



# EVENT PERMIT

Ordinance 17-08



## SOUTHWEST FLORIDA SOCCER ASSOCIATION WINTER TOURNAMENT

**PERMIT NUMBER:** TMP2020-00063

**Date(s) of Event:** FEBRUARY 28-29, 2020 AND MARCH 1, 2020 FROM 9:00AM UNTIL 9:00PM

**Property Owner:** LEE COUNTY

**Applicant:** CHARLIE TODD  
239-898-3134

**Description:** SOCCER TOURNAMENT FOR KIDS AGES 7-18 YEARS OLD. FEBRUARY 28-29, 2020 AND MARCH 1, 2020 FROM 9:00AM UNTIL 9:00PM

**Location of event:** 7341 CONCOURSE DR, FORT MYERS, FL 33908  
**KELLY ROAD SOCCER COMPLEX**

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? Yes

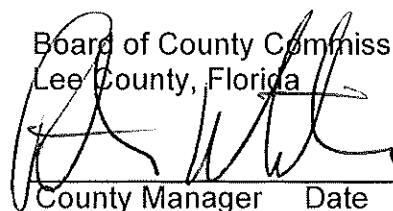
Will there be alcohol consumed or sold at the event ? No

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

 2-28-2020  
County Manager Date



Lee County  
*Southwest Florida*

## Event Application

Special Event

Use of  
County  
Property

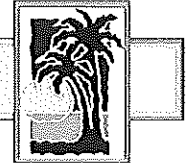
Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

HEART OF SOUTHWEST FLORIDA SOCCER

ASSOCIATION WINTER TOURNAMENT TMP2020-00063

# 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	Heart of Southwest Florida Soccer Association Winter Tournament
Date(s) of Event / Production:	February 28, 29 March 1st
Location(s) of Event:	Kelly Road Soccer Complex
Name of Applicant:	Southwest Florida Soccer Association
Applicant Address:	13712 Pine Villa Lane Fort Myers FL 33912
Applicant Phone Number:	239-898-3134
Contact Person: (If different from applicant)	Charlie Todd
Contact Phone Number: (If different from applicant)	
Email Address:	ctodd@gate.net
Estimated Attendance:	1200
Event Description: Include each activity, when activities take place, etc.	Soccer tournament for kids ages 7 to 18. Tournament will start with some games on Friday night 6 to 9. Saturday games will start at 9 AM and last till about 9 PM. Sunday games will start at 9 AM and should finish up by 8 PM
Hours of Operation:	See above
STRAP # of Parcel:	
Owner of Premises*:	Lee County

\*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? Sports Complex

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

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: Florida Youth Soccer Association

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

Surety Company Bonding this Event (Name and Address): K and K

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: Sunny Days Ice Cream , Gater John's BBQ, Auntie Anns Pretzals

Type of Food being Served: BBQ plates and sandwiches, Ice Cream and Pretzels

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Southwest Florida Soccer Association

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

Name of Charity: Heart of Southwest Florida Soccer Association

Address of Charity: 13712 Pine Villa Lane Fort Myers FL 33912

Phone Number: 239-898-3134

Non-profit certificate/registration number: 27-0997804

(Proof of registration with the Dept. of Agriculture & Consumer Services §496.405 or proof the organization is exempt from this requirement. §316.2045)

### Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☐ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number:

(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

## Lee County Event Permit Application



Type of Production (choose all that apply):

- ☐ TV Movie or Special      ☐ TV Series / Pilot      ☐ TV Commercial      ☐ Still Photos  
☐ Public Service Announcement      ☐ Industrial / Documentary      ☐ Other: Soccer Tournament

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

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

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

Parents, friends or relatives bringing the kids to the event will be parking their cars

Special Parking Requirements:

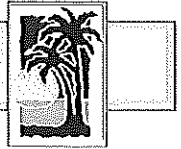
We should be ok with parking areas available at the complex

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

We will provide a 30 yard roll off dumpster, county staff will empty trash

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: N/A      Number in Crew: \_\_\_\_\_      Number of locals hired: \_\_\_\_\_  
 Total budget: \_\_\_\_\_      Estimate amount spent in Lee County: \_\_\_\_\_  
 Hotel room nights: \_\_\_\_\_      Number of shooting days: \_\_\_\_\_  
number of rooms x number of nights



## **SECTION I - SAFETY**

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

## **SECTION II - INSURANCE**

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

## **SECTION III - INDEMNIFICATION**

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

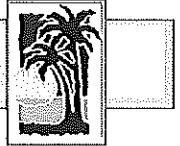
For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and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

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

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

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

## 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.

*Charlie Todd*

Signature of Applicant

*Dawn Salerno*

Witness

Charlie Todd

Print Name of Applicant and Title

*Dawn Salerno*

Print Name of Witness

01/23/2020

Date

*01/23/2020*

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 in authorized areas only.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

None

Print Name: Lt. S. Brady

Signature:

*Lt. Steven J. Brady*

Title:

Special Events, Permits and Details

Date:

2-19-20



## 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 required

Fee for Services:

no fee required

Flammable Vegetation:

N/A

First Aid Equipment:

See LCEMS - No special coverage requested by IMFD

Fire Extinguishing:

no special extinguishing equipment required

Special Arrangements:

Food vendors to have valid County permits/license

Print Name: Edward Steffens

Signature:

Title:

Div. Chief / Fire Marshal

Date:

02-27-2020

# 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:

None necessary.

Medical Supplies /  
Equipment:

None necessary.

Safety Requirements:

No additional precautions necessary.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at 239 533-3911.

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Douglas B. Higgins  
 Division Chief, Emergency Medical Services, Lee County Public Safety  
 Lee County Emergency Medical Services and Support Services, 2000 Main St., Suite #100, Fort Myers, FL 33901  
 Date: 2/20/2020 11:04 AM CST

Title: Division Chief

Date: February 20, 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:

Parking at complex will be adequate

Ingress and Egress:

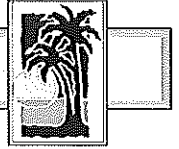
Traffic should be directed to use the Kelly Rd access.

Special Arrangements:

Print Name: Stephen M.  
Signature: Jansen, P.E., FI  
Title: Lic No. 043618  
Date: \_\_\_\_\_

Digitally signed by Stephen M.  
Jansen, P.E., FI Lic No. 043618  
DN: cn=Stephen M. Jansen, P.E., FI  
Lic No. 043618, o=Dept. of  
Transportation, ou=Lee County,  
email=jansensj@leegov.com, c=US  
Date: 2020.02.13 13:12:21 -05'00'

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:

The event organizers must follow all local codes and ordinances to shut field lights off by designated time.

Parking Areas:

The event organizers must develop a parking plan with parking attendants to ensure all emergency accesses and egresses remain open and clear for emergency vehicles.

Special Arrangements:

The event organizers must provide adequate staff to ensure crowd control and safety of all players, coaches, officials and fans. They must follow established guidelines set by the Lee County Sheriff's Office. They must ensure any outside vendors are approved by Lee County Parks and Recreation. They must pay for two Lee County on-calls (to be invoiced at the completion of the event), provide and pay for one 30 yard roll off dumpster, and provide and pay for three additional portable restrooms with one being ADA accessible. They must ensure all trash is disposed of in the proper receptacles. They must notify the site supervisor of any problems or concerns during the event.

Print Name: Kimberly Garrett

Signature: Kimberly Garrett

Digitally signed by Kimberly Garrett  
Date: 2020.02.20 15:24:51 -05'00'

Title: Administrative Manager

Date: February 20, 2020

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT  
☒ USE OF COUNTY PROPERTY PERMIT  
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  
☐ FILM PERMIT

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

Insurance Requirements:

Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature:

Title:

Risk Program Manager

Date:

February 25, 2020



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/21/2020

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(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 M. E. Wilson Company, LLC 300 W. Platt St. Ste 200 Tampa, FL 33606	1-813-229-8021	CONTACT NAME: Amber Richards PHONE (A/C No, Ext): 813-349-2220 FAX (A/C, No): 813-229-2795 E-MAIL: arichards@mewilson.com ADDRESS: arichards@mewilson.com
INSURED Florida Youth Soccer Assn Inc. 2828 Lake Myrtle Park Road Auburndale, FL 33823		INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE SURPLUS LINES INS CO INSURER B: NATIONAL CAS CO INSURER C: Nationwide Life Ins Co INSURER D: Nationwide Life Insurance Company INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 58554108

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Legal Liab <input checked="" type="checkbox"/> Sexual Abuse & Moles. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	KRS0000008095200	08/01/19	08/01/20	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ NONE PRODUCTS - COMP/OP AGG \$ 2,000,000
B	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		KKO0000008095500	08/01/19	08/01/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XKS0000008095400	08/01/19	08/01/20	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Participant Accident		BAX0000030863500	08/01/19	08/01/20	Medical Exp Limit 50,000
D	AD&D		BAX0000030863500	08/01/19	08/01/20	Principal Sum 10,000

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

All operations of the Florida Youth Soccer Assn, its teams, leagues & clubs. Coverage applies only to official, sanctioned and approved activities of FYSA. CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED if required by direct written contract. This certificate is issued on behalf of: CSXSW SOUTHWEST FLORIDA SOCCER ASSOCIATION  
USE ONLY FOR: SOUTHWEST FLORIDA SOCCER WINTER TOURNAMENT - 2/29/20 - 3/1/20

ADDITIONAL INSURED: HEART OF SOUTHWEST FLORIDA SOCCER ASSOCIATION / KELLY ROAD SOCCER COMPLEX

\*\*SUPERCEDES ALL PRIOR CERTIFICATES ISSUED.\*\*

\*Sexual Abuse &amp; Molestation is included under the Gen Liab Policy with limits of \$1m each occurrence/\$2m aggregate.

## CERTIFICATE HOLDER

## CANCELLATION

Lee County BOCC P.O. Box 398 Fort Myers, FL 33902	OK 02/25/2020  USA	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 
---	--------------------------	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

AR002  
58554108



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/21/2020

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(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 M. E. Wilson Company, LLC  300 W. Platt St. Ste 200 Tampa, FL 33606	1-813-229-8021	CONTACT NAME: Amber Richards PHONE (A/C, No, Ext): 813-349-2220 FAX (A/C, No): 813-229-2795 E-MAIL ADDRESS: arichards@mewilson.com
INSURED Florida Youth Soccer Assn Inc.  2828 Lake Myrtle Park Road  Auburndale, FL 33823		INSURER(S) AFFORDING COVERAGE INSURER A: SCOTTSDALE SURPLUS LINES INS CO 10672 INSURER B: NATIONAL CAS CO 11991 INSURER C: Nationwide Life Ins Co 11991 INSURER D: Nationwide Life Insurance Company 66869 INSURER E: INSURER F:

COVERAGES	CERTIFICATE NUMBER: 58554108	REVISION NUMBER:
-----------	------------------------------	------------------

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD 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"/> Participant Legal Liab <input checked="" type="checkbox"/> Sexual Abuse & Moles. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	KRS0000008095200	08/01/19	08/01/20	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ NONE PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	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		KKO0000008095500	08/01/19	08/01/20	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		XKS0000008095400	08/01/19	08/01/20	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 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 \$
C	Participant Accident		BAX0000030863500	08/01/19	08/01/20	Medical Exp Limit 50,000
D	AD&D		BAX0000030863500	08/01/19	08/01/20	Principal Sum 10,000

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

All operations of the Florida Youth Soccer Assn, its teams, leagues & clubs. Coverage applies only to official, sanctioned and approved activities of FYSA. CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED if required by direct written contract. This certificate is issued on behalf of: CSXSW SOUTHWEST FLORIDA SOCCER ASSOCIATION  
USE ONLY FOR: SOUTHWEST FLORIDA SOCCER WINTER TOURNAMENT - 2/29/20 - 3/1/20  
ADDITIONAL INSURED: HEART OF SOUTHWEST FLORIDA SOCCER ASSOCIATION / KELLY ROAD SOCCER COMPLEX  
\*\*SUPERCEDES ALL PRIOR CERTIFICATES ISSUED.\*\*  
\*Sexual Abuse & Molestation is included under the Gen Liab Policy with limits of \$1m each occurrence/\$2m aggregate.

CERTIFICATE HOLDER	CANCELLATION
Lee County BOCC  P.O. Box 398  Fort Myers, FL 33902  USA	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 