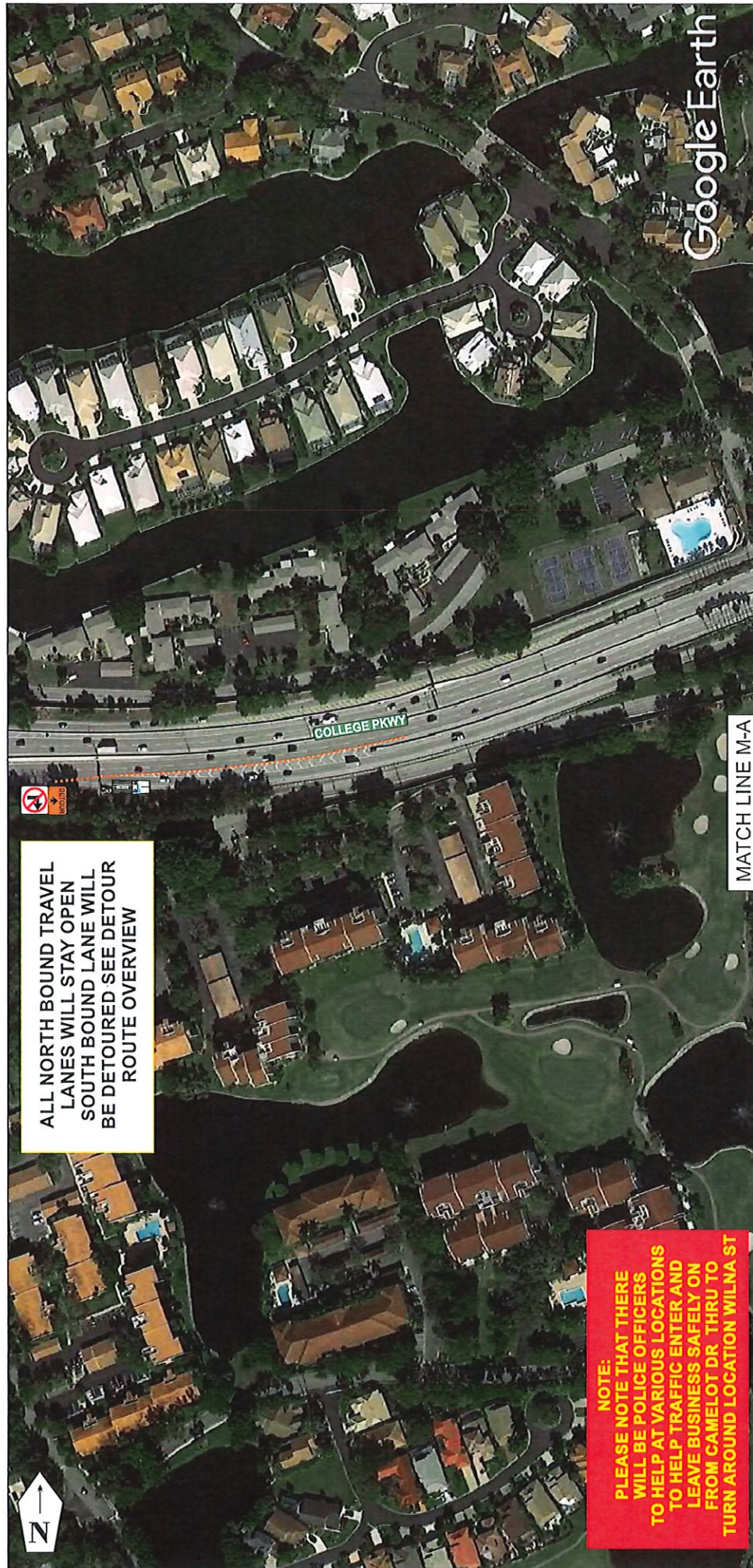
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Google Earth

POLICE OFFICERS & STAFF MEMBERS OF TRACK CLUB WILL BE PLACED AT EVERY SIDE STREET TO HELP WITH TRAFFIC FLOW



USE CAUTION



RACE DAY
DO NOT
ARRIVE

MESSAGE BOARDS TO BE PLACED 7 DAYS IN ADVANCE OF RACE

LAZY FLAMINGO HALF MARATHON
PAGE 15

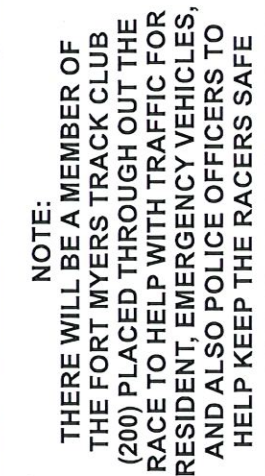
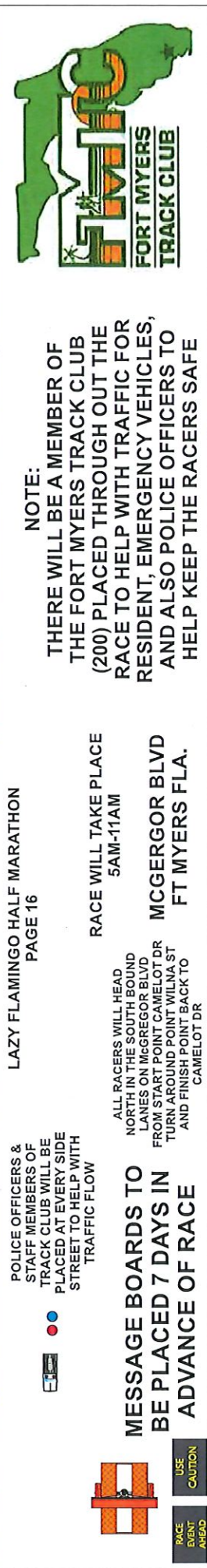
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ALL RACERS WILL HEAD NORTH IN THE SOUTH BOUND LANES ON MCGREGOR BLVD FROM START POINT CAMELOT DR TURN AROUND POINT WILNA ST AND FINISH POINT BACK TO CAMELOT DR

NOTE:
THERE WILL BE A MEMBER OF THE FORT MYERS TRACK CLUB (200) PLACED THROUGH OUT THE RACE TO HELP WITH TRAFFIC FOR RESIDENT, EMERGENCY VEHICLES, AND ALSO POLICE OFFICERS TO HELP KEEP THE RACERS SAFE





THERE WILL BE A MEMBER OF THE FORT MYERS TRACK CLUB (200) PLACED THROUGH OUT THE RACE TO HELP WITH TRAFFIC FOR RESIDENT, EMERGENCY VEHICLES, AND ALSO POLICE OFFICERS TO HELP KEEP THE RACERS SAFE

**RACE WILL TAKE PLACE
5AM-11AM**

ALL RACERS WILL HEAD NORTH IN THE SOUTH BOUND LANES ON MCGREGOR BLVD FROM START POINT CAMELOT DR TURN AROUND POINT WILNA ST AND FINISH POINT BACK TO CAMELOT DR

**MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
ADVANCE OF RACE**



**RACE
EVENT
AHEAD**



7 DAYS ADVANCED
MESSAGE BOARDS

POLICE OFFICERS &
STAFF MEMBERS OF
TRACK CLUB WILL BE
PLACED AT EVERY SIDE
STREET TO HELP WITH
TRAFFIC FLOW



MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
ADVANCE OF RACE



RACE
DON'T
BEAT
AHEAD

USE
CAUTION

LAZY FLAMINGO HALF MARATHON
PAGE 17

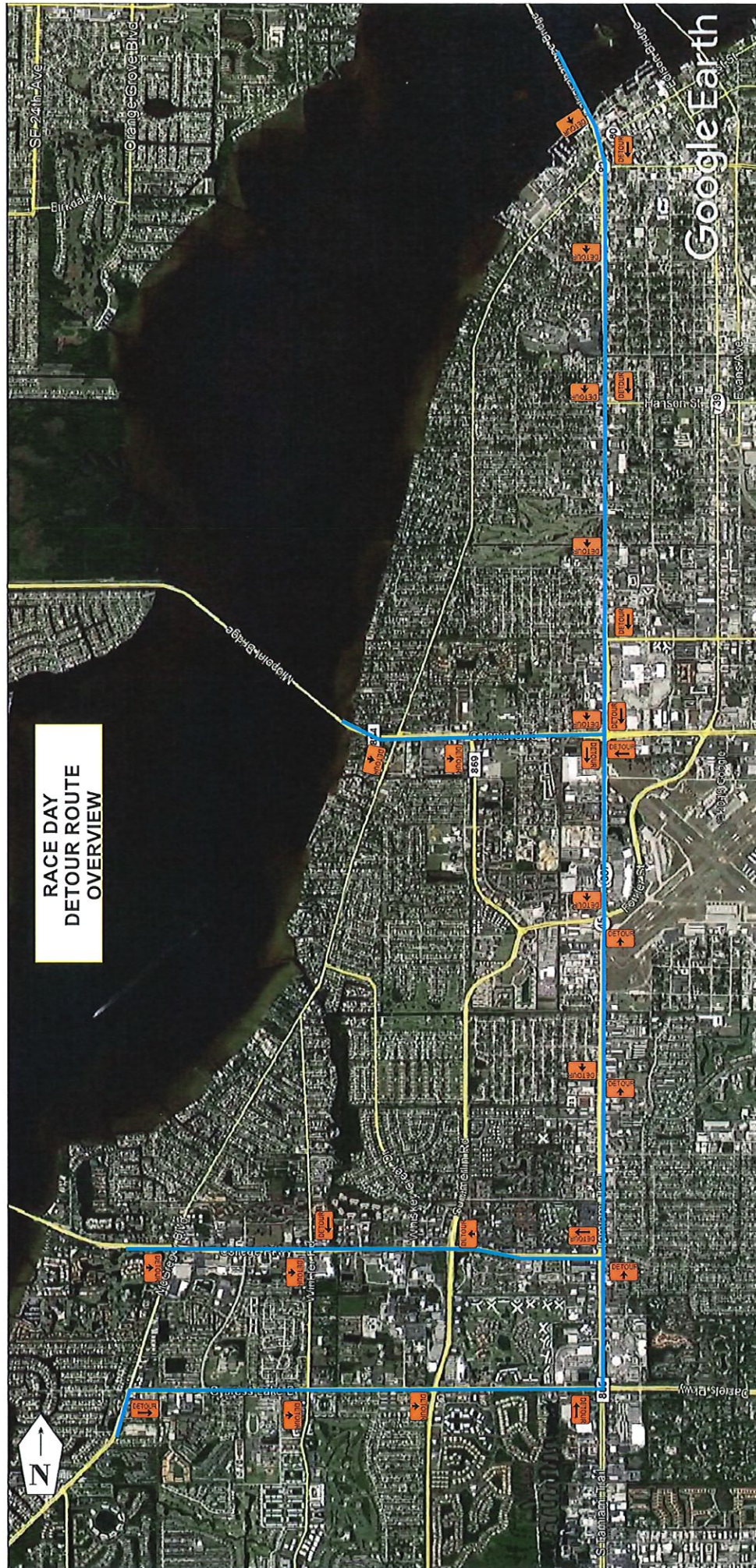
RACE WILL TAKE PLACE
5AM-11AM

MCGREGOR BLVD
FT MYERS FLA.

ALL RACERS WILL HEAD
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LANES ON MCGREGOR BLVD
FROM START POINT CAMELOT DR
TURN AROUND POINT WILNA ST
AND FINISH POINT BACK TO
CAMELOT DR

NOTE:
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RESIDENT, EMERGENCY VEHICLES,
AND ALSO POLICE OFFICERS TO
HELP KEEP THE RACERS SAFE





**RACE DAY
DETOUR ROUTE
OVERVIEW**

Google Earth

POLICE OFFICERS &
STAFF MEMBERS OF
TRACK CLUB WILL BE
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STREET TO HELP WITH
TRAFFIC FLOW



**MESSAGE BOARDS TO
BE PLACED 7 DAYS IN
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**USE
CAUTION**

**LAZY FLAMINGO HALF MARATHON
PAGE 18**

**RACE WILL TAKE PLACE
5AM-11AM**

**MCGREGOR BLVD
FT MYERS FLA.**

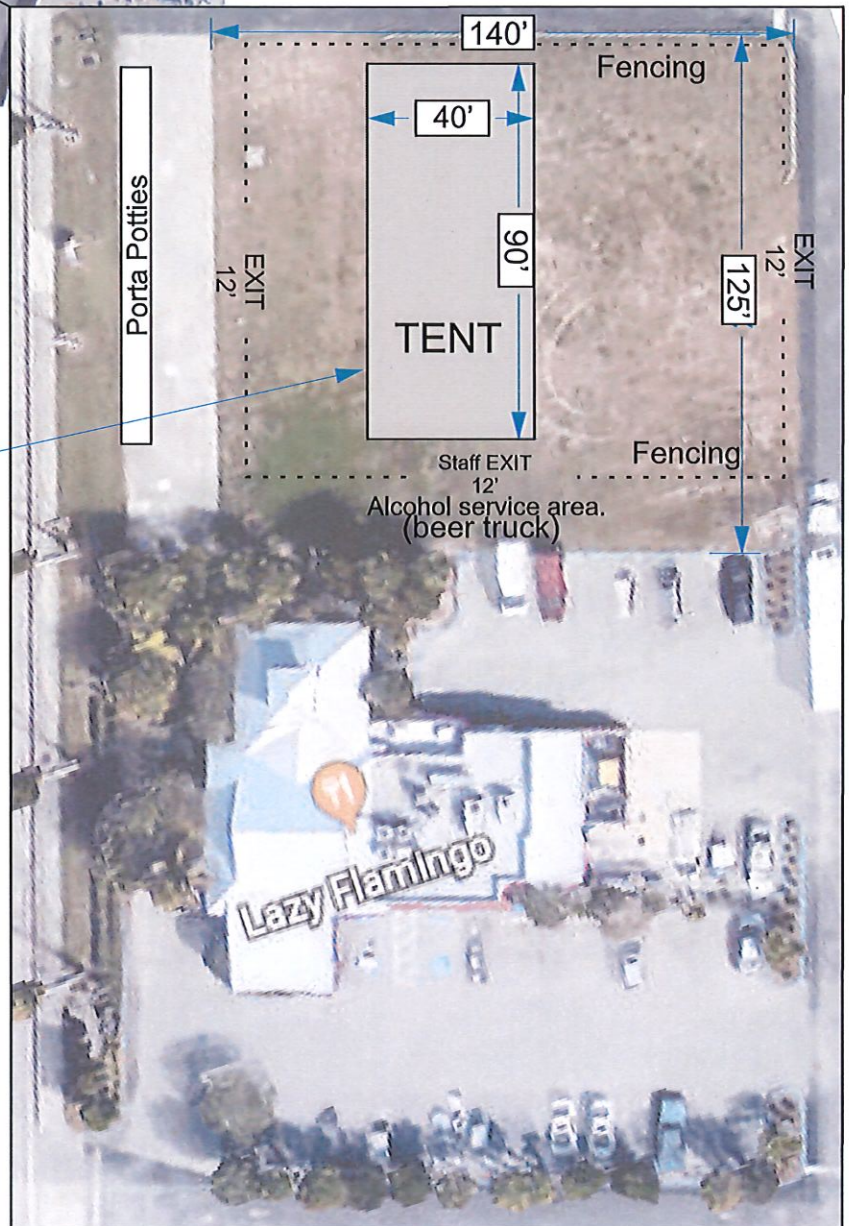
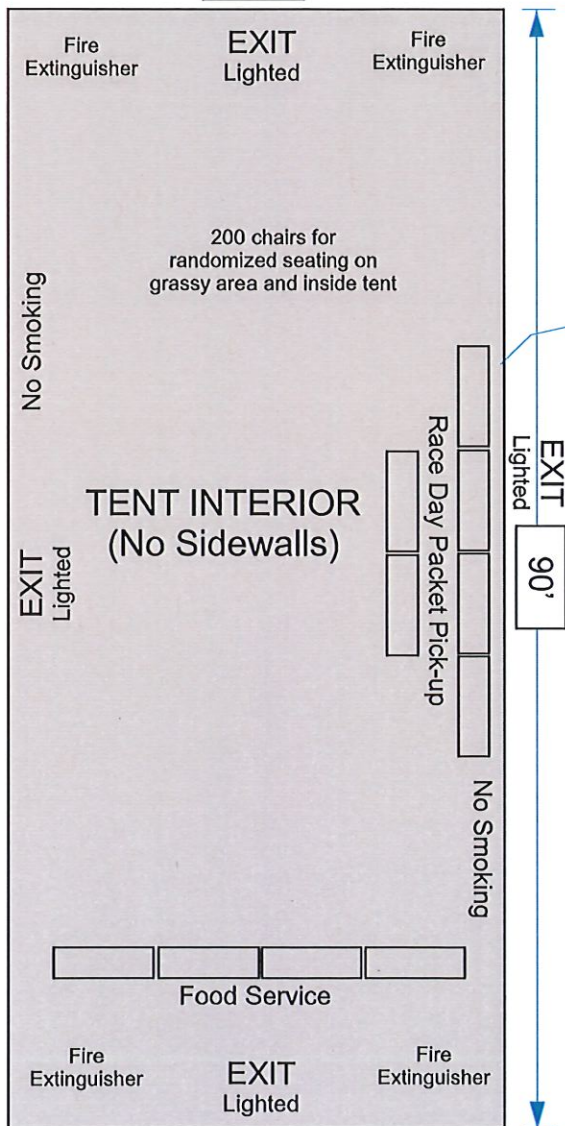
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CAMELOT DR



2020 Lazy Flamingo Half Marathon (Tent & Parking) March 1, 2020



Flame Certificate

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

SA-1217
E-140-01

ISSUED BY

Tampa Tent & Rental Co., Inc.
2102 W. Waters Ave.
Tampa, Fla. 33604
Ph. (813) 933-6555

Date treated or
manufactured

10/9/91

This is to certify that the materials described on this certificate have been flame-retardant treated or are inherently nonflammable and were supplied to:

NAME: Tampa Tent & Rental Co., Inc. AT 2102 W. Waters Ave.
CITY Tampa, STATE Florida, 33604

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with Federal Specification 81 - 73 SH

Method of application: Inherently non-flammable

Trade name of flame-resistant fabric or material used Sig-Ton "47"
Chem. Reg. No. F 121.4

The Flame Retardant Process Used Will Not Be Removed By Washing
and is good for the life of the fabric. Renewal Certification unnecessary.

Color and weight of fabric: 13 Oz White

Description of item certified: 1 - 40 x 90 cover piece frame tent

John Boyle & Co., Inc.

Name of Applicator or Production Superintendent

Calvin C. Oliver, Jr.

This Manager

USE OF PRIVATE PROPERTY AUTHORIZATION

Event Name: Lazy Flamingo Half Marathon

Event Date and Time: 3/1/2020 at 6:30am

Property Owner's Authorized Representative ALLAN E. FOX
Name (print)

I authorize the use of my private property for the above listed event date and time. My property information that I am providing permission for use is:

Address: 12895 McGregor Blvd, Fort Myers, 33919

Strap#: 16-45-24-00-00013.0050

If needed, I can be contacted at the number listed below:

Authorized Representative Phone Number: 239-425-2654

Authorized Representative's Signature: allan E. Fox

Date: January 21, 2020

STATE OF Florida

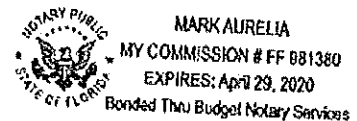
COUNTY OF Lee

The foregoing was acknowledged before me this 21st day of January, 2020.

By Allan E Fox who is ☒ Personally Known _____
(name of person acknowledging).

() who produced _____ as Identification.

Mark Hahn Commission Expires April 29th 2020
(Signature of Notary Public - State of Florida)



USE OF PRIVATE PROPERTY AUTHORIZATION

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Name (print) PROPERTY MGR

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