

EVENT PERMIT



Ordinance 17-08

GULF COAST DREAM CRUISE

PERMIT NUMBER: TMP2020-00043

Date(s) of Event: FEBRUARY 15, 2020 FROM 9:00AM UNTIL 5:00PM

Property Owner:

LEE COUNTY

Applicant:

GEORGE ZALUCKI

810-210-2668

Description:

CHARITY CAR CRUISE FROM ROCKSTAR HARLEY DAVIDSON TO ESTERO

COMMUNITY PARK THAT IS FOLLOWED BY A CAR SHOW AT ESTERO COMMUNITY PARK ON FEBRUARY 15, 2020 FROM 9:00AM UNTIL 5:00PM

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

ESTERO COMMUNITY PARK

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

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager Date

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

GULF COAST DREAM CRUISE

TMP2020-00043



Event Application

Check the appropriate box(es) below:

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Gulf Coast Dream Cruise
Date(s) of Event / Production:	2/15/2020
Location(s) of Event:	Estero Community Park
Name of Applicant:	Motor City Productions LLC
Applicant Address:	12602 Ivory Stone Loop, Fort Myers, FL 33913
Applicant Phone Number:	239-672-0705
Contact Person: (If different from applicant)	Sam Perry, George Zalucki
Contact Phone Number: (If different from applicant)	810-210-2668
Email Address:	info@gulfcoastdreamcruise.com
Estimated Attendance:	250-500
Event Description: Include each activity, when activities take place, etc.	Charity car cruise from Rock Star Harley Davidson to the Estero Community Park followed by a car show.
Hours of Operation:	9am-5pm
STRAP # of Parcel:	
Owner of Premises*:	Lee County Parks

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



Fill out the following questions for allpermit types:

What is the Zoning Classification of the $$	premises? Community Park	
Are any temporary structures to be inst	alled for the event? Yes No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	√Yes
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan wit	ch all proposed facilities and activities
Insurance Company Insuring the Event:	Evanston Insurance Company	
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address):	
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
▼ Yes	∑ Yes ☐ No	☐ Yes
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Fo Providing Food:	od Trucks	
Type of Food being Served: Burgers, ho	t dogs, tacos, BBQ	
Section II - USE OF COUNTY P		
Organization Sponsoring the Event: Mo	otor City Productions LLC	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	:
Name of Charity: Cruis'n for a Cause / Go	olisano Children's Hospital of SW Florida	
Address of Charity: 12602 Ivory Stone Lo	oop, Ft. Myers FL 33913	
Phone Number: 239-672-0705		
Non-profit certificate/registration num	ber: 84-2521875	
(Proof of registration with the Dept. of Agriculture &	Consumer Services §496.405 or proof the organization i	s exempt from this requirement, §316,2045)
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cou If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	├ Yes
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida	Division of Alcoholic Beverages and Tobacco may a	lso be required; please call (239) 344-0885 for



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

TV Movie or Special	TV Series / Pilot	TV Comme	ercial 📋 :	Still Photos	
Public Service Announcemen	nt 🗍 Industrial / Documentary	Other:			
ll any of the following be nee	ded or included*?				
Street Closure		∫ Yes	∏ No		
Traffic / Crowd Co	ontrol	Yes	∏ No		
Fire or Burning		☐ Yes	∏ No		
Explosives or Pyro	technics	Yes	∏ No		
Animals, Large or	Small	Yes	∏ No		
Construction of A	ny Kind	Yes	∏ No		
Large and/or Nun	nerous Vehicles	Yes	r No		
Helicopters, Boats	s, etc.	☐ Yes	☐ No		
Stunts		☐ Yes	No		
Other		☐ Yes	No		
For any marked Yes, provide	further details below:				
For any marked Yes, provide					
Special Parking Requirements	:	ities, etc.)			
Special Parking Requirements	:				The state of the s
Special Parking Requirements	:				
Special Parking Requirements City or County Services Requi	: red: (Personnel, equipment, facil	ities, etc.)			The second secon
Special Parking Requirements City or County Services Requi	:	ities, etc.)	Florida to tra	ack the economic	impa
pecial Parking Requirements City or County Services Requi The following information is reported to the industry. If exact figures a	: red: (Personnel, equipment, facil equired for local and state record	s on production in as closely as possi	Florida to tra		impa
Special Parking Requirements City or County Services Requi The following information is recheindustry. If exact figures a	red: (Personnel, equipment, facil equired for local and state record are not available, please estimate	ls on production in as closely as possi	Florida to tra ble.		impa
Special Parking Requirements City or County Services Requi	: red: (Personnel, equipment, facil equired for local and state record are not available, please estimate Number in Crew:	s on production in as closely as possi Number of the County:	Florida to tra ble.		impa

Applicant Agreement - Signature Required



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms the	at any and all information is accurate to the best of
his/her knowledge.	(Illhamara Julo
Signature of Applicant	Witness
GEORGE ZALUCKI	Alrexa M Cerdan Wefe
Print Name of Applicant and Title	Print Name of Witness
1/6/20	01/04/2020
Date	Date



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

Check the approprio	te box(es) below:
Γ⊼ SPECIAL EVI	ENT PERMIT
☑ USE OF COU	JNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT .
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	Particpants will adhere to all traffic laws. The event should not impede the normal flow of traffic in any way.
	Print Name: Captain J. Loethen Signature: Captain J. Loethen Title: Special Events, Permits and Details Date: 1/3/20



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropri	iate box(es) below:
X SPECIAL E	VENT PERMIT
USE OF CO	DUNTY PROPERTY PERMIT MIT
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	Call 911 for Emergencies
Fire Extinguishing:	Call 911 for Emergencies
Special Arrangements:	All Mobile Food Trucks must be inspected prior to event, Estero Fire will provide guidelines. If the Event is not during EFR work hours (Mon-Thurs 8am-5pm) an inspection fee will be charged and must be paid prior to event.
	Print Name: Scott Danielson Signature: Title: Lt. Fire Prevention Date: 2/11/2020
	Page 7



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

Check	the	apr	roi	priate	box	les.) below	,
CFICON	C11C	MMM		011010	~~~		, ~~:~	

区 SPECIAL EVENT PERMI	X	SPE	CIAL	EV	ENT	PERMI
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USE OF COUNTY PROPERTY PERMIT

FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary.		
Medical Supplies / Equipment:	None necessary.	**************************************	
Safety Requirements:	No additional precau	utions necessary.	
Fee for Services	Not applicable.		
Special Arrangements:	Please call 911 in the 239 533-3911.	e event of an emergency. To arrange special event coverage	e, contact our office at
	Print Name:	Douglas B. Higgins	
	Signature:	Douglas B. Higgins Springer begins and Contract With the Contract of the Cont	
	Title:	Division Chief	
	Date:	January 17, 2020	



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

Check the appropri	iate box(es) bel	'ow:		
SPECIAL EV	VENT PERMIT			
I⊠ USE OF CO	OUNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	ИIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS	S YOUR ORGANIZATION
Parking:	No event parking o	on Lee County maintained	road rights-of-way.	
Ingress and Egress:		means of ingress and egre		
	J			
Special Arrangements:	Use Lee County Sh	eriff's Office for assistance	with traffic control or escort ser	vices as needed.
	Print Name:	Bryan Miller		_
	Signature:	Bryan D. Miller	Digitally signed by Bryan D. Miller Date: 2020.01.13 11:27:14 -05'00'	-
	Title:	Senior Project Manager		_
	Date:	January 13, 2020		_



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

спеск тпе арргорг	ate box(es) be	iow:		
*	OUNTY PROPERTY OSELL AND CONS		RAGES WITHIN LEE COUNT	Y FACILITIES
		PLEASE INDICATE BELOV PLY WITH FOR THEIR EV	W WHAT ARRANGEMENTS	S YOUR ORGANIZATION
Illumination:	The event organize	er is to provide own lighting	if needed.	
Parking Areas:	area, unless prior a the service road be parking, contact So Stephanie@selecti	approval has been given by t etween the Rec Center and t elect Real Estate Office Mana	g area in the parking lots. No verthe site supervisor. Organizers the Chiller area and then removager, Stephanie Miller at 239-8. Collier Association Managements and	may drop off supplies via ve vehicles. For overflow 51-0995 or
Special Arrangements:	non-approved ten dumpster if food v Park Gates open at Outdoor restroom	t or inflatable staking must t endors are on site and porta		. Organizers must order a
	Print Name: Signature: Title: Date:	Kimberly Garrett Kimberly Garrett Administrative Manager	Digitally signed by Kimberly Garrett Date: 2020.01.08 08:28:55 -05'00'	·



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

спеск тпе арргоргіа	te box(es) bei	OW;				
SPECIAL EVE	NT PERMIT					
USE OF COU	NTY PROPERTY	PERMIT				
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES				
FILM PERMI	Γ					
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.				
nsurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.						
	<u> </u>					
		*				
	J					
Special Arrangements:		nsurance shall be submitted as evidence of the required coverage listing Lee County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an ed.				
Subject to proof of insurance.						
	I					
	Print Name:	Mike Figueroa				
	Signature:	Mike from				
	Title:	Risk Program Manager				
	Date:	January 7, 2020				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2020

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(les) 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).

this certificate does not confer rights to							equite an endorsement.	M ale	ACHIEN OH	
PRODUCER	,-		37 00	CONTACT Will Maddux						
East Main Street Insurance Services, Inc.				PHONE /FOD 477 CFO4 FAX						
Will Maddux				(A/C, No, Ext): (330) 417-6321 (A/C, No): E-MAIL ADDRESS: info@theeventhelper.com						
PO Box 1298				ADDITION.					NAIC #	
Grass Valley			CA 95945	INSURE		n Insurance (35378	
INSURED				INSURER B:						
Motor City Productions LLC				INSURE						
Sam Perry					INSURER D:					
12602 Ivory Stone Loop					INSURER E :					
Fort Myers			FL 33913	INSURE	RF:			ĺ		
COVERAGES CER	TIFIC	ATE	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	ADDL S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR	mos							s 1,00	00,000	
Host Liquor Liability							111111111111111111111111111111111111111	5,00		
A Retail Liquor Liability	Y		3DS5469-M2633363		02/15/2020	02/16/2020	· · · · · ·		00,000	
GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM		•	00,000	
POLICY PRO- LOC									00,000	
OTHER:								\$ 1,00	00	
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
OTUA YMA							BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS			•				BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE :	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE :	\$		
DED RETENTIONS								\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT :	\$		
(Mandalory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedu	le, mav b	e attached if mor	e space is require	L			
Certificate holder listed below is named as a Attendance: 250, Event Type: Car Show - S	dditio	nal ir	nsured per attached MEGL				,			
,			Oł	< 01/C	7/2020					
Mike Figure										
CERTIFICATE HOLDER 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.									
Lee County Board of County Commissioners PO Box 398				AUTHORIZED REPRESENTATIVE Will Maddup						
FL 33902				Will I Corosin						



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):							
Lee County Board of County Commissioners PO Box 398							
Fort Myers, FL 33902							

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/06/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights t	to the	cert	ificate holder in lieu of si).				
PRO	DUCER				CONTA NAME:	vviii iviau	dux				
Eas	t Main Street Insurance Services, Inc.				PHONE (A/C, No, Ext): (530) 477-6521 FAX (A/C, No):						
Will Maddux					E-MAIL ADDRESS: info@theeventhelper.com						
РО	Box 1298				ADDIESS.					NAIC#	
Gra	ss Valley			CA 95945	INSURER A: Evanston Insurance Company					35378	
INSU											
	Motor City Productions LLC			İ	INSURER B:						
	Sam Perry				INSURER C:						
	12602 Ivory Stone Loop				INSURE						
	· ·		ri 00040			INSURER E :					
	Fort Myers				INSURE	RF:					
	COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:										
IN Cl	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
	COMMERCIAL GENERAL LIABILITY	1						EACH OCCURRENC		ş 1,00	00,000
	CLAIMS-MADE X OCCUR						İ	DAMAGE TO RENTE PREMISES (Ea occu	<u>:</u> 0	s 100	,000
	Host Liquor Liability							MED EXP (Any one p		\$ 5,00	TARREST TARREST TARREST TO A STATE OF THE ST
Α	Retail Liquor Liability	Y		3DS5469-M2633363		02/15/2020	02/16/2020	PERSONAL & ADV II			00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM	GENERAL AGGREG			00,000
	POLICY PRO-							PRODUCTS - COMP		s 1.00	00,000
	OTHER:							Deductible			
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)		\$	
	ANY AUTO							BODILY INJURY (Pe	r person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Pe	' ' 	\$	
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAG	_	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	-	s s	
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	UMBRELLA LIAB OCCUR					1		EACH OCCURRENC	t	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$ WORKERS COMPENSATION					I DED	Тотн-	\$			
AND EMPLOYERS' LIABILITY Y/N								PER STATUTE	ĔŔ"		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDEN	٩T	\$	
(Mandatory In NH) If yes, describe under						.,		E.L. DISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
								,			
							•				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 250, Event Type: Car Show - Static(Parked) Only.											
CE	RTIFICATE HOLDER				CAN	CELLATION					:
THE						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	Lee County Board of County Commissioners					AUTHORIZED REPRESENTATIVE					
	PO Box 398					Will Maddup					
Ì	FL 33902					May 1. comes. 1.					



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	
Lee County Board of County Commissioners PO Box 398	
Fort Myers, FL 33902	

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.



