

# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Brazelton / Main Wedding - Crowninshield 2/26/22

TMP2021-00213

Brazel TON/MAIN Wedding - Crowninshield



# **EVENT PERMIT**



Ordinance 17-08

# BRAZELTON/MAIN WEDDING

PERMIT NUMBER: TMP2021-00213

Date(s) of Event: FEBRUARY 26, 2022 FROM 8:00AM UNTIL 9:00PM

Property Owner:

LEE COUNTY

Applicant:

**DEVYN MAIN** 941-740-4449

Description:

FEBRUARY 26, 2022

8:00AM UNTIL 4:00PM: DECORATION SET UP AND PREPARATION AT

CROWNINSHIELD HOUSE.

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

LOUISE DUPONT CROWNINSHIELD COMMUNITY HOUSE AND GREEN SPACE

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property?

Yes

No

Will there be alcohol consumed or sold at the event?

To Be Consumed

Will a bond be posted for this event?

No

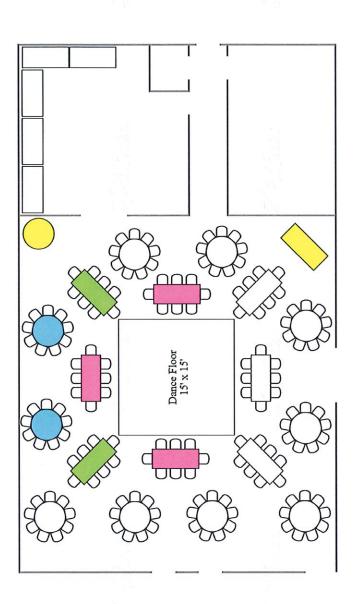
# Permit Conditions:

- \* 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



# Brazelton Wedding Covid-19 Safety Plan

While we are hopeful that Covid-19 will not be as prevalent when the time comes for our wedding next year, we do understand the importance of having safety precautions in place. Since we would not want to put any of our loved ones at risk, some of the safety precautions we will be taking are:

- Encouraging guests to wear masks, especially when indoors in close quarters. Also
  encouraging any of our elderly family members and friends to take their safety into
  consideration before attending.
- Guests will be asked to self-monitor and if any potential illness or symptoms arise, to kindly avoid coming to our event.
- First choice for ceremony location is outdoors in an open air setting but in the event of
  inclement weather, our reception venue, the Community House, would become the
  ceremony location as well. Since we plan to have all guests here for the reception
  already, no additional measures would need to be taken than those that will already be
  in place.
- Reception venue will offer both indoor and outdoor open air settings so guests can go back and forth between both settings, therefor not causing too much congestion in either location.
- Sanitizing stations will be set up at both entrances to the Community House, in the Art Room (where we are tentatively planning to have food and drinks), and near the bathrooms and they will be marked accordingly and announced by the DJ so guests can easily find them.
- Disinfecting will occur in every area of the event. Microphones will be cleaned after each individual use, serving stations will be equipped with appropriate disinfecting tools, and all guests will be encouraged to wash or sanitize their hands frequently.



# Addendum to Special Event Permit Application

As a condition of obtaining a special event permit, Lee County requires each organizer submit a written Covid-19 safety plan.

The safety plan shall include the following:

•	Adhere	nce to the Centers for Disease Control guidelines, the Governor of the State of Florida's executive
	order.	This includes specifically:
		Practicing social distancing
		Encouraging anyone 65 years or older to avoid large crowds
		Anyone that is sick or experiencing symptoms of any illness to stay home
		Crowd control
		Disinfecting Stations
		Appropriate Signage
		Disinfecting and cleaning all indoor spaces that are used
		Protocols for dealing with inclement weather (especially lightning within a 10 miles radius), heat exhaustion and dehydration that meet distancing and protective guidelines.

Submit the outlined plan along with your Event Permit application to avoid delays in processing your permit.



# **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 INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Brazelton / Main Wedding
Date(s) of Event / Production:	Brazelton Wedding
Location(s) of Event:	Crowninshield Community House and Green Space at Community Center
Name of Applicant:	Devyn Main
Applicant Address:	20979 Lawson Ave. Port Charlotte, FL 33952
Applicant Phone Number:	941-740-4449
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	devynmain@gmail.com
Estimated Attendance:	120 or less pending RSVPs
Event Description: Include each activity, when activities take place, etc.	02/26/2021 8:00am- 4:00pm: Decor set up and preparation at Crowninshield House 1:00pm-4:00pm: Decor set up and preparation at Community Center (Street block off time: 1:00pm-5:00pm) 4:00pm-4:30pm Wedding ceremony on Green Space at C.C. 4:30pm-9:00pm Cocktail hour and wedding reception at Crowninshield Community House
Hours of Operation:	8a - 10p
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County

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



What is the Zoning Classification of the	What is the Zoning Classification of the premises? Public Facility							
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 County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.								
Insurance Company Insuring the Event:	Insurance Company Insuring the Event: Affinity Insurance Services							
Note: Certificate of Insurance must be submitted	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:	BD							
Type of Food being Served: Weddi	ng Food							
Section II - USE OF COUNTY PI	ROPERTY PERMIT							
Organization Sponsoring the Event: N	'A							
Fill out this portion for applications for	Solicitation in the County Rights-of-Wa	y:						
Name of Charity:		9.7						
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/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 <u>SOLD</u> 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



pe of Production (choose a	ll that apply):					
TV Movie or Special	TV Series /	Pilot		TV Comme	rcial 🗀	Still Photos
Public Service Announce	ment 🔲 Industrial /	Documentary		Other:		
/ill any of the following be r	needed or included*?					
Street Closure				☐ Yes	☐ No	
Traffic / Crowd	d Control			☐ Yes	☐ No	
Fire or Burning	g			☐ Yes	☐ No	
Explosives or F	yrotechnics			☐ Yes	☐ No	
Animals, Large	or Small			☐ Yes	☐ No	
Construction of	of Any Kind			☐ Yes	☐ No	
Large and/or N	Numerous Vehicles			☐ Yes	☐ No	
Helicopters, B	oats, etc.			☐ Yes	☐ No	
Stunts				☐ Yes	☐ No	
Other				☐ Yes	☐ No	
Special Parking Requireme	nts:					
requirement of the state of the						
City or County Services Re	quired: (Personnel, eqi	Jipment, facilit	ties, et	c.)		
The following information	is required for local an	d state record	s on pr	oduction in I	Florida to tra	ack the economic impact
the industry. If exact figure	es are not available, ple	ease estimate a	as clos	ely as possib	le.	
Number in Cast:	Nun	nber in Crew:		Nun	nber of locals	hired:
Total budget:	Esti	— mate amount sp	ent in	Lee County:		
Hotel room nights:	Nun	nber of shooting	g days:	_		
number of r	ooms 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.



# **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.

Devyn Main Signature of Applicant	Josepf R Wier
Signature of Applicant	Witness
Devyn Main - Bride	Joseph R. Wier
Print Name of Applicant and Title	Print Name of Witness
8/31/21	8/31/21
Date	Date



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

Check	the	appro	priate	box(	'es,	below:
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- SPECIAL EVENT PERMIT
- TX USE OF COUNTY PROPERTY PERMIT
- FX 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.

_



# 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:

F SPECIAL EVENT PERMIT

FILM PERMIT

IX USE OF COUNTY PROPERTY PERMIT

AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, P	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOLLY WITH FOR THEIR EVENT.	ur organizatio
Fire Guards (How Many?)		None	<del>niyan di da wa anaqay di na biyin da sira miy</del> ya
Fee for Services:			
į		None	
Flammable Vegetation:		None	25
First Aid Equipment:	mente entre piripino, con el francisco de		
		None	e e
Fire Extinguishing:			
		None	
Special Arrangements:			
		In case of emergency - Dial 911	
· · · · · · · · · · · · · · · · · · ·	Print Name:	C.W. Blosser	
	Signature:	CAL	
	Title:	Fire Chief	
	Date: 09/21/	2021	



# 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:
	'ENT PERMIT UNTY PROPERTY P IIT	ERMIT
		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:		ow all CDC and FDOH directives, and the Florida Governor's Executive Orders and safety, especially with regards to COVID-19 and the number of people event.
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  Ch. (Philipping Septiment by County as A Mingrise Ch. (Philipping Septiment by County of Septiment Septiment Benefit of Septiment Septiment Benefit Septim
	Title:	Division Chief
	Date:	September 21, 2021



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

Check the appropri	ate box(es) bel	low:
☐ SPECIAL EV	ENT PERMIT	
□ USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	Park in designated	areas. No event parking on Lee COunty maintained road rights-of-way.
	Y)	
Ingress and Egress:	Use all established	means of ingress and egress.
Special Arrangements:	Use Lee County Sh	neriff's Office for assistance with traffic control.
	,	
	Print Name:	Bryan Miller
	Signature:	Bryan Miller Date: 2021.09.28 07:33:48 -04'00'
	Title:	Senior Project Manager
	Date:	September 28, 2021

# Brazelton / Main Wedding 2/26/22

Lee County Event Permit Application



# LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS, FLORIDA 33916 (239) 533-7275

Check the appropri	ate box(es) bel	ow:			
☐ SPECIAL E\	ENT PERMIT				
∇ USE OF CO	UNTY PROPERTY	PERMIT			
R PERMIT TO	SELL AND CONSU	JME ALCOHOLIC E	EVERAGES WITH	IN LEE COUNTY FACILITIES	
FILM PERN	1IT				
AFTER REVIEWING THE WILL REQUIRE THE APP				ANGEMENTS YOUR ORGANIZAT	ION
Illumination:	Additional Babt	ing paratha upar	ided by negati	halalar Oran Barra	
	prohibited	ing must be prov	ided by permit	holder. Open flames are	
Parking Areas:	Parking is perr Community Pa	nitted in existing irk and grounds.	parking areas	ocated at the Boca Grande	
Special Arrangements					<del> </del>
Special Arrangements:	Community Ho *Must provide adhere to all ru House represe *Alcohol must	use. Insurance with L Iles and guidelin ntative.	ee County BOC es set forth by t	ontainers provided by the CC being additionally insured a the Loise DuPont Crowninshield House	eld
		- I	•		
	Print Name:	JESSE LAVE	Pro en	Joe Wier	
	Signature:	Jose Jest		Joseph R Wier	
	Title:	Dipertop		Supervisor	

Date:

8/31/21



# 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) be	low:			
☐ SPECIAL EVENT PERMIT					
□ USE OF COU	▼ USE OF COUNTY PROPERTY PERMIT				
PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
☐ FILM PERMIT					
AFTER REVIEWING THE A	APPLICATION, F CANT TO COME	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION 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:	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: Signature: Title:	Mike figure— Risk Program Manager			
	Date:	September 21, 2021			



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/17/2021

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). CONTACT NAME: Affinity Insurance Services, Inc. PHONE (A/C, No, Ext): E-MAIL ADDRESS: Affinity Insurance Services, Inc. FAX 1-877-723-3933 1-516-294-4449 (A/C, No): 300 Jericho Quadrangle, 3rd Floor info@wedsafe.com Jericho, NY 11753 PRODUCER CUSTOMER ID: INSURER(S) AFFORDING COVERAGE NAIC# INSURED 2001301162 CP# 1591 INSURER A: Nationwide Mutual Insurance Company 23787 Devyn Main INSURER B: 20979 Lawson Ave INSURER C: Port Charlotte, FL 33952 INSURER D: A Member of the Sports, Leisure & Entertainment RPG INSURER F:

INSURER F: COVERAGES CERTIFICATE NUMBER: 2000493817 **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. ADDL SUBF POLICY FEE POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS LTR INSD WVD (MM/DD/YYYY) (MWDD/YYYY) X COMMERCIAL GENERAL LIABILITY 6BWED0000007459400 02/26/22 02/27/22 FACH OCCURRENCE \$1,000,000 CLAIMS-MADE X OCCUR 12:01 AM DAMAGE TO RENTED 12:01 AM \$1,000,000 PREMISES (Ea Occurrence) X Host Liquor Liability Included MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$5,000,000 POLICY PROJECT LOC PRODUCTS - COMP/OP AGG \$1,000,000

OTHER: PROFESSIONAL LIABILITY LEGAL LIAB TO PARTICIPANTS **AUTOMOBILE LIABILITY** COMBINED SINGLE LIMIT (Ea ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS ONLY HIRED PROPERTY DAMAGE AUTOS ONLY Not provided while in Hawaii **UMBRELLA LIAB** OCCUR EACH OCCURRENCE **EXCESS LIAB CLAIMS-MADE** AGGREGATE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY N/A PER STATUTE E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - FA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT

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

EventType: A wedding ceremony, reception and/or rehearsal; Honorees: Devyn Main, Kyle Brazelton; Event Date: 02/26/2022; Location: Crowninshield Community House, Lee County Board of County Commissioners.

If the event continues past 12:01 am at the location named on the certificate of insurance, such continuation shall be considered as the event date. The event includes set up and break down, at the event location, that occurs no more than 24 hours prior to the event or 24 hours after the event. The event also includes the rehearsal or rehearsal dinner if scheduled within 48 hours of the event, if the event is a wedding.

Liquor liability (as provided by CG 00 01 04 13) applies only if the insured is NOT in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.

Property Damage Liability as provided by this policy (including Damage to Premises Rented to You) is subject to a \$1,000 per occurrence deductible. Lee County, a political subdivision & Charter County of the State of Florida, its agents, employees, and public officials are Additional Insured on the General Liability as required by written contract

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

Voids and replaces certificate # WS00440834

CERTIFICATE HOLDER		CANCELLATION
Lee County Board of County Commission PO Box 398 Ft Myers, FL 33902	OK 09/21/2021	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Mike Join -	Acott hunder

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POLICY NUMBER: 6BWED0000007459400

# 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 PART

#### **SCHEDULE**

# Name Of Additional Insured Person(s) Or Organization(s)

Lee County Board of County Commissioners PO Box 398 Ft Myers, FL 33902

Named Insured: Devyn Main

CP# 1591

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 the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
  - In the performance of your ongoing operations; or
  - In connection with your premises owned by or rented to you.

#### However:

- 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
  - 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.