

EVENT PERMIT



Ordinance 17-08

MINI MANGO MANIA

PERMIT NUMBER: TMP2022-00164

Date(s) of Event: JULY 16, 2022 FROM 9AM UNTIL 5PM

Property Owner:

DIOCESE OF VENICE

Applicant:

TAMMY AESCHLIMAN

239-283-0888

Description:

TROPICAL FRUIT FAIR. JULY 16, 2022 FROM 9:00AM UNTIL 5:00PM Family event

that includes tropical fruit sales & tastings, growers, artisan & crafter booths, music,

beverages, kids events, adults beverages, contests & games

Location of event:

12175 STRINGFELLOW RD, BOKEELIA, FL 33922

OUR LADY OF MIRACULOUS MEDAL CHURCH

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?

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

Yes

County Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMP 2022 - 00164

Mini Mango Mania



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 INFO	ORMATION (All Permit Types)
Title of Event / Name of Production	Mango Mania
Date(s) of Event / Production:	July 16, 2022
Location(s) of Event:	July 16, 2022 Our Lady of Miraculous Medal Church 12175 Stringfellow Rd Bokeelia, FL 33922
Name of Applicant:	Greater Pine Island Chamber of Commerce
Applicant Address:	P.O. Box 325 MATIACHA, FL 33933
Applicant Phone Number:	239-283-0888
Contact Person: (If different from applicant)	· Tammy Aeschliman
Contact Phone Number: (If different from applicant)	239-283-0888
Email Address:	info@pineislandchamber.org
Estimated Attendance:	1000
Event Description: Include each activity, when activities take place, etc.	Mango Mania - Tropical Fruit Fair Family event that includes tropical fruit sales a tastings, growers, artisano crafer booths, music, boverages, kids events, adult beverages, contests a games.
Hours of Operation:	9A-5pm
STRAP # of Parcel:	17-44-22-00-00014,0000
Owner of Premises*:	17-44-22-00-00014,0000 Our Lady of the Minaculaus Medal, Diocese of Denice LE-12, 1000 Pinebrook Rd, Venice, 71 34285

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



What is the Zoning Classification of the	premises? As-letiques fro	perty-Church			
Are any temporary structures to be installed for the event? Yes No Type:					
Do you have the appropriate permits for	r the temporary structures?	Yes No			
* For a 'Special Event' and 'Use of Countidentified, including all parking areas. Insurance Company Insuring the Event: 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 □ No	ĭX 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:	Sunny Days Icecream -	5th Ave, Cape Coral, FL 33914, St James City, FL33956 1441 TAMIRANI Tr, Port-Charlot 3394			
Section II - USE OF COUNTY P	ROPERTY PERMIT				
Organization Sponsoring the Event:	greater Pine Island	Chamber of Commerce			
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES I	PERMIT			
Is alcohol being sold/consumed on Cou		× Yes No			
	Only non-profit organizations can sell alcohol on Count	y Property.			
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	59-0995723				
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			





***********	pecial	TV Series / Pilot	L	TV Comme	rcial		Still Photos	********
Public Service	Announcement	Industrial / Documentary	/ D	Other:		****		***********
l any of the fol	llowing be needed or i	ncluded*?						
Str	eet Closure			☐ Yes		No		
Tra	ffic / Crowd Control			☐ Yes	П	No		
Fire	e or Burning			☐ Yes		No	********	
Exp	olosives or Pyrotechnic	S	••••••••	☐ Yes		No		
Ani	imals, Large or Small			☐ Yes	П	No		
Col	nstruction of Any Kind		**********	☐ Yes		No		
Lar	ge and/or Numerous \	/ehicles		☐ Yes		No		
He	licopters, Boats, etc.			☐ Yes		No		
Stu	ınts			☐ Yes		No		
Otl	her			☐ Yes		No		
Special Parking	Requirements:							
		rsonnel, equipment, faci	lities, e	tc.)				
City or County	Services Required: (Pe	rsonnel, equipment, faci			Florida	a to tra	ack the econo	mic imp
City or County The following in	Services Required: (Pe		ds on p	roduction in		a to tra	ack the econo	mic impa
City or County The following in the industry. If	Services Required: (Pe nformation is required exact figures are not a	for local and state record	ds on p	roduction in ely as possib	le.	a to tra		mic impa
City or County The following in	Services Required: (Pe nformation is required exact figures are not a	for local and state record vailable, please estimate	ds on p	roduction in ely as possib Nur	le.			mic impa
City or County The following in the industry. If	Services Required: (Pe	for local and state record vailable, please estimate Number in Crew:	ds on perace as closes	roduction in ely as possib Nur Lee County:	le.			mic impa

FENCING BATHROOM ВАТНІКООМ BEER BEER **SEMINARS** 2ND GATE SEATING SEATING BAND SEATING SEATING **FENCING** INSIDE DJ MAIN **KIDS** GATE KIDS FOOD **TASTING** FOOD VENDOR ватнясом FOOD VENDOR FOOD VENDOR **FENCING**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MW/DD/YYYY) 05/11/2022

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).

าก	is certificate does not confer rights to	ome	ceru	ilicate nolder in lieu of st			<u> </u>			
PRODUCER				CONTACT ADRI WUTKOWSKI						
Robertson Ryan & Associates, Inc.				PHONE FAX (A/C, No, Ext): (A/C, No):						
ADRI WUTKOWSKI				E-MAIL ADDRESS: awutkowski@robertsonryan.com						
7251 W Lake Mead Blvd #300				INSURER(S) AFFORDING COVERAGE NAIC #				NAIC #		
Las Vegas NV 89128				INSURE	F	n Insurance (35378	
INSU				117 00 120			11 11100101100	Joinpany		
11130					INSURE	**************************************			-	
	Greater Pine Island Chamber	OF	omm	erce	INSURE	RC:				
	Tammy Aeschliman				INSURE	RD:				
	10530 Stringfellow Rd #3				INSURE	RE:				
	Bokeelia			FL 33922	INSURE	AF:				
CO	/ERAGES CER	TIFIC	ATE	NUMBER:				REVISION NUMBER:		
TH	IIS IS TO CERTIFY THAT THE POLICIES	OF I	NSUF	KANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR TH	E POL	ICY PERIOD
Cŧ	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDI	ED BY	THE POLICIES	S DESCRIBED			
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF	POLICY EXP	LIMITS	··········	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WAD	POLICE NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			00,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED		0,000
	Host Liquor Liability								\$ 5,00	00
Α	Retail Liquor Liability	Υ		3DS5473-M2210108		07/15/2022	07/18/2022	PERSONAL & ADV INJURY	\$ 2,00	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					12:01 AM	12:01 AM	GENERAL AGGREGATE	s 3,0f	00,000
	POLICY PRO- JECT LOC									00,000
									\$ Nor	-
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	10
	ANY AUTO							(Ea accident)	\$	
	OWNED SCHEDULED								·	
	AUTOS ONLY AUTOS							PROPERTY PARAGE	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	·
	WORKERS COMPENSATION							PÉR OTH- STATUTE ER	*	
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE Y/N								\$	
	OFFICER/MEMBEREXCLUDED?	N/A								
	(Mandatory in NH) If yes, describe under									
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
		1								
		ļ.,	ļ							
L		<u> </u>								
	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC						e space is require	ed)		
	ficate holder listed below is named as a					01 19.				
Atte	ndance: 1000, Event Type: Festival & C	ultura	ı ⊭ve	nt - Indoor and/or Outdoor	•					
<u></u>										
UE	RTIFICATE HOLDER				CAN	CELLATION				
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B Y PROVISIONS.		
1	Lee County Board of County	Com	misei	oners	AUTHORIZED REPRESENTATIVE					
	2115 Second St	~ 3,11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
				El 33004	ADRI WUTKOWSKI					
Fort Myers FL 33901					l .					



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 2115 Second St Fort Myers, FL 33901	

- 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
- 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.



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	Muslin & Rem Or Witness
Elizabeth A Sowers Sed Dieasuren SAFICC Print Name of Applicant and Title	Christine L lemler Print Name of Witness
5/0/02	5/12/22
Date	Date

Page | 5



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

спеск те арргорга	ne box(es) bei	ow:
•	JNTY PROPERTY SELL AND CONSU	PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Parking in aut	horized areas only. Right-of-way should not be blocked.
Deputies (How Many?):	2 deputies for	security and presence throughout the event area.
Fee for Services:	Contact LCSC	Details Unit
Special Arrangements:	found to, vend	not impede the normal flow of traffic in any way. If it has been dor may be responsible for hiring an additional deputy for traffic mplified sounds should adhere to the Lee County Noise Ordinance
	Print Name: Signature:	Capt Steven Brody
	Title:	Special Events, Permits and Details
	Date:	5/16/22



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 appropriate box(es) below:

	INTY PROPERTY PER SELL AND CONSUM	RMIT E ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
	·	INDICATE BELOW WHAT ARRANGEMENTS YOUR IT TO COMPLY WITH FOR THEIR EVENT.	
Fire Guards (How Many?)	None		,
Fee for Services:	\$25 tent insp	ection fee for each tent exceeding 10 ft, x10 ft.	
Flammable Vegetation:	None		-
First Aid Equipment:	Event is within	4 miles of 2 fire stations and 1 EMS unit.	
Fire Extinguishing:	Extinguishers wil combustible mate	I be required for any tent involved in cooking activities and/or storage of erials (i.e. propane tanks).	Ö
Special Arrangements:			
	Print Name:	Matthew Davis	
	Signature:	- AND B	
	Title:	Assistant Chief of Fire	
	Date:	5/20/2022	



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

Check the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- 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 RE	QUIRE THE APPLIC	ANT TO COMPLY WITH FOR THEIR EVENT.				
Treatment Facilities:	None necessary	/.				
Medical Personnel:	None necessary	None necessary.				
Medical Supplies / Equipment:	None necessary	None necessary.				
Safety Requirements:	Executive Order	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	Not applicable.					
Special Arrangements:	1	in the event of an emergency. To arrange special event act our office at EMSDetail@leegov.com.				
	Print Name: Signature:	Douglas B. Higgins Douglas B. Higgins Douglas B. Higgins Douglas B. Higgins Distribution of the County Emorgency Medical Sport Services Late County Emorgency Medical Sport Services and Support Services, constituting in the State of County Services and Support Services and Support Services, constituting in the State of County Services and Support Services, constituting in the State of County Services and Support Services, constituting in the State of County Services and Support Services, constituting in the State of County Services and Support Services, constituting in the State of County Services and Support Services, constituting in the State of County Services and Support Services, constituting in the State of County Services and				
	Title:	Division Chief, Support Services				
	Date:	May 16, 2022				



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

Check the appropriate box(es) below:

check the appropri	are box(es) be			
	/ENT PERMIT			
┌─ USE OF CO	UNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BE\	ERAGES WITHIN LEE COUNTY	FACILITIES
FILM PERN	ΛΙΤ			
AFTER REVIEWING THE WILL REQUIRE THE APP			OW WHAT ARRANGEMENTS EVENT.	YOUR ORGANIZATION
Parking:	No event parking o	on Lee County maintaine	d road rights-of-way.	
Ingress and Egress:	Use all established	l means of ingress and eg	gress.	
Special Arrangements:	Use Lee County SI	neriff's Office for assistan	ce with traffic control as needed.	
	Print Name:	Bryan Miller		
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2022.05.17 07:10:05 -04'00'	
	Title:	Senior Project Manager		
	Date:	May 17, 2022		



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

Check the appropri	ate box(es) be	low:
PERMIT TO	OUNTY PROPERTY SELL AND CONS	PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERA	/111	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	N/A	
Parking Areas:	N/A	
Special Arrangements:	N/A - Event is not o	on Parks and Rec property and will not affect county parks operations or programs.
	Print Name: Signature: Title: Date:	Colleen Via Collea Use Operations Manager 5/19/2022
Not on Counts Pro	p Mini Ma 7/16/22	Page 10



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

спеск	tne	appropriate box(es) below.
	区	SPECIAL EVENT PERMIT

Date:

USE OF COU PERMIT TO S FILM PERMIT	ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	·	LEASE 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.
Special Arrangements:		
	Print Name:	Mike Figueroa
	Signature:	This from-
	Title:	Risk Program Manager

May 13, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MIA/DD/YYYY) 05/11/2022

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 this certificate does not confer rights to	to the ter o the cert	rms and conditions of th Hicate holder in lieu of s	ne policy uch end	/, certain po orsement(s)	licies may r	equire an endorsement.	A statement o		
PRODUCER		**************************************	CONTAC NAME:		ITKOWSKI				
Robertson Ryan & Associates, Inc.	PHONE (A/C, No.	Ext):		FAX (A/C, No):					
ADRI WUTKOWSKI	E-MAIL ADDRES		ski@robertso						
7251 W Lake Mead Blvd #300			JAER(S) AFFOR	DING COVERAGE	NAIC #				
Las Vegas		NV 89128	INSURER		n Insurance (35378		
INSURED			INSURE						
Greater Pine Island Chambe	r of Comm	nerce	INSURER			The same section of the section of t			
Tammy Aeschliman	. 0, 00,,,,,,	: # : # · =				C MILEMAN AND A THE CONTROL OF THE C			
10530 Stringfellow Rd #3				INSURER D: INSURER E:					
Bokeelia		FL 33922	INSURE	2 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	TIFICATI	E NUMBER:	I INCOME.		***************************************	REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSU	RANCE LISTED BELOW HA ENT, TERM OR CONDITION THE INSURANCE AFFORE LIMITS SHOWN MAY HAVE BE	I OF ANY DED BY T	CONTRACT THE POLICIE EDUCED BY POLICY EFF	S DESCRIBED PAID CLAIMS, POLICY EXP	YOURNESS WHITE KEOLES	ALL THE TERM		
INSR TYPE OF INSURANCE	INSD WVD	POLICY NUMBER		(MM/OD/YYYY)	(MW/DD/YYYY)		\$ 2,000,000		
COMMERCIAL GENERAL LIABILITY			ļ			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
CLAIMS-MADE X OCCUR						1	\$ 5,000		
Host Liquor Liability		2005472 \$42240400		07/15/2022	07/18/2022	LINET TO E VICE AND	\$ 2,000,000		
A Retail Liquor Liability	Y	3DS5473-M2210108		12:01 AM	12:01 AM	GENERAL AGGREGATE	\$ 3,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:				12.UT MIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 2,000,000		
POLICY PRO-						Deductible	\$ None		
OTHER:						COMBINED SINGLE LIMIT	Ś		
AUTOMOBILE LIABILITY						(Ea accident) BODILY INJURY (Per person)	\$		
ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per accident)	\$		
AUTOS ONLY AUTOS						PROPERTY DAMAGE	. <u>.</u>		
HIRED NON-OWNED AUTOS ONLY						(Per accident)	\$		
	1 1								
UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS MAD	E					AGGREGATE	\$		
DED RETENTION\$					<u> </u>	PER OTH-	\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND	.			1		STATUTE ER			
ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$		
OFFICERMEMBER EXCLUDED? (Mandatory in NH)	J [" "]					E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below				<u> </u>	-	E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHI Certificate holder listed below is named as Attendance: 1000, Event Type: Festival &	additional	Insured per attached MEC	GL 2217 (e attached if mo 01 19.	le space la requi	ired)			
		OK 05/13/20)22						
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CERTIFICATE HOLDER			CAN	CELLATION	1				
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Lee County Board of Coun	AUTHORIZED REPRESENTATIVE								
2115 Second St			ADF	ADRI WUTKOWSKI					
Fort Myere		FL 33901	ı						



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 2115 Second St Fort Myers, FL 33901

- 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
 - 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
- 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.

All other terms and conditions remain unchanged.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/11/2022

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).

PRODUCER						NAME: ADRI WUTKOWSKI							
Ro	berts	son Ryan & Asso	ocia	tes, Inc.				PHONE FAX (A/C, No.): E-MAIL auguitowski@roborteoppyap.com					
ADRI WUTKOWSKI						E-MAIL ADDRESS: awutkowski@robertsonryan.com							
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CERTIFICATE HOLDER CANCELLATION													
CANOLLATION													
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE												
					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
			-	Board of County	Com	ımissi	oners	AUTHORIZED REPRESENTATIVE					
		2115 Sec	one	l St				ADRI	WUTKOWSI	<i< td=""><td></td><td></td><td></td></i<>			
1	Fort Myers FL 33901												



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropriat	e box(es) below:
FILM PERMIT	ONLY
	PLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ANT TO COMPLY WITH FOR THEIR EVENT.
Special Arrangements:	
Other:	
	Print Name: Signature: Title: Date:

Event General Liability Insurance

Proposal & Application

Payment Outstanding

PROPOSAL NUMBER
2210108
PREPARED ON
05/10/2022
PRICING VALID UNTIL
05/17/2022 (7 days)

PREPARED FOR Greater Pine Island Chamber of Commerce Tammy Aeschliman 10530 Stringfellow Rd #3, Bokeelia, FL 33922 Phone: 2392830888 Email: info@pineislandchamber.org	LICENSED AGENT Robertson Ryan & Associates, Inc. Las Vegas, NV 89128 Phone: Email: awutkowski@robertsonryan.com
PROPOSAL CREATED BY Robertson Ryan & Associates, Inc. Las Vegas, NV 89128 Phone: Email: awutkowski@robertsonryan.com	Evanston Insurance Company NAIC: 35378 Rating: A.M. BEST A(Excellent) XV
COVERAGE LIMITS Each Occurrence (Includes Bodily Injury and Property Damage) Damage to Rented Premises \$100,000 Personal & Advertising Injury \$2,000,000 Personal & Advertising Injury \$2,000,000 Personal Aggregate \$2,000,000 General Aggregate \$3,000,000 Medical Payments \$5,000 Medical Payments \$5,000 Medical Payments \$5,000 Personal Medical Power of Subrogation Not Included Waiver of Subrogation Not Included Primary & Non-Contributory Not Included Additional Insured(s) Included Deductible None	coverage. Property Damage Coverage for your rented Event Locations. Bodily Injury Coverage for your Event Attendees. Protection from Property Damage & Bodily Injury Lawsuits. cost breakdown Premium \$544.42 Stamping Fees \$0.52 Tax \$26.89 Policy Fee \$309.17
EVENT DETAILS Where is your event? Total days of coverage you need? Estimated total attendance? Festival & Cultural Event - Indoor and/or Outdoor	UNDERWRITING QUESTIONS See Underwriting Document
COVERAGE TERM Dates of Coverage: 07/15/2022, 07/16/2022, 07/17/2022	
ADDITIONAL INSUREDS (SHOWING 3 OF 3) Lee County Board of County Commissioners 2115 Second St Fort Myers, FL 33901 Bishop Frank Deward 12175 Stringfellow Bokeelia, FL 33922	

Event General Liability Insurance

Underwriting Answers

PROPOSAL NUMBER
2210108

ANSWERED ON
05/10/2022

POLICY EFFECTIVE
07/15/2022

UNDERWRITING QUESTIONS & ANSWERS

Question 1: Are there water activities, amusement devices, inflatables, rides or animals? ■ No □ Yes	Answer Date: 05/10/2022
Question 2: Will your event(s) be a political event, activist event, protest, rally or march? ■ No □ Yes	Answer Date: 05/10/2022
Question 3: Is there camping, sleeping overnight or events past 2am? No Yes	Answer Date: 05/10/2022
Question 4: Have you or anyone involved in the Event had more than 1 Event Liability Claims/Losses or a Claim/Loss valued over \$10,000 in the past 5 years? No Yes	any Event Liability Answer Date: 05/10/2022
Question 5: Does your event include a live concert or a DJ performance? No WYes	Answer Date: 05/10/2022
Question 5A: Will your event have any of the following live music? Alternative Rock, Heavy Metal, Hip Hop, Punk Rock, R & B, Rap, Ska or Spoken Word. ■ None of the Above Music Will Be Played □ Yes	Answer Date: 05/10/2022
Question 5B: Will someone else like the venue or an independent insured firm be in charge of secur No Yes	rity? Answer Date: 05/10/2022
Question 6: Will you, the insured, your operations, your products, or your event participation have any in or cannabis-related products? No Yes	volvement with cannabis Answer Date: 05/10/2022
Question 7 Will your event involve any type of motorsports including but not limited to car, atv, utv or motors or burnouts? No Yes	notorcycle racing, rallying, Answer Date: 05/10/2022