

## **EVENT PERMIT**



Ordinance 17-08

## RED TIDE AND WATER POLLUTION FORUMS

PERMIT NUMBER: TMP2020-00099

Date(s) of Event: APRIL 3, 2020

Property Owner:

LEE COUNTY

Applicant:

SHARON MCKENZIE

941-964-0060

Description:

FORUMS/LECTURES FROM VARIOUS SPEAKERS WITH WINE AND APPETIZER

RECEPTION IMMEDIATELY FOLLOWING ON APRIL 3, 2020

Location of event: 131 1ST ST W, BOCA GRANDE, FL 33921

BOCA GRANDE COMMUNITY CENTER

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

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

Sold and Consumed

Will a bond be posted for this event?

No

#### Permit Conditions:

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

**Board of County Commissioners** Lee County, Florida

County Manager

ftmpprmt\_specialevent.rpt

Date

3-10-2020



## **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

BIPS Red Tide and Water Pollution Forum 1/10/20, 1/28/20 & 4/3/20

TMP2020-00099



## **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
	FI FII M PERMIT

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Red Tide and Water Pollution Forums
Date(s) of Event / Production:	January 10, 2020, January 28, 2020 (no alcohol) and April 3, 2020
Location(s) of Event:	Boca Grande Community Center
Name of Applicant:	Barrier Island Parks Society, Inc.
Applicant Address:	PO Box 637 Boca Grande, FL 33921
Applicant Phone Number:	9419640060
Contact Person: (If different from applicant)	Sharon McKenzie
Contact Phone Number: (If different from applicant)	9419640060
Email Address:	smckenziebips@gmail.com
Estimated Attendance:	175
Event Description: Include each activity, when activities take place, etc.	Forums/lectures from various speakers with wine and appetizer reception immediately following January 10 and April 3 events. January 28 lecture is followed with book signing only.
Hours of Operation:	Various afternoon event hours all ending by 6:00 pm. Joe Wier has specific times.
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County Government

<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? Public Facility	
Are any temporary structures to be inst	alled for the event? Yes 🔀 No	Type:
Do you have the appropriate permits fo	r the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Coun indentified, including all parking areas.	ty Property' permit, submit a site plan w	ith all proposed facilities and activities
Insurance Company Insuring the Event:	Italiano Insurance Company	
Note: Certificate of Insurance must be submitte	d at time of application	
Surety Company Bonding this Event (Na	ame and Address): Covington Specialty Ins	urance Company
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 ☐ No
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:	ewlins Boca Grande, Sams Wholesale Club Po	ort Charlotte and Publix Cape haze
Type of Food being Served: Appetizers		
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: Bar	rrier Island Parks Society and Mote Marine La	aboratories
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	y:
Name of Charity:		
Address of Charity:		
Phone Number:		
Non-profit certificate/registration num	ber:	
(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/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	PERMIT
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 Count	∑Yes ☐ No yProperty. Consumed Onl
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	also be required; please call (239) 344-0885 for



## Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

Type of Production (choose all that ap	ply):					
TV Movie or Special	TV Series / Pilot		TV Commer	cial	Still Photos	
Public Service Announcement	Industrial / Documentary	X	Other: Foru	ms/Le	ctures	
Will any of the following be needed or	included*?					
Street Closure			Yes	X	No	
Traffic / Crowd Control			Yes	X	No	
Fire or Burning			Yes	X	No	
Explosives or Pyrotechn	ics		☐ Yes	X	No	
Animals, Large or Small			Yes	X	No	
Construction of Any Kin	d		Yes	X	No	
Large and/or Numerous	Vehicles		Yes	X	No	
Helicopters, Boats, etc.			Yes	X	No	
Stunts			Yes	X	No	
Other			Yes		No	
Special Parking Requirements:						
City or County Services Required: (	Personnel, equipment, facili	ties, e	tc.)			
The following information is require the industry. If exact figures are no					to track the economic	impact of
Number in Cast:	Number in Crew:				locals hired:	
-				DEI UI		
Total budget:	Estimate amount sp	ent in I	Lee County: 			
Hotel room nights:	Number of shooting	days:				
number of rooms x num	per of nights					

#### 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

Executive

Print Name of Applicant and Title

Print Name of Witness

12/17/2019

Date

Print Print Name of Witness

12/17/2019

Page 12/17/2019



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

Check the approprie	ıte box(es) below;
┌─ SPECIAL EV	ENT PERMIT
∫⊠ USE OF CO	UNTY PROPERTY PERMIT
F PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	Alcoholic beverages must remain within the confines of the event area.
	$\cdot$
	Print Name: Lt. S. Brady
	Signature: The Steven Theoly
	Title: Special Events, Permits and Details

12-18-19

Date:



## 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:

FILM PERMIT

IX USE OF COUNTY PROPERTY PERMIT

AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZAT CANT TO COMPLY WITH FOR THEIR EVENT.	iOi
Fire Guards (How Many?)	None	<u>سين</u>
Fee for Services:	None	in the life
Flammable Vegetation:	None	_1
First Aid Equipment:		<u></u>
]	None	
Fire Extinguishing:		
Special Arrangements:	None	
opecial All angaments:	In case of emergency - Dial 911	
,	Print Name: C.W. Blosser	
	Signature: CDC	
	Title: Fire Chief	
	Date: 12/18/2019	



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

Check the appropri	ate box(es) belo	w:
┌ SPECIAL EV	'ENT PERMIT	
I⊠ USE OF CO	UNTY PROPERTY P	ERMIT
FILM PERM	1IT	
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
	J	
Safety Requirements:	No additional precau	itions 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 State of the Control of the Cont
	Title:	Division Chief
	Date:	December 19, 2019



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

Check the appropri	ate box(es) bei	ow:
******	UNTY PROPERTY SELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OLY WITH FOR THEIR EVENT.
Parking:		areas. No event parking on Lee County maintained road rights-of-way where parking d interfere with safe passage of all road users.
Ingress and Egress:	Use all established	means of ingress and egress
Special Arrangements:	None.	
	Print Name: Signature:	Bryan Miller  Bryan D. Miller  Digitally signed by Bryan D. Miller Date: 2019.12.19 15:27:45 -05'00'
	Title:	Senior Project Manager
	Date:	December 19, 2019



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

Check the appropri	ate box(es) be	low:				
SPECIAL EV	VENT PERMIT					
I⊠ USE OF CO	UNTY PROPERTY	PERMIT				
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVE	RAGES WITHIN LEE COUNT	Y FACILITIES		
FILM PERN	ИIT					
AFTER REVIEWING THE WILL REQUIRE THE APP			W WHAT ARRANGEMENTS /ENT.	YOUR ORGANIZATION		
Illumination:	None			MANAGA Managa Inggara ay ay a		
Parking Areas:	Use existing parkir	ng areas at the Boca Grand	e Community Park			
Special Arrangements:	<ul> <li>Lee County Parks &amp; Recreation Director or Deputy Director approves this alcohol permit (2 - permits already granted at the Boca Grande Community Park) by signing below.</li> <li>Must provide insurance with Lee County BOCC being additionally insured and host liquor if serving alcohol.</li> </ul>					
	All alcohol consu the Boca Grande C		he designated area discussed wi	th the P&R supervisor at		
			man's Club room on 1/10,1/28 &	4/3, 2020		
	<b>I</b>					
	Print Name:	Jesse Lavender	Joe Wier			
	Signature:	Jesse Lavender	Digitally signed by Jesse Lavender Date: 2019.12.18 15:57:57 -05'00'	-		
	Title:	Director	Senior Supervisor			
	Date:	12/18/19	1218/19			



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

Check the appropriat	te box(es) bel	'ow:
SPECIAL EVE	NT PERMIT	
<b>⋉</b>   USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMI	Γ	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.
	(\$1,000,000) per	Liquor Liability insurance will be required with minimum limits of One Million Dollars occurrence. Should Host Liquor Liability coverage be afford under the Commercial policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate
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
	Subject to proof	of Insurance.
	Print Name:	Mike Figueroa
	Signature:	Mike from-
	Title:	Risk Program Manager
	Date:	February 6, 2020



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

to the cert	ificate noider in fleu of such endorsement(s).					
PRODUCER	INSURANCE SVCS INC	CONTACT NAME:				
441 PALM		PHONE (A/C, No, Ext):	Ext): (941)-964-0400 FAX (A/C, No): (409) 72			
	ANDE, FL 33921	E-MAIL ADDRESS:				
(941)-964-	0400		INSURER(S) AFFORDING COVERAGE			NAIC#
		INSURER A:	United States Fire Ir	surance		21113
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:	INSURER B:				
HOT ANTOH ATTIO MERIOLITO.		INSURER C:				
Barrier Island Parks Society, Inc PO BOX 637 BOCA GRANDE, FL 33921-0637		INSURER D:				
		INSURER E:				
		INSURER F:				
COVEDACE	OFFICIOATE NUMBER. 1100.400000		DEMOIO	M MUMBED.		

COVERAGES CERTIFICATE NUMBER: USS436230 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		SUBR WVD		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						GENERAL AGGREGATE	\$2,000,000.00
	X COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	CLAIMS-MADE X OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
A		Х		SRPGAPML-101-0719	12/09/2019 12:01 AM	12/09/2020 12:01 AM	EACH OCCURRENCE	\$1,000,000.00
							FIRE DAMAGE (Any one fire)	\$300,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$0.00
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
						]		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE	]					AGGREGATE	\$
	DEG RETENTION \$							
							EACH OCCURRENCE	\$0.00
		<u> </u>					GENERAL AGGREGATE	\$0.00
							EACH OCCURENCE	S
							GENERAL AGGREGATE	\$

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

Barrier Island Park Society Events

Lee County, a political subdivision & Charter County of the State of Florida is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Host Liquor is included

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

CERTIFICATE HOLDER		CANCELLATION		
Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902	OK 02/06/2020  Mike Join —	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		
		Italiano Insurance Svcs Inc		



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DATE (MM/DD/YYYY) 11/25/2019

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to the cert	incate noider in lieu or	such enuorsement(s).						
PRODUCER	INSURANCE SVCS	NC .	CONTACT NAME:					
441 PALM	+		PHONE (A/C, No, Ext):	(941)-964-0400 FAX (A/C, No): (409			722-2905	
	ANDE, FL 33921		E-MAIL ADDRESS:					
(941)-964-0400					INSURER(S) AFFORDING COVERAGE			NAIC#
				INSURER A:	United States Fire Insurance			21113
INSURED	SPORTS AND RECREATION		s association (purchasing group) and					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			INSURER C:				
Barrier Isi PO BOX 6	and Parks Society, li	10	INSURER D:					
BOCA GRANDE, FL 33921-0637				INSURER E:				
	,		INSURER F:					
COVERAGI	FS	CERTIFICATE NUMBER:	USS436230		REVISIO	N NIMBER:		

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 REDUICED BY PAID CLAIMS.

	TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
insf Ltr	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR					12/09/2020 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00
							PRODUCTS - COMPIOP AGG	\$2,000,000.00
					40/00/0040		PERSONAL & ADV INJURY	\$1,000,000.00
lΑ				SRPGAPML-101-0719	12/09/2019 12:01 AM		EACH OCCURRENCE	\$1,000,000.00
	PA				, 2.0	12.017111	FIRE DAMAGE (Any one fire)	\$300,000.00
l	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	\$0.00
	X POLICY PRO- JECT LOC							
	AUTOMOBILE LIABILITY  ANY AUTO  ALL OWNED SCHEDULED AUTOS AUTOS NON-OWNED AUTOS AUTOS  HIRED AUTO AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE  DED RETENTION \$				Line Control of the C		AGGREGATE	\$
							EACH OCCURRENCE	\$0.00
							GENERAL AGGREGATE	\$0.00
1							EACH OCCURENCE	\$
$\bot$		<u> </u>					GENERAL AGGREGATE	\$
-	DESCRIPTION OF OPERATIONS (1) OCATIONS INFLIGUES COMMAND ACORD 404 Additional Paragraphs Schools is presented by							

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

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	AUTHORIZED REPRESENTATIVE
	Italiano Insurance Svcs Inc

