

EVENT PERMIT



Ordinance 17-08

K FROM THE CORNER OF BANYAN STREET/GILCHRIST TO C

PERMIT NUMBER: TMP2022-00086

Date(s) of Event: APRIL 9, 2022

Property Owner:

LEE COUNTY ROW

Applicant:

JULIANNE GREENBERG

941-525-7622

Description:

247 PEOPLE WILL ARRIVE AT THE CORNER OF GILCHRIST AND BANYAN, AROUND 5:15 PM ON SATURDAY, APRIL 9. THEY WILL BE ARRIVING VIA HIRED TROLLEYS. AT 5:30 PM A BAGPIPER WILL ESCORT THE GUEST UP

Location of event:

ROW GILCHRIST AVE From 100 to 491, BOCA GRANDE, FL 33921

ROW BANYAN ST / GILCHRIST AVE

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

Will the event be held on County Owned Property? Yes

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

Will a bond be posted for this event?

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

The Gasparilla INN

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Boca Grande, 33921 Bagpiper walk 4.9.22

Detail Scheduled 8-9 pm IK from the corner of Banyan Street/Gilcheist to

TMP 2022 - 00086



Event Application

Check the appropriate box(es) below:

X	SF	PEC	ΙAL	E۷	'ENT	PE	RMIT	_
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IX USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Title of Event / Name of Production	Bagpiper walk from the corner of Banyan Street/Gilchrist to The Gasparilla Inn
Date(s) of Event / Production:	Saturday, April 9
Location(s) of Event:	Gilchrist Street to The Gasparilla Inn
Name of Applicant:	Julianne Greenberg
Applicant Address:	11357 Willis Place, Port Charlotte FL 33981
Applicant Phone Number:	941 525 7622
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	jgreenberg@bocabeacon.com
Estimated Attendance:	247
Event Description: Include each activity, when activities take place, etc.	247 people will arrive at the corner of Gilchrist and Banyan, around 5:15 p.m on Saturday, April 9. They will be arriving via hired trolleys. At 5:30 p.m., a bagpiper will escort the guests up Gilchrist, up three there blocks to the corner of 5th Street (stop sign is there), then the group will take a right, and then to The Gasparilla Inn. The total walk time should take about 10 minutes
Hours of Operation:	5-6 p.m.
STRAP # of Parcel:	14-43-20-01-00005.0010
Owner of Premises*:	·

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



What is the Zoning Classification of the	premises? DOT Right of way	
Are any temporary structures to be ins	talled for the event? Yes No	Type:
Do you have the appropriate permits fo	or the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Cour identified, including all parking areas.	nty Property' permit, submit a site plan wi	th all proposed facilities and activities
Insurance Company Insuring the Event	Evanston Insurance Comapny	
Note: Certificate of Insurance must be submitted	d at time of application	
Surety Company Bonding this Event (N	ame 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 ┌ No	┌─Yes ┌ズ No	┌ 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:		
Type of Food being Served:		
Section II - USE OF COUNTY P	ROPERTY PERMIT	
Organization Sponsoring the Event: V	Vallace/Tyler Wedding	
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold/consumed on Cou	inty Property?	Yes X No
If Yes, then a "Lee County Alcohol Permit" is required	. Only non-profit organizations can sell alcohol on County	, · · · · · · · · · · · · · · · · · · ·
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	nber:	
Please note: A permit from the State of Florida	Division of Alcoholic Reverages and Tohacco may a	also be required: please call (239) 344-0885 for

further details



Type of Production (choose all that apply):					
TV Movie or Special TV	Series / Pilot	TV Com	mercial	Still Photos	3
Public Service Announcement Indu	ustrial / Documentary 「	Other:			
Will any of the following be needed or inclu	ıded*?				
Street Closure		☐ Ye	5 F	No	
Traffic / Crowd Control		☐ Ye	5	No	
Fire or Burning	•	☐ Ye	5	No	
Explosives or Pyrotechnics		∏ Ye	5 Г	No	
Animals, Large or Small		☐ Ye	5	No	
Construction of Any Kind		Ye	5	No	
Large and/or Numerous Vehic	icles	Ye	5	No	
Helicopters, Boats, etc.		Ye:	s 「	No	
Stunts		☐ Ye	5 [No	
Other		√ Ye	s 🗆	No	
Special Parking Requirements:					
City or County Services Required: (Person	anal aquinment facilities	etc)			
City of County Services Required. (Ferson	mer, equipment, ruenties,				
			. اس		:
The following information is required for the industry. If exact figures are not available.	local and state records or able, please estimate as c	production osely as pos	i in Florid ssible.	а то тгаск тпе есо	nomic impact c
Number in Cast:	Number in Crew:		Number o	f locals hired:	
Total budget:	Estimate amount spent	in Lee Count	y:		
Hotel room nights:	Number of shooting da	/s:			
number of rooms x number of n	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. rint Name of Applicant and 1872



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

Check the appropri	ate box(es) below:
F SPECIAL EV	'ENT PERMIT
∇ USE OF CO	UNTY PROPERTY PERMIT
· .	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized parking areas only.
Deputies (How Many?):	Two deputies for road closures and traffic control starting at Banyan Street and Gilchrist while wedding participants walk from Gilchrist/Banyan to The Gasparilla Inn.
	wedding participants waik from Gilchrist/Banyan to The Gasparilla Inn.
	Trueffic datable of COR and a deviate of the four boundaries
Fee for Services:	Traffic detail is \$58/hr per deputy with a four hour minimum.
Special Arrangements:	Banyan Street/ Gilchrist/ 5th St must all be blocked while participants are in the roadway in order to provide safety and security.
	Drint Names and the part
	Print Name: Captain. S. Brady
	Signature: (af. Steve) Brady
	Title: Special Events, Permits and Details
	Date: 3/22/22



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	

F SPECIAL EVENT PERMIT

IX 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?)		None
Fee for Services:		None
Flammable Vegetation:		None
First Aid Equipment:		ota di manda da di manda da di manda da di manda da di m Manda da manda da ma
		None
Fire Extinguishing:		
		None
Special Arrangements:		In case of emergency - Dial 911
	Print Name:	C.W. Blosser
	Signature:	CAL
	Title:	Fire Chief
	Date:	03/18/2022



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	UNTY PROPERTY P	ERMIT
FILM PERM	IIT	
		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:	Applicants shall follo concerning health a congregating at the	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.	event of an emergency. To arrange special event coverage, contact our office at
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins September of the Se
	Title:	Division Chief
	Date:	March 22, 2022



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

Cneck the appropri	iate box(es) be	now:		
• • •	OUNTY PROPERTY		VERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	ΛIT			
AFTER REVIEWING THE WILL REQUIRE THE APP			LOW WHAT ARRANGEMENT: EVENT.	S YOUR ORGANIZATION
Parking:	No event parking o	on Lee County maintaine	ed road rights-of-way.	
Ingress and Egress:	Use all established	I means of ingress and e	gress.	
Special Arrangements:	Use Lee County Sh	neriff's Office for escort s	ervices and traffic control as neede	ed.
	Print Name:	Bryan Miller		_
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2022.03.22 13:46:29 -04'00'	-
	Title:	Senior Project Manage	r	
	Date:	March 22, 2022		-



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

Check the appropr	iate box(es) be	elow:	
SPECIAL E	VENT PERMIT		
⊠i USE OF CO	OUNTY PROPERT	Y PERMIT	
PERMIT TO	SELL AND CONS	SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
FILM PERM	/ IIT		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Illumination:	N/A		
Parking Areas:	N/A		
Special Arrangements:	N/A - Event is not	on Parks and Rec property and will not affect county park o	perations or programs.
	Print Name: Signature: Title: Date:	Colleen Via Lacului Lice Operations Manager Mar 18, 2022	
Boca-not on PK= 4/9/22	Property - 1	Bag piper walk Page 10	



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

Check the appropriat	te box(es) be	low:
SPECIAL EVE	NT PERMIT	
⋉ USE OF COU	NTY PROPERTY	PERMIT
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERMIT	Γ	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
nsurance 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:		
	Print Name:	Mike Figueroa
	Signature:	Mike from -
	Title:	Risk Program-Manager
	Date:	March 21, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/19/2022

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(les) 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).

this certificate does not d	confer rights to	o the c	ertificate holder in lieu of s			s).		,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~·····································
PRODUCER				CONTA NAME:	will Mac	idux			
East Main Street Insurance Services, Inc.					(530)	477-6521	FAX (A/C, No):		
Will Maddux					E-MAIL				
PO Box 1298					ADDRESS: INTO WITH EVERTIME INFORMATION OF THE INSURER(S) AFFORDING COVERAGE NAIC #				
Grass Valley			CA 95945		ERA: Evansto				35378
INSURED			OA 00040			Jii Miggrance	Company		1 000,0
Modified				INSURI					-
Latina and Const	-t			INSURI	ER C:				
Julianne Gree	•			INSURI	ERD:				
11357 Willis P	iace			INSURE	ERE:				
Port Charlotte			FL 33981	INSUR	ERF:				<u></u>
COVERAGES			ATE NUMBER:			,	REVISION NUMBER:		
INDICATED NOTWITHSTAI CERTIFICATE MAY BE ISSI EXCLUSIONS AND CONDITI	NDING ANY RE JED OR MAY F ONS OF SUCH F	QUIREI PERTAII POLICIE	SURANCE LISTED BELOW HA MENT, TERM OR CONDITION N, THE INSURANCE AFFORD ES. LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
NSR LTR TYPE OF INSURA	NCE	ADDL SU	UBR IVD POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	<u>s</u>	
COMMERCIAL GENERAL			•				EACH OCCURRENCE	\$ 1,0	00,000
CLAIMS-MADE X	OCCUR					:	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100	0,000
Host Liquor Liability	,						MED EXP (Any one person)	\$ 5,00	00
A Retail Liquor Liabilit	y	Υ	3DS5473-M2358419		04/09/2022	04/10/2022	PERSONAL & ADV INJURY	\$ 1,00	00,000
GEN'L AGGREGATE LIMIT API	PLIES PER:				12:01 AM	12:01 AM	GENERAL AGGREGATE	s 2,0	00,000
POLICY PRO-	Loc]		PRODUCTS - COMP/OP AGG		00,000
OTHER:							Deductible	\$ 1,00	
AUTOMOBILE LIABILITY		_					COMBINED SINGLE LIMIT	\$	
ANY AUTO	1						(Ea accident) BODILY INJURY (Per person)	s	
OWNED S	CHEDULED	ļ					BODILY INJURY (Per accident)	\$	
HIRED	UTOS ION-OWNED						PROPERTY DAMAGE	\$	
	UTOS ONLY					:	(Per accident)		
	1	_						\$	
UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$	
EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$	
DED RETENTION	\$						PER OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N						PER OTH- STATUTE ER		
ANYPROPRIETOR/PARTNER/EX OFFICER/MEMBER EXCLUDED?	ECUTIVE r1	N/A					E.L. EACH ACCIDENT	\$	
(Mandatory in NH)	<u> </u>						E.L. DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATION	S below						E.L. DISEASE - POLICY LIMIT	\$	
	1				ļ				
	Ī								
DESCRIPTION OF OPERATIONS / LO Certificate holder listed below Attendance: 247, Event Type:	is named as ac	ditiona				e space is require	d)		
			OK 03/21/2	022					
			This ?	Lyin					
				U					
CERTIFICATE HOLDER				CANO	ELLATION				
LEE COUNTY BOARD OF COUNTY COMMISSIONERS JULIANNE GREENBERG					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
LEE COUNTY P.O. BOX 398	BOARD OF CO	YTNUC	Y COMMISSIONERS	AUTHO	RIZED REPRESEI		I M Ilm		
FT. MYERS					Will Madding				



EVANSTON INSURANCE COMPANY

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 FORM

SCHEDULE

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

LEE COUNTY BOARD OF COUNTY COMMISSIONERS JULIANNE GREENBERG LEE COUNTY BOARD OF COUNTY COMMISSIONERS P.O. BOX 398 FT. MYERS, FL 33902

- 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 of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. 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
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.



Receipt

DATE: Policy #: 03/18/2022 M2358419

(11(6)),			T	
www.TheEventHelper.com PO Box 1549, Grass Valley, CA 95945 (530) 477-6521	Policy Limits Each Occurrence (Includes \$1,000,000 Bodily Injury and Property Damage) Damage to Rented \$100,000		Event Details Street Closure Attendance: 247 people Event Length: 1 day(s)	
Event Holder / Insured Julianne Greenberg 11357 Willis Place Port Charlotte, FL 33981 Payment From Julianne Greenberg Card Number: **** **** 3270 Card Type: Visa	Injury Products / Completed Operations Aggregate	\$1,000,000 \$2,000,000 \$2,000,000 \$5,000 Not Included Not Included Included Included Not Included	Cost Breakdown Premium: Stamping Fee: Tax: Policy Fee: RPG Fee:	\$ 210.00 \$ 0.13 \$ 13.98 \$ 73.14 \$ 0.00
Refund Policy If I choose to cancel my general lid fee of \$73.14, the full Administrati unlikely case www.TheEventHelper venue's insurance requirements a	on Charge on my policy. In th com's coverage terms do n	ne very ot meet my	AMOUNT PAID	\$ 29 7.2 5

eligible for a full refund of my policy price. No refunds will be issued after

the commencement of the policy period.