

EVENT PERMIT



Ordinance 17-08

LAKES PARK FARMERS MARKET

PERMIT NUMBER: TMP2022-00195

Date(s) of Event: OCTOBER 5, 2022 THROUGH APRIL 26, 2023

Property Owner:

LEE COUNTY

Applicant:

JEAN BAER

239-691-9249

Description:

FARMERS MARKET IN LAKES PARK EVERY WEDNESDAY FROM OCTOBER 5.

2022 THROUGH APRIL 26, 2023 FROM 9:00AM UNTIL 1:00PM

Location of event: 7330 GLADIOLUS DR, FORT MYERS, FL 33908

LAKES PARK

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? 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



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMP 2022 - 00/95



Event Application

	Check the	approprie	ite box(es) below:
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F 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	Lakes Park Farmers Market
Date(s) of Event / Production:	Every wednesday Oct 5, 2022 thru Apr 26,2023
Location(s) of Event:	Lakes Park Regional Park 7330 Gladioulus Dr.
Name of Applicant:	Jean Baer, Local Roots, LLC
Applicant Address:	1418 Sandcastle Rd Sancbel, FL 33957
Applicant Phone Number:	239-691-9249
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	jmbaer D comcast. net
Estimated Attendance:	500 - 700
Event Description: Include each activity, when activities take place, etc.	Farmers Market
Hours of Operation:	9 a.m. to 1 p.m.
STRAP # of Parcel:	
Owner of Premises*:	Lee County

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



What is the Zoning Classification of the pro	emises?			
Are any temporary structures to be installed	ed for the event?	Yes No	Туре:	
Do you have the appropriate permits for the	ne temporary structu	res?	Yes	├ No
* For a 'Special Event' and 'Use of County Fidentified, including all parking areas.	Property' permit, sub	omit a site plan w	ith all proposed	facilities and activities
Insurance Company Insuring the Event:	Campbell	Insurance	•	
Note: Certificate of Insurance must be submitted at				
Surety Company Bonding this Event (Name	e and Address):	MIA	•	
Will Vehicles be Used as Part of This \ Event?	Will Food be Availab	e at this Event?		holic Beverages be sumed at this Event?
┌ Yes	✓ ^{Yes}	┌─ No	ſ— Ye	s XNo
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability included on the certific			liability coverage must be ne certificate of insurance.
Name & Address of Organization Providing Food:	Various 1	1endors		
Type of Food being Served: Fo du	ce breads	BBQ	honey	Flowers, etc
Section II - USE OF COUNTY PRO	PERTY PERMIT			
Organization Sponsoring the Event:	lakes Park	Enricha	ent Four	datron
Section III - SALE/CONSUMPTIO	N OF ALCHOLIC	BEVERAGES	PERMIT	
Is alcohol being sold/consumed on County	Property?		Yes	∕\ No
if Yes, then a "Lee County Alcohol Permit" is required. On	ly non-profit organizations o	an sell alcohol on Coun	ty Property.	
Non-profit certificate/registration numbe (Required if alcohol is to be <u>SOLD</u> at the event)	r:			
Please note: A permit from the State of Florida Divi	sion of Alcoholic Beverag	es and Tobacco may	also be required; p	lease call (239) 344-0885 for



ype of Production (choose all that app	oly):				
TV Movie or Special	TV Series / Pilot	厂	TV Commerci	al 厂	Still Photos
Public Service Announcement	Industrial / Documentary	厂	Other:		W-0000000
Will any of the following be needed or	included*?				
Street Closure			/ Yes	No.	
Traffic / Crowd Control			┌── Yes ┌── Yes	I⊄ No	
Fire or Burning			T Yes		
Explosives or Pyrotechni	ics		厂 Yes	√ No	
Animals, Large or Small			├ Yes	IX No	
Construction of Any Kind	d		T Yes	⋉ No	
Large and/or Numerous	Vehicles		┌ Yes	▼ No	
Helicopters, Boats, etc.			Yes	JX No	
Stunts			T Yes	区 No	
Other			├ Yes	IXNo	
Special Parking Requirements:					
	N/A				
City or County Services Required: (P	ersonnel, equipment, facilit	ies, et	c.)		
	MIA				
The following information is require the industry. If exact figures are not					rack the economic impac
Number in Cast:	Number in Crew:		Numb	er of loca	ts hired:
Total budget:	Estimate amount sp	ent in	Lee County:		
Hotel room nights:	Number of shooting	days:			
number of rooms x numb	per of nights				



SECTION 1 - 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.



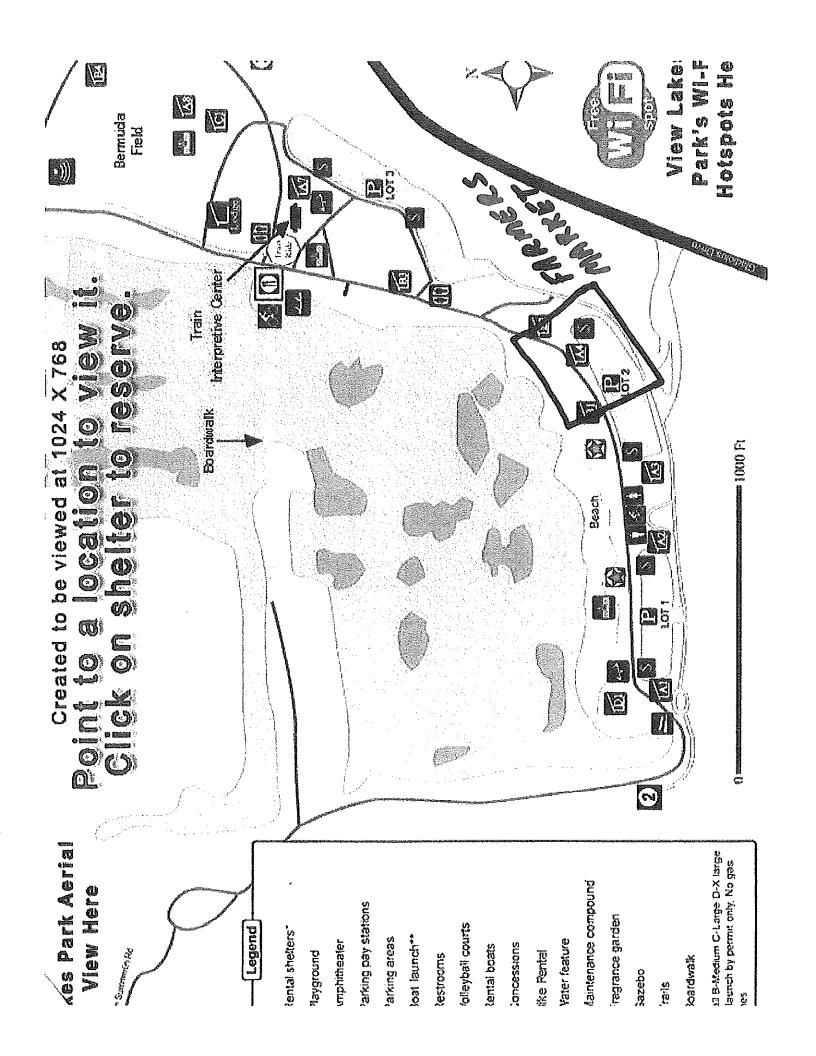
SECTION V - AGREEMENT

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	Witness
<u>Jean Baer</u> Print Name of Applicant and Title	DENNIS BAER Print Name of Witness
6-1-2022 Date	June 1 de 22





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

Check the approprio	rte box(es) below:
┌─ SPECIAL EV	ENT PERMIT
J ▼ USE OF CO	JNTY PROPERTY PERMIT
☐ PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ΙΤ .
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	None
	Print Name: Captain S. Phady Signature: Captain S. Phady Title: Special Events, Permits and Details Date: 6/2/22



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	ate box(es) bel	ow:		
☐ SPECIAL EV ☐ USE OF CO ☐ FILM PERM	UNTY PROPERTY	PERMIT		
AFTER REVIEWING THE WILL REQUIRE THE APPL	24 100 0 12 12 12 12 12 12 12 12 12 12 12 12 12		LOW WHAT ARRANGEMENTS EVENT.	YOUR ORGANIZATION
Fire Guards (How Many?)	N/A			
Fee for Services:	N/A			
Flammable Vegetation:	KEEP 10' CLEAR ARC	DUND ANY AND ALL CO	OKING AREAS	
First Aid Equipment:	CALL 911 IF NEEDED)		
Fire Extinguishing:	ALL COOKING LOCA	TIONS TO HAVE APPRO	PRIATE EXTINGUISHERS AT COOKIN	IG LOCATION.
Special Arrangements:	TO FIRE HYDRANTS.		TMENT ACCESS SHALL BE MAINTAI	
	Print Name:	Nate Burley		
	Signature:	Nate Burley	Digitally signed by Nate Burley Date: 2022.06.24 10:43:50 -04'00'	_
	Title:	Division Chief - Fire &	Life Safety	
	Date:	June, 24, 2022		



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

Check the appropria	te box(es) belov	v:	
☐ SPECIAL EV	ENT PERMIT		
□ USE OF CO	UNTY PROPERTY P	ERMIT	
□ PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES	
FILM PERM	IIT		
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.	
Treatment Facilities:	None necessary.		
Medical Personnel:	None necessary	/.	
Medical Supplies / Equipment:	None necessary	y.	
Safety Requirements:	Executive Orde	follow all CDC and FDOH directives, and the Florida Governor's rs concerning health and safety, especially with regards to the number of people congregating at the event.	
Fee for Services	Not applicable.		
Special Arrangements:		in the event of an emergency. To arrange special event act our office at EMSDetail@leegov.com.	
	Print Name:	Douglas B. Higgins	
	Signature: Douglas B. Higgins On the thing of the County Emergency Medical Section of the County Public States, our DIVISION Office, Special Operations and Support Services, email-afriging Section cont. et US Dear 2020 20 20 20 20 20 20 20 20 20 20 20 2		
	Title:	Division Chief, Support Services	
	Date:	June 2 2022	



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

Check the appropri	ate box(es) be	low:		
•	UNTY PROPERTY SELL AND CONS		RAGES WITHIN LEE COUNT	Y FACILITIES
AFTER REVIEWING THE WILL REQUIRE THE APPI			OW WHAT ARRANGEMENT /ENT.	S YOUR ORGANIZATION
Parking:	No event parking o	on any portion of Lee Cour	ity maintained road rights-of-wa	ay.
Ingress and Egress:	Use all established	means of ingress and egro	255.	
Special Arrangements:	None.	v		,
*	Print Name:	Bryan Miller		_
	Signature:	Bryan Miller	Digitally signed by Bryan Miller Date: 2022.06.01 11:17:33 -04'00'	-
	Title:	Senior Project Manager		-
	Date:	June 1, 2022		_



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

Check the appropr	iate box(es) be	low;	
SPECIAL E	VENT PERMIT		
	OUNTY PROPERTY		
- 1		SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACI	ILITIES
FILM PERM	TIIV		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOU PLY WITH FOR THEIR EVENT.	R ORGANIZATION
Illumination:	N/A		
Parking Areas:	ensure that vehicle access. Organizer i	responsible to direct vendors and patrons to the designated park es do not block driveways and roadways to allow for emergency v must provide adequate staff along with directional signage, traffic ensure vehicles and pedestrians move through parking and mark	ehicles to have clear safety devices and
Special Arrangements:	operations run from organizer is respon	et up and have vehicles out of the market area prior to opening asm -1 pm; and vendors packed up and area cleaned up prior to sible to provide adequate staff/volunteers throughout the day for ring and after the event.	to 2 pm. Event
	Crowds must disperand threatening w	erse and leave the facility to seek safe shelter in their vehicles duri reather.	ng lightning alerts
		TO AND ALLEMANDE BUT I	
	Print Name:	Colleen Via	
	Signature:	Collen Vie	
	Title:	Operations Manager	
	Date:	6/7/2022	
	/		
rkes PK-Farmer Oct 2022 - April	· Malet	Page [10	
UCT 2022 - April	11 2000	,	



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.
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: Signature: Title: Date:	Mike Figueroa This figueroa Risk Program Manager
	Date.	June 2, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/25/2022

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Larry Spilker ext 203 PRODUCER FAX (A/C, No): 317-848-9093 (A/C, No, Ext): E-MAIL 317-848-9075 Pro Insur, Inc dba Ispilker@campbellrisk.com Campbell Risk Management ADDRESS: 9595 Whitley Drive, Suite 204 INSURER(S) AFFORDING COVERAGE NAIC# Indianapolis, IN 46240 22292 HANOVER INSURANCE GROUP Larry Spliker Ext 203 INSURER A INSURED INSURER B: Local Roots INSURER C: LLC 1418 Sandcastle Rd INSURER D Sanibel Florida 33957 INSURER E : INSURER F: **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES 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. ADDLISUBR TYPE OF INSURANCE **POLICY NUMBER** INSD WVD 2,000,000 EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY Х AAM6321 LHW D481967 02/01/2022 02/01/2023 X X 100,000 CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY 4,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 4,000,000 PRO-JECT PRODUCTS - COMP/OP AGG X POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) 5 **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ UMBRELLA LIAB **EACH OCCURRENCE** \$ OCCUR AGGREGATE **EXCESS LIAB** S CLAIMS-MADE RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) NIA E.L. DISEASE - EA 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) Those usual to the Insured's operation. Blanket additional Insured applies per coverage form 421-2915 06 15. Certificate holder, if any, is hereby an additional insured. OK 06/02/2022 CANCELLATION CERTIFICATE HOLDER Lee County, a political subdivision and Charter County of the SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE State of Florida, its agents, employees, and public officials@ THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. will be named as "Additional Insured" AUTHORIZED REPRESENTATIVE 2. Campbell



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/01/2022

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT Larry Spilker ext 203 PRODUCER 317-848-9093 (A/C, No): 317-848-9075 Pro Insur, Inc dba (A/C, No, Ext): Ispilker@campbellrisk.com Campbell Risk Management ADDRESS: 9595 Whitey Drive, Suite 204 INSURER(S) AFFORDING COVERAGE NAIC# Indianapolis, IN 46240 Larry Spilker Ext 203 HANOVER INSURANCE GROUP 22292 INSURER A INSURED INSURER B: Local Roots INSURER C: 1418 Sandcastle Rd INSURER D : Sanibel Florida 33957 INSURER E : INSURER F **CERTIFICATE NUMBER: REVISION NUMBER:** COVERAGES 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 SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS **POLICY NUMBER** 2,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED AAM6321 LHW D481967 02/01/2022 02/01/2023 X CLAIMS-MADE X OCCUR X 100,000 PREMISES (Ea occurrence) 5,000 MED EXP (Any one person) 2,000,000 PERSONAL & ADV INJURY ŝ 4.000.000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 4,000,000 X POLICY PRO-OTHER: OMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO ALL OWNED AUTOS SCHEDULED. **BODILY INJURY (Per accident)** AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS S UMBRELLA LIAB \$ EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ (Mandatory in NH)
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) Those usual to the Insured's operation. Blanket additional Insured applies per coverage form 421-2915 06 15. Certificate holder, if any, is hereby an additional insured. CANCELLATION CERTIFICATE HOLDER Lee County Parks and Recreation, as additional insured SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 4310 Palm Beach Blvd THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Fort Myers, FL 33916 AUTHORIZED REPRESENTATIVE 2. Campbell