

# **EVENT PERMIT**



Ordinance 17-08

## **BIKE FEST 2022**

PERMIT NUMBER: TMP2022-00059

Date(s) of Event: MARCH 26-27, 2022 FROM 12:00PM UNTIL 6:00PM

Property Owner:

TMCFM INC

Applicant:

CIERRA CRYSTAL

239-266-5574

Description:

BIKE FEST WITH LIVE MUSIC, VENDORS, FOOD TRUCKS, BEER/WINE, STUNT

SHOW, BIKINI COMPETITION ON MARCH 26, 2022 FROM 12:00PM UNTIL

9:00PM AND MARCH 27, 2022 FROM 11:00AM UNTIL 6:00PM

Location of event: 9501 THUNDER RD, FORT MYERS, FL 33913

ROCKSTAR HARLEY DAVIDSON -9501 THUNDER RD

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? No

Will there be alcohol consumed or sold at the event? Sold and Consumed

Will a bond be posted for this event?

No

Yes

#### Permit Conditions:

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

Board of County Commissioners Lee County, Florida

County Manager Date

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

BIKE FEST 2022

TMP2022-0059



# **Event Application**

Check	the appropriate box(es) below:
	SPECIAL EVENT PERMIT
	USE OF COUNTY PROPERTY PERMIT
	$\ \square$ 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	Bike Fest 2022				
Date(s) of Event / Production:	3/26/2022-3/27/2022				
Location(s) of Event:	Rockstar Harley Davidson				
Name of Applicant:	Cierra Crystal				
Applicant Address:	9501 Thunder Road Fort Myers, FL 33913				
Applicant Phone Number:	239-266-5574				
Contact Person: (If different from applicant)	same				
Contact Phone Number: (If different from applicant)	same				
Email Address:	Marketing@rockstarharley.com				
Estimated Attendance:	1000 per day				
Event Description: Include each activity, when activities take place, etc.	live music, vendors, food trucks, beer/wine, stunt show, bikini competition				
Hours of Operation:	Sat 12pm-9pm/ Sun 11am-6pm				
STRAP # of Parcel:	22-45-25-L3-24000.0010				
Owner of Premises*:	PVM inc				

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



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	r the temporary structures?	Yes No			
* For a 'Special Event' and 'Use of Count identified, including all parking areas.  Insurance Company Insuring the Event:	y Property' permit, submit a site plan wit  Attached COI	h all proposed facilities and activities			
Note: Certificate of Insurance must be submitted					
Surety Company Bonding this Event (Na					
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 ☐ No	▼ 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:  Type of Food being Served:					
Section II - USE OF COUNTY PR	ROPERTY PERMIT				
Organization Sponsoring the Event:					
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES P	PERMIT			
Is alcohol being sold/consumed on Court Yes, then a "Lee County Alcohol Permit" is required.	nty Property? Only non-profit organizations can sell alcohol on County	X Yes No			
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	<sup>ber:</sup> LAMA Ft. Myers				
Please note: A permit from the State of Florida I further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for			



Гуре of Produ	ction (choose all that	t apply):							
TV Movie	or Special	☐ TV Sei	ries / Pilot		TV Commer	cial	☐ St	ill Photos	
Public Ser	vice Announcement	☐ Indust	rial / Documentary		Other:				
Will any of the	e following be neede	d or include	d*?						
	Street Closure				Yes		No		
	Traffic / Crowd Cont	rol			Yes		No		
	Fire or Burning				☐ Yes		No		
	Explosives or Pyrote	chnics			☐ Yes		No		
	Animals, Large or Sn	nall			Yes		No		
	Construction of Any	Kind			☐ Yes		No		
	Large and/or Nume	rous Vehicle	S		☐ Yes		No		
	Helicopters, Boats, 6	etc.			Yes		No		
	Stunts				⊠ Yes		No		
	Other				☐ Yes		No		
Special Park	king Requirements:								
City or Cou	nty Services Required	d: (Personne	l, equipment, facilit	ies, et	c.)				
	•			s close	ely as possibl	e.	to trac		omic impact
Hotel room	nights:		Number of shooting	days:					
	number of rooms x	number of night	S		<del>-</del>				



#### **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.

Signature of Applicant

Cierra Crystal, Event Coordinator

Print Name of Applicant and Title

1/26/2022

Date

Witness

Juliana Garcia

Print Name of Witness

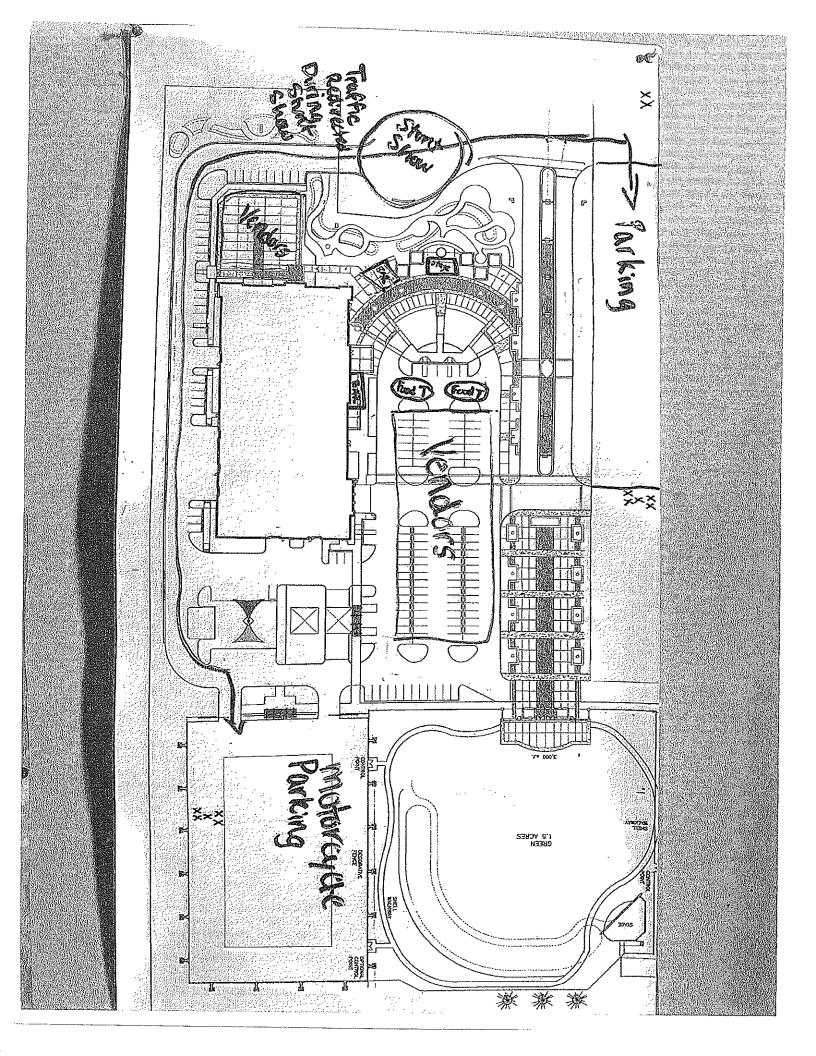
1/26/2022

Date



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

спеск the appropri	ate box(es) be	elow:			
JX SPECIAL EV					
		Y PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES			
AFTER REVIEWING THE WILL REQUIRE THE APP	APPLICATION, LICANT TO COM	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.			
Parking:	Parking in author	prized areas only.			
Deputies (How Many?): 2 deputies for security and presence throughout the event per day.					
Fee for Services:	Fee for Services: Vendor will contact LCSO details unit for cost.				
	for checking ID's	permit application alcohol will be available for purchase/consumption, ave the confines of the event area. Event staff will be responsible & ensuring the no one is overserved. Any amplified sounds must bunty noise ordinances.			
,	Print Name: Signature:	Lt. S. Brady Capt. Steven Banks			
	Title:	Special Events, Permits and Details			
	Date:	2/16/22			





#### FIRE DEPARTMENT

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

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

Check the appropri	iate box(es) bel	ow:			
SPECIAL EV	SPECIAL EVENT PERMIT				
☐ USE OF CO	OUNTY PROPERTY AIT	PERMIT			
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.			
Fire Guards (How Many?)	N/A				
Fee for Services:	N/A				
Flammable Vegetation:	N/A	*			
First Aid Equipment:	Call 911 if needed				
Fire Extinguishing:	Food Trucks to have with NFPA 96	fire extinguishers compliant with NFPA 10 as well as kitchen equipment compliant			
Special Arrangements:	hour prior to event	ilverman at 239-209-9557 to schedule inspection for site and food trucks at least 1 opening on Saturday.  NCY VEHICLE ACCESS AROUND MAIN BUILDING. AT NO POINT SHOULD ANY FIRE ETC. BE BLOCKED.			
	Print Name:	Nate Burley			
	Signature:	Nate Burley  Digitally signed by Nate Burley Date: 2022.02.15 12:05:02-05'00'			
	Title:	Division Chief - Fire & Life Safety			
	Date:	February 15, 2022			

# Carmine Marceno Sheriff



## State of Florida County of Lee

#### Exhibit A Detail Request Form

Please fill out the Extra Duty Request form attached to this document completely. All details are a minimum of four (4) hours with the exception of boat details which are a minimum of six (6) hours and a half hour drive time to and from the detail location. When five (5) or more deputies are assigned to an event, a supervisor with the rank of Sergeant or above will be assigned at an upgraded hourly charge. Depending on the type of event or crowd size, it will be at the discretion of the Sheriff's Office to determine the number of deputies needed.

The	current	detail	rates	are:
-----	---------	--------	-------	------

THE CHILDRE HOLDER AND	00 0101		
Security	\$48/hr	Traffic	\$58/hr
Funeral Escort	\$48/hr	Security Supervisor	\$58/hr
Escort	\$48/hr	Traffic Supervisor	\$68/hr
Boat	\$48/hr	Civil Stand-by	\$68/hr
Holiday/Last Minute	\$68/hr	Prisoner Transport	\$68/hr

Details are charged a \$15 per deputy vehicle rate (when applicable). All boat details are charged a \$20 per hour boat rate (when applicable).

Extra Duty Details will not be provided to any person, firm or organization whose members, business or operations are of questionable nature; or for any event that will discredit the assigned Deputy, Sheriff's Office or County. The Sheriff's Office reserves the right to cancel the detail without notice and to recall the deputy(s) when necessary for community safety without penalty.

The Lee County Sheriff's Office will be the only armed personnel at any event where the detail is taking place. Any private security company that is hired to work alongside the Sheriff's Office will be a reputable, licensed and insured company whose employees are State D licensed <u>unarmed</u> security guards. Proof of the signed contract with private security company will be required.

In order to cancel a detail, notice must be given to the Detail Coordinator twenty-four (24) hours prior to the start of the detail either by phone or email. If the cancellation is less than twenty-four (24) hours, a four (4) hour charge per deputy will be billed. In the case of weather, notice of cancellation must be received within two (2) hours of the starting time otherwise a two (2) hour charge per deputy will be billed. In the event of a cancellation after business hours, please call 239-477-1000 and ask to have the on-call Detail Coordinator call you.

Unless otherwise specified, full payment of all details must be received one (1) week prior to the start of the event in the form of a cashier's check, money order, business check or cash. The Lee County Sheriff's Office does not accept credit cards or personal checks. Payments can be sent to: The Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy., Fort Myers, FL 33912 ATTN: Details Unit.

LEE COUNTY SHERIFF'S OFFICE USE ONLY							
Total Deputy(ies) 2 each day	Total Hours 9/7	Rate per Hour	Vehicle Rate waived				
Supervisory Deputy(ies)	Total Hours SIGN HE	Rate per Hour	Vehicle Rate				



"The Lee County Sheriff's Office is an Equal Opportunity Employer"

14750 Six Mile Cypress Parkway • Fort Myers, Florida 33912-4406 • (239) 477-1000



# 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				
☐ USE OF CO ☐ FILM PERM	UNTY PROPERTY P IIT	ERMIT			
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.			
Treatment Facilities:	None necessary.				
Medical Personnel:		RKHD Marketing, Cierra Crystal, LCEMS will provide medical coverage each day of the one ambulance with a crew of two personnel.			
Medical Supplies / Equipment:	None necessary.				
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.				
Fee for Services	Attached to the emai \$100/hour, Bicycle Te	pard of County Commissioners, published in the Lee County External Fee Manual. il response with this approval. Guidelines for resources: Ambulance (2 personnel) = eam (2 personnel) = \$80/hour, Ambulance Cart (2 personnel) = \$80/hour. There is ur billed per resource for setup, each day.			
As agreed upon with RKHD Marketing, Cierra Crystal, LCEMS will provide medical coverage each d this event. This will be one ambulance with a crew of two personnel. This coverage will be coordin via email and phone with Ms. Crystal. Approval of this permit application is contingent upon this r coverage being provided.					
	Print Name:	Douglas B. Higgins			
	Signature:	Douglas B. Higgins  Dataly figured by Douglas & Prigins Described Out Specially Special to Describe Described Out Special Special County Described Described Out Special Operations and Supers Services Annual Configurations and Company Special Special Operations and Company Special Special Operations and Company Special Special Operations and Company Special Operations and Company Special Special Operations and Comp			
	Title:	Division Chief			
	Date:	February 24, 2022			



#### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS, FL 33901 (239) 533-8580

Check the appropriate box(es) below:						
<ul> <li>         ⊠ SPECIAL EVENT PERMIT         □ USE OF COUNTY PROPERTY PERMIT         ☑ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES         □ FILM PERMIT     </li> </ul>						
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.				
Parking:  No event parking on Lee County maintained road rights-of-way						
Use all established means of ingress and egree						
Special Arrangements:	Use Lee Coun	ty Sheriff's Office for assistance with traffic control as needed				
•		Bryan Miller  Digitally signed by Bryan Miller				
	Signature: Title:	Bryan Miller  Date: 2022.02.10.12:49:30 -05'00'  Senior Project Manager				
	Date:	February 10, 2022				



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

Check the appro	opriate box(es) be	rlow:	
<del>⊠</del>   SPECIA	AL EVENT PERMIT		
☐ USE O	F COUNTY PROPERTY	Y PERMIT	
** *		SUME ALCOHOLIC BEVERAGES WITHIN LEE COL	JNTY FACILITIES
☐ FILM P	PERMIT		
		PLEASE INDICATE BELOW WHAT ARRANGEME PLY WITH FOR THEIR EVENT.	:NTS YOUR ORGANIZATION
lllumination:	N/A		W-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	<b>.</b>		
Parking Areas:	N/A		
Special Arrangemen	its: N/A - Event is not	on Parks and Rec property and will not affect county pa	ark operations or programs.
	j		
	Print Name:	Colleen Via	
		Colleen Via	
	Signature:	celle Via	
	Title:	Operations Manager	garageras for hand
	Date:	2/9/2022	***************************************
		PARKS.	
Biki fest	2012 - Nofo.	RAPKS Dooperty.	
2	3/21-3/27/2	Page   10	



# 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							
USE OF COU	ITY PROPERTY PERMIT							
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES						
FILM PERMIT	Г							
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION OF THEIR EVENT.	NC					
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.						
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: Date:	Mike Figueroa  Mike Figueroa  Risk Program Manager  February 18, 2022						
		The state of the s						



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/17/2022

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).

th	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PROI	DUCER				CONTA NAME:	CONTACT Paula Hummel							
Brig	htline Dealer Advisors				PHONE (A/C, No, Ext): (855) 955-2718 FAX (A/C, No): (469) 533-3854								
15301 Dallas Pkwy						E-MAIL ADDRESS: phummel@trueriskadvisors.com							
Suite 400						INSURER(S) AFFORDING COVERAGE NAIC #							
Add	lison			TX 75001	INSURER A: Allied World Specialty Insurance Company					19489			
INSURED						INSURER B: Starstone National Insurance Company					25496		
TMCFM Inc dba Rockstar Harley-Davidson						INSURER C:							
9501 Thunder Rd					INSURER D:								
					INSURER E :								
Ft. Myers			FL 33913			INSURER F:							
CO	/ERAGES CER				REVISION NUME	BER:							
IN CE EX	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 CLARMS.												
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
	COMMERCIAL GENERAL LIABILITY		,,,,,					EACH OCCURRENCE	\$	1,00	00,000		
	CLAIMS-MADE X OCCUR	Y				44/4/0004	44440000	DAMAGE TO RENTED PREMISES (Ea occurre	DAMAGE TO RENTED PREMISES (Ea occurrence) \$				
۸	-		0000 4040 (	6203-1916-01				MED EXP (Any one person) \$ 5,00					
Α				0203-1910-01		11/4/2021	11/4/2022	PERSONAL & ADV INJURY \$ 1,00 GENERAL AGGREGATE \$ 3,00					
	X POLICY PRO-							GENERAL AGGREGA			0,000		
	X POLICY JECT LOC X OTHER: Garage							PRODUCTS - COMP/C			0,000		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L			0,000		
	X ANY AUTO	Y						(Ea accident) \$ 1,00  BODILY INJURY (Per person) \$		70,000			
Α	OWNED SCHEDULED			6203-1916-01		11/4/2021	11/4/2022	BODILY INJURY (Per accident) \$					
, ,	AUTOS ONLY AUTOS NON-OWNED	•		0200 1010 01		111-112021	THALOLL	PROPERTY DAMAGE					
	AUTOS ONLY AUTOS ONLY							(Per accident)	s				
	X UMBRELLA LIAB X OCCUR							EACH OCCUPRENCE		3.00	0,000		
В	EXCESS LIAB CLAIMS-MADE	Y		85054A210ALI		11/4/2021	11/4/2022	AGGREGATE \$ 3,00					
	DED X RETENTION\$ 10,000	-		00001712107121		117172021	T II II LOLL	AGGREGATE	\$	0,00	70,000		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER				
AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT					
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A						E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT \$					
	BECOM HON OF OF ENVIROND BOICH							E.E. DIOLINOL TOLIO	ZI EIIIII V				
D==	DIDITION OF ORES STONE ! C	F0 :	005	404 4 1 1111									
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL /erage applies for event at dealership or						6 (5)						
				OK 02/18/2022	1.50								
				This Line									
				Make figur.	_								
CEF	RTIFICATE HOLDER				CANO	CELLATION							
Lee County Board of Commissioners						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							
PO Box 398						AUTHORIZED REPRESENTATIVE							
Fort Myers FL 33902					1 SALL								
					20								