

# **EVENT PERMIT**



Ordinance 17-08

# OT DRIVE FOR MDA/SOUTHWEST FLORIDA PROFESSIONAL

PERMIT NUMBER: TMP2020-00050

Date(s) of Event: MARCH 20, 2020 THROUGH MARCH 22, 2020 WITH

RAIN DATES OF MARCH 27, 2020 THROUGH MARCH

29, 2020 7:00AM UNTIL 7:00PM

Property Owner:

LEE COUNTY ROW

Applicant:

ERIN RANDALL

239-437-6900

Description:

FIRE FIGHTERS SOLICIT AT DESIGNATED INTERSECTIONS TO RAISE FUNDS

FOR SOUTHWEST FLORIDA MDA FAMILIES MARCH 20, 2020 THROUGH

MARCH 22, 2020 WITH RAIN DATES OF MARCH 27, 2020 THROUGH MARCH 29,

Location of event: 15 COLLEGE PKWY

VARIOUS INTERSECTIONS

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

ftmpprmt specialevent.rpt



# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

LOCAL 1826 BOOT DRIVE FOR MDA/SWFL PROFESSIONAL

FIRE FIGHTERS

TMP 2020 -00050



# **Event Application**

Check the appropriate box(es) below:

⊠ USE OF COUNTY PROPERTY PERMIT
PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Local 1826 Boot Drive for MDA/Southwest Florida Professional Fire Fighters
Date(s) of Event / Production:	3/20/20-3/22/20 Rain Dates: 3/27/20-3/29/20
Location(s) of Event:	See attachment for list of intersections
Name of Applicant:	Erin Randall
Applicant Address:	6315 Presidential Court Suite 140 Fort Myers, FL 33919
Applicant Phone Number:	239-437-6900
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	erandall@mdausa.org
Estimated Attendance:	8-10 fire fighters per intersetion
Event Description: Include each activity, when activities take place, etc.	Lee county fire fighters will solicit at designated intersections to raise crucial funds for our Southwest Florida MDA families
Hours of Operation:	7am-7pm
STRAP # of Parcel:	
Owner of Premises*:	

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



# Fill out the following questions for all permit types:

What is the Zoning Classification of the	premises?	
Are any temporary structures to be insta	alled for the event?   Yes     No	Туре:
Do you have the appropriate permits for	the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Counindentified, including all parking areas.	ty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event:	Muscular Dystrophy Association	
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (Na	me 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	☐ 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 Providing Food:		s
Type of Food being Served:		7
Section II - USE OF COUNTY PI	ROPERTY PERIVITI	
Organization Sponsoring the Event: IAF	F Local 1826 Lee County Fire Fighters	
Fill out this portion for applications for	Solicitation in the County Rights-of-Way	<i>!</i> :
Name of Charity: Muscular Dystrophy As	ssociation	
Address of Charity: 6315 Presidential Co	urt, Ste 140 Fort Myers, FL 33919	
Phone Number: 239-437-6900		
Non-profit certificate/registration num	ber: 131665552	
	Consumer Services §496.405 or proof the organization i	is exempt from this requirement. §316.2045)
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Cour If Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	☐ Yes       No Property.
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 further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

ype of Produc	tion (choose all that	t apply):					
TV Movie o	r Special	TV Series / Pilot		TV Commerc	ial 🗀	Still Photos	
Public Servi	ice Announcement	☐ Industrial / Docum	nentary 🗀	Other:			
Vill any of the	following be neede	d or included*?					
S	Street Closure			☐ Yes	☐ No		
7	Traffic / Crowd Cont	rol		☐ Yes	┌ No		
F	Fire or Burning			☐ Yes	☐ No	8	
E	Explosives or Pyrote	chnics		☐ Yes	☐ No		
A	Animals, Large or Sn	nall		☐ Yes	☐ No		
. (	Construction of Any	Kind		☐ Yes	☐ No		
L	arge and/or Numer	ous Vehicles		☐ Yes	☐ No		
ŀ	Helicopters, Boats, e	etc.		☐ Yes	☐ No		
	Stunts			☐ Yes	☐ No		
(	Other			☐ Yes	☐ No		
Special Parki	ng Requirements:						
City or Coun	ty Services Required	d: (Personnel, equipme	ent, facilities, et	tc.)			
	*						
		uired for local and state not available, please e				ack the econom	ic impact of
Number in Ca	est:	Number in	Crew:	Numb	er of locals	hired:	
Total budget:		Estimate a	mount spent in I	Lee County:			
Hotel room n	ights:		f shooting days:				

# **Applicant Agreement - Signature Required**



#### **SECTION I - SAFETY**

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

#### SECTION II - INSURANCE

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

#### SECTION III - INDEMNIFICATION

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

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

### SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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

# **Applicant Agreement - Signature Required**



# SECTION V - AGREEMENT -

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

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

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant	Alaua, Mora Witness
Denniter A Buzalski Controller Print Name of Applicant and Title	Maria Mora AP Coordinator Print Name of Witness
00/06/8080 Date	2 06 2020



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

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AFTER REVIEWING THE WILL REQUIRE THE APPL				ARRANGEMEN'	ts your organi	ZATION
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Deputies (How Many?):	None .	v. 16 *-				
			* ** * *) ** ** Perfection **	»		<del></del>
Fee for Services:	None					
Special Arrangements:	Participants mus	t not interfere w	rith the flow of traffi	c.		
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	Print Name:	Lt. S. Brady	· ?			
	Signature:	77-8	tever 1 B	rody		
	Title:	Special Event	s, Permits and Deta	ails //	·-	
	Date:	1-30-7	6			



# 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.

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First Aid Equipment:	Ø			Comments of the state of the st
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pecial Arrangements:	None			
	Print Name: Signature: Title: Date:	Courtney Unic Country Uru Fire Inspector 1/16/2020	h ish	

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# FIRE DEPARTMENT

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# FIRE DEPARTMENT

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Fire Guards (How Many?)	N/A					
Fee for Services:	N/A				-	or <u>Burnson</u> and St. Digital in the American beautiful and the second se
Flammable Vegetation:	N/A					
First Aid Equipment:	N/A		AND THE RESIDENCE OF THE PARTY			
Fire Extinguishing:	N/A					
Special Arrangements:	N/A					
	Print Name:					
	Signature: Title:	Ted Ross Fire Chief			,	
	Date:	1/16/2020				,



# FIRE DEPARTMENT

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# FIRE DEPARTMENT

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Fire Guards (How Many?)	4
Fee for Services:	NA
Flammable Vegetation:	N/A
First Aid Equipments	1281 - ALS ENGINE
Fire Extinguishing:	E181
Special Arrangements:	CALL 9-1-1 IN CASE OF EMERGACE
	Print Name: JEFF PAWW(  Signature: FAE CHIE  Date: 1/21/2020



# FIRE DEPARTMENT

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# 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.

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# 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

FILM PERMIT

**USE OF COUNTY PROPERTY PERMIT** 

	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO CANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	NONE
Fee for Services:	NONE
Flammable Vegetation:	NONE
First Aid Equipment:	ON FIRE APPROPRIATUS
Fire Extinguishing:	ON FIRE APPORTURE
Special Arrangements:	
	Print Name: Lawrence Nisbet  Signature: Title: Fire Chief Propshore Fire Rescue  Date: 01/27/7020



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	Signature:	FIRE CHIEF		
	Date:	/-27-2020 Page   7	The same of the sa	
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# FIRE DEPARTMENT

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# FIRE DEPARTMENT

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# 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 approprie	nte box(es) bel	ow:				
☐ SPECIAL EV ☐ USE OF COI ☐ FILM PERM	UNTY PROPERTY	PERMIT		;		·
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Special Arrangements:					to the matter and the Memory of	
	Print Name: Signature: Title: Date:	Robert Kulltle Fire Ch 1/28/2	A. D.Lallo Otallo ref			

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

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Check the	appropriate	DOXIES.	i below.

Check the appropri	ate box(es) belov	N:
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	UNTY PROPERTY PI IIT	ERMIT
AFTER REVIEWING THE	APPLICATION, PLE	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION 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, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins
	Title:	Division Chief, LCEMS

January 15, 2020

Date:



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

Check the appropri	ate box(es) be	low:		
☐ SPECIAL E\	ENT PERMIT			
USE OF CO	OUNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVER	rages within lee county	FACILITIES
FILM PERM	⁄IIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS	YOUR ORGANIZATION
WILL REQUIRE THE AFF	LICANT TO COMP			
Parking:	No parking will be	permitted on County road r	ights-of-way.	
Ingress and Egress:			The second secon	The employment of the same and
Special Arrangements:	drivers of the possi	iblity of people being in the	er and median in advance of the road. Solicitors must be out of the must wear High-Vis safety vests,	ne travel lane when the
		ers posporomers spectrumes a second of the s	nem a specializa per V propos polacion abbas quantificam distric	
	Print Name	Stephen Jansen		
	Signature:	Stephen M. Jansen, P.E., Fl Lic No. 043618	1 (Cyber) (Speed by Frydag W. Probert F.F. (Filte the OFFR) 1 (Colored by the Rich Learn, F.F. (Filte Speed) (Colored of The Speed Speed Colored Speed Speed Speed Speed (Colored Speed	
	Title:	Traffic Engineer		
	Date:	2/174/20		
	٠			



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

Check the appropri	ate box(es) bei	ow:	
SPECIAL EV	/ENT PERMIT		
I⊠ USE OF CO	UNTY PROPERTY	PERMIT	
• •		JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM			
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIVE WITH FOR THEIR EVENT.	TION
llumination:	N/A		
Parking Areas:	N/A		
Special Arrangements:	Event is not on or r	ear Lee County Park property and will not interfere with park operations or prog	Jrams
	Print Name:	Kimberly Garrett	
	Signature:	Kimberly Garrett Date: 2020.02.19 11:59:28-05'00'	
	Title:	Administrative Manager	
	Date:	February 19, 2020	



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

Cneck the appropriat	e box(es) bei	ow:	
SPECIAL EVEL  USE OF COUL  PERMIT TO S  FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
nsurance Requirements:  Special Arrangements:	occurrence to pro aforementioned	eral liability insurance with minimum limits of One Million Dotect against bodily injury and/or property damage relative event within Lee County.	to applicants use of
special Artungements.		Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the ce d.	
	Print Name: Signature: Title:	Mike Figueroa  Mike Figueroa  Risk Program Manager	
	Date:	January 29, 2020	

#### Client#: 1281896

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2020

MUSCUDYS

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 2375 E. Camelback Rd, Suite	250	CONTACT Vicki Negbee PHONE [A/C, No, Ext): 602-749-4211  E-MAIL ADDRESS: phx.certificates@usi.com			
Phoenix, AZ 85016		INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A : Philadelphia Indemnity Insurance Co.		18058	
INSURED		INSURER B : Phoenix Insurance Company		25623	
Muscular Dystroph		INSURER C:			
11 East 44 Street, 1 New York, NY 100		INSURER D:			
New York, NY 100		INSURER E:			
		INSURER F:			
COVERAGES	CERTIFICATE NUMBER:	REVISION NU	MBER:		

# 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	Х	COMMERCIAL GENERAL LIABILITY			PHPK1963231	04/01/2019	04/01/2020	EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	Х	BI/PD Ded:15000						MED EXP (Any one person)	\$20,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
		POLICY X PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:							\$
Α	AUT	OMOBILE LIABILITY			PHPK1963231	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	Х	ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
1	Х	HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE			2			AGGREGATE	\$
		DED RETENTION\$							\$
В		RKERS COMPENSATION EMPLOYERS' LIABILITY			UB0P134386	01/01/2020	01/01/2021	X PER STATUTE OTH-	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Mai	ndatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Local 1826 Fill the Boot - 03/20/2020 - 03/22/2020 \*\* 03/27/2020- 03/29/2020 Located at various Intersections in Lee County, FL.

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

С	Е	R	T	F	ICA	TE	HO	LD	ER	

Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33901

OK 01/29/2020

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

CANCELLATION

Setlary Rovin

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# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision if required by a signed contract or agreement

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

- A. Section II Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:
  - This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

## However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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.

- 2. This insurance does not apply to:
- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - **b.** "Bodily injury" or "property damage" included within the "products-completed operations hazard".
- 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
- 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.

# 2020 Local 1826 Boot Drive Intersections:

Intersection:	Department:
Colonial Blvd & Fowler Street	City of FM
Daniels & Paul J. Doherty Pkwy	CFR
Southpointe Blvd & College Parkway	Iona McGregor
Palm Beach Blvd & Joel Blvd	Alva
Six Mile Cypress & Gladiolus	South Trail
US 41 & Sanibel Blvd	San Carlos
Ben Hill Griffin & Gulf Center Drive	San Carlos
Palm Beach Blvd & I-75 on ramp	Tice
State Rd 31 & Palm Beach	Ft. Myers Shores
Bayshore & I-75	Bayshore
Bayshore & US 41	North Ft. Myers
Estero Blvd & San Carlos	Ft. Myers Beach
Six Mile Cypress/Ortiz Avenue @ Colonial Blvd	EMS
US 41 & Coconut Road	Estero
Corkscrew Road & Ben Hill Griffen Parkway	Estero
Gunnery Road & Lee Blvd	Lehigh Acres
Pine Island Road & Stringfellow Road	Pine Island

Sanibel & Captiva, on the island

#### Client#: 1281896

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)-1/28/2020

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.

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this certificate does not comer any rights to the certificate noticer in he		· · · · · · · · · · · · · · · · · · ·			
PRODUCER	CONTACT Vicki Negbee				
USI Insurance Services LLC	PHONE (A/C, No, Ext): 602-749-4211 [A/C, No):				
2375 E. Camelback Rd, Suite 250	EMAIL ADDRESS: phx.certificates@usi.com				
Phoenix, AZ 85016	INSURER(S) AFFORDING COVERAGE	· NAIC#			
	INSURER A: Philadelphia Indomnity Insurance Co.	18058			
INSURED	INSURER B : Phoen's Insurance Company	25623			
Muscular Dystrophy Association, Inc.	INSURER C:				
11 East 44 Street, 17th Floor	INSURER D:				
New York, NY 10017-0050	INSURER E:				
	INSURER F:				
COVERAGES CERTIFICATE NUMBER	REVISION NUMBER:				

IN CE	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	<b>S</b>
Α	X COMMERCIAL GENERAL LIABILITY		PHPK1963231			EACH OCCURRENCE	\$1,000,000
``	CLAIMS-MADE X OCCUR				٠,	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	X BI/PD Ded:15000		ļ	·		MED EXP (Any one person)	s20,000
			Saddle Sa	•		PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
l	POLICY X PRO. X LOC		1			PRODUCTS - COMP/OP AGG	\$2,000,000
	OTHER:				-		\$
A	AUTOMOBILE LIABILITY		PHPK1963231	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
``	X ANY AUTO		***************************************			BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
	Adiosone	'					\$
一	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
1	DED RETENTION\$	1					\$
В	WORKERS COMPENSATION		UB0P134386	01/01/2020	01/01/2021	X PER OTH-	
~	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE				·	E.L. EACH ACCIDENT	s1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A				E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	
ļ	DESCRIPTION OF CITED AND COLOR						
				1			<del></del>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event: Local 1826 Fill the Boot - 03/20/2020 - 03/22/2020 \*\* 03/27/2020- 03/29/2020 Located at various
Intersections in Lee County, FL.

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CERTIFICATE HOLDER	CANGELLATION
Lee County Board of County Commissioners PO Box 398	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Fort Myers, FL 33901	AUTHORIZED REPRESENTATIVE
	Betlany Povis

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# ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following;

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

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## However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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.

- 2. This insurance does not apply to:
- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
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- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

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### Client#: 1281896

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/28/2020

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this certificate does not confer any rights to the certificate holder in lie	······································	,				
PRODUCER	CONTACT Vicki Negbee  PHONE (A/C, No, Ext): 602-749-4211  E-MAIL ADDRESS: phx.certificates@usi.com					
USI Insurance Services LLC						
2375 E. Camelback Rd, Suite 250						
Phoenix, AZ 85016	INSURER(S) AFFORDING COVERAGE	NAIC#				
	INSURER A : Philadelphia indemnity insurance Co.	18058				
INSURED		25623				
Muscular Dystrophy Association, Inc.	INSURER C:					
11 East 44 Street, 17th Floor	INSURER D:					
New York, NY 10017-0050	INSURER E:					
	INSURER F:					
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLIC	Y PERIOD				

ÇE	dicated, notwithstanding any re- Ertificate may be issüed or may f	ERTA	JN, T	THE INSURANCE AFFORDED BY T	HE POLICIES	DESCRIBED I	HEREIN IS SUBJECT TO A	LL THE TERMS,
ΕX	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE .	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITA	s/.
Α	X COMMERCIAL GENERAL LIABILITY		:	PHPK1963231	04/01/2019	04/01/2020		\$1,000,000
	CLAIMS-MADE X OCCUR		,	Y :	· ·	1.4.4	DAMAGE TO RENTED PREMISES (Es occurrence)	\$1,000,000
	X BI/PD Ded:15000					1 11 1	MED EXP (Any one person)	€20,000
						٠.	PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:			, ,			GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- X LOC						PRODUCTS - COMPIOP AGG	\$2,000,000
	OTHER:		1					\$
Α	AUTOMOBILE LIABILITY			PHPK1963231	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea acodent)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					,	PROPERTY DAMAGE (Per accident)	\$
	The same of the sa							\$
T	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTIONS							\$
В	WORKERS COMPENSATION			UB0P134386	01/01/2020	01/01/2021	X PER OTH-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER EXECUTIVE						E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? . N (Mandatory In NH)	N/A					E.L. DISEASE - EA EMPLOYEE	s1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
	,		<u> </u>					
		'		1			•	,
						L		· }
	THE PROPERTY OF THE PROPERTY O	1.50 /	1000	D 464 Additional Domarke Schodula mou	he ettenhad if m	ora engos la racci	[rad]	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event: Local 1826 Fill the Boot - 03/20/2020 - 03/22/2020 \*\* 03/27/2020- 03/29/2020 Located at various
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CERTIFICATE HOLDER	CANCELLATION
City of Fort Myers 2200 Second Street 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.
1 0/11/19/01/1 # 00001	AUTHORIZED REPRESENTATIVE
	Betlany Pavis
	O tops and a copp coppositions attribute and and

CANCELLATION

© 1988-2015 ACORD CORPORATION. All rights reserved.

POLICY NUMBER: PHPK1963231

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

Any State or Political Subdivision if required by a signed contract or agreement

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- 2. This insurance does not apply to:
- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
  - b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".
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- 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.

# 2020 Local 1826 Boot Drive Intersections:

Intersection:	Department:
Colonial Blvd & Fowler Street	City of FM
Daniels & Paul J. Doherty Pkwy	CFR
Southpointe Blvd & College Parkway	Iona McGregor
Palm Beach Blvd & Broadway St.	Alva
Six Mile Cypress & Gladiolus	South Trail
US 41 & Sanibel Blvd	San Carlos
Ben Hill Griffin & Gulf Center Drive	San Carlos
Palm Beach Blvd & I-75 on ramp	Tice
State Rd 31 & Palm Beach	Ft. Myers Shores
Bayshore & I-75	Bayshore
Bayshore & US 41	North Ft. Myers
Estero Blvd & San Carlos	Ft. Myers Beach
Six Mile Cypress/Ortiz Avenue @ Colonial Blvd	EMS
US 41 & Coconut Road	Estero '
Corkscrew Road & Ben Hill Griffen Parkway	Estero
Gunnery Road & Lee Blvd	Lehigh Acres
Pine Island Road & Stringfellow Road	Pine Island

Sanibel & Captiva, on the island



Local 1826 2020 MDA Fill the Boot Safety Plan/Intersections March 20, 21 & 22, 2020 Rain Dates: March 27-29

- Overall Event Coordinator is Ryan Gagnon MDA Liaison is Erin Randall Contact Numbers: Ryan Gagnon (239-247-1669) Erin (239-222-3502)
- 2. All solicitations will be within daylight hours.

March 1st 8:00am to 6:00pm

March 2nd 8:00am to 6:00pm

March 3<sup>rd</sup> 8:00am to 6:00pm

- 3. Proper Signage shall be posted at least 500 feet prior to each of the locations to notify vehicles that the event is underway.
- 4. Each participant will be 18 years of age and older with picture identification at all times.
- 5. Participants will not be allowed to physically impede the flow of traffic at any intersection.
- 6. Communications between each location and the Event Coordinator will be maintained at all times via cell phones.
- 7. Each participant in the specific locations will be wearing safety vests to ensure visibility by the traffic.
- 8. Water will be provided to ensure proper hydration of the participants and to avoid any heat-related issues.