

EVENT PERMIT



Ordinance 17-08

FORT MYERS TUNNEL TO TOWERS 5K RUN/WALK

PERMIT NUMBER: TMP2022-00234

Date(s) of Event: SEPTEMBER 10, 2022 FROM 6:30AM UNTIL 11:00AM

Property Owner:

DISTRICT BOARD OF TRUSTEES OF C/O: DAVID J PARKER

Applicant:

LAUREN TAYLOR

239-209-1774

Description:

Running/Walking race that will be 3.1 miles. There will be a 15 min ceremony at the

start of the race. Refreshments will be provided after the race for participants, volunteers and spectators. September 10, 2022 from 6:30AM until 11:00AM

Location of event: 8051 COLLEGE PKWY, FORT MYERS, FL 33919

FLORIDA SOUTHWESTERN STATE COLLEGE

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

Will the event be held on County Owned Property? No

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

Fort Myers Tunnel to Towers 5k Run / Walk



Event Application

Check the appropriate box(es) below:

- USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

| Section I - GENERAL IN | FORMATION (All Permit Types) |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title of Event / Name of Production | Fort Myers Tunnel to Towers 5k Run/Walk |
| Date(s) of Event / Production: | September 10, 2022 |
| Location(s) of Event: | Florida Southwestern State College |
| Name of Applicant: | Lauren Taylor |
| Applicant Address: | 939 South Town and River Dr. Fort Myers, FL 33919 |
| Applicant Phone Number: | 2392091774 |
| Contact Person: (If different from applicant) | |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | fortmyers@t2t.org |
| Estimated Attendance: | 350 |
| Event Description: Include each activity, when activities take place, etc. | Running/Walking race that will be 3.1 miles. There will also be a ceremony at the start of the race that will last about 15 minutes. Refreshments will be provided after the race for participants, volunteers, and spectators. |
| Hours of Operation: | 6:30am -11:00am |
| STRAP # of Parcel: | 14-45-24-00-0006.0010 |
| Owner of Premises*: | Florida Southwestern State College |

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



| What is the Zoning (| Classification of the | premises? | | | |
|------------------------------------------------------|----------------------------|--------------------------------------------|---------------------------------------------|--------------------------|------------------------------------------------|
| Are any temporary s | tructures to be inst | alled for the event? | ☐ Yes No | Туре: | , A.H.A.M.M.M.M.M.A.A.A.A.A.A.A.A.A.A.A.A. |
| Do you have the app | ropriate permits fo | r the temporary stru | ctures? | Yes 5 | No |
| * For a 'Special Even identified, including | | ty Property' permit, s | submit a site plan wit | th all proposed fac | ilities and activities |
| Insurance Company | Insuring the Event: | Philadelphia Insu | ırance Co | | |
| Note: Certificate of Insur | ance must be submitted | at time of application | | | |
| Surety Company Bo | nding this Event (Na | ame and Address): — | | | |
| Will Vehicles be Us Eve | | Will Food be Avail | able at this Event? | | ic Beverages be ned at this Event? |
| T_ Yes | ⊠ No | ⋉ Yes | No | Yes | X No |
| If yes, automobile included on the certi | | | ity coverage must be tificate of insurance. | | lity coverage must be ertificate of insurance. |
| Name & Address of Providing Food: | Organization — | | | | |
| Type of Food being | Served: | | | | |
| | | R OPERTY PERMI ephen Siller Tunr | T nel to Towers Fou | ndation | |
| Section III - SA | LE/CONSUMPT | ION OF ALCHOL | IC BEVERAGES P | PERMIT | |
| Is alcohol being sold | l/consumed on Cou | nty Property? | | × Yes × | No |
| If Yes, then a "Lee County A | dcohol Permit" is required | Only non-profit organizatio | ns can sell alcohol on County | • • | • |
| Non-profit certificate (Required if alcohol is to be | . • | ber: | | | |
| Please note: A permit frofurther details | om the State of Florida | Division of Alcoholic Beve | erages and Tobacco may a | olso be required; please | e call (239) 344-0885 for |



| pe of Productior | (choose all tha | t appl | y): | | | |
|---------------------|------------------|---------|-----------------------------|----------|------------------|----------------------------------|
| TV Movie or Sp | oecial | | TV Series / Pilot | | TV Commercia | al Still Photos |
| Public Service | Announcement | | Industrial / Documentary | | Other: | |
| ill any of the foll | owing be neede | d or i | ncluded*? | | | |
| Stre | et Closure | | | | ☐ Yes | ⊠ No |
| Traf | fic / Crowd Con | trol | | | ☐ Yes | ⊠ No |
| Fire | or Burning | | | | Yes | ⊠ No |
| Ехр | losives or Pyrot | echnic | cs | | ∏ Yes | ⊼ No |
| Aniı | mals, Large or S | mall | | | Yes | ⊠ No |
| Con | struction of Any | / Kind | • | | ☐ Yes | ⊠ No |
| Larg | ge and/or Nume | rous ' | Vehicles | | Yes | ⊠ No |
| Heli | copters, Boats, | etc. | | | Yes | I⊠ No |
| Stu | nts | | | | Yes | No No |
| Oth | er | | | | T Yes | ∏ No |
| Special Parking | | | | | | |
| City or County S | iervices Require | d: (Pe | ersonnel, equipment, facili | ties, et | c.) | |
| | | | | | | |
| the industry. If e | | | available, please estimate | | ely as possible. | rida to track the economic impac |
| Number in Cast: | | | Number in Crew: | | Numbe | er of locals hired: |
| Total budget: | | | Estimate amount sp | ent in | Lee County: | |
| Hotel room night | s: | | Number of shooting | g days: | | |
| | number of rooms | c numbe | er of nights | | | |



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

| Lauren Taylor | Taylor |
|----------------------------------------|---------------------------------|
| Signature of Applicant | Witness |
| Lauren Taylor, Volunteer Race Director | John Taylor, Volunteer Commitee |
| Print Name of Applicant and Title | Print Name of Witness |
| 6/19/22 | 6/19/22 |
| Date | Date |



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

| Check the | appropriate | box(es |) below: |
|-----------|-------------|--------|----------|
|-----------|-------------|--------|----------|

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parking: | Parking for the event will be in authorized areas only. Right of way must not be impeded. |
| Deputies (How Many?): | No deputies are required for this event. Event will be handled by FSW PD. |
| Fee for Services: | None |
| Special Arrangements: | It is understood by this office that the race will remain within the confines of the FSW property. This entire event is the sole responsibility of FSW PD. Any and all incidents, traffic control and security will be handled by FSW PD. The Lee County Sheriff's Office will have no participation in this event. |
| | Print Name: Captain S Brady Signature: Level Brooky |
| | Title: Special Events, Permits and Details |
| | Date: 8-2-22 |
| | |



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 | iate box(es) bel | ow: | | |
|----------------------------------------------|-------------------------------|-------------------------|----------------------------------------------------------------------|---------------------|
| SPECIAL EV | VENT PERMIT DUNTY PROPERTY | PFRMIT | | |
| FILM PERM | | LEMMI | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | | | LOW WHAT ARRANGEMENT: EVENT. | S YOUR ORGANIZATION |
| Fire Guards (How Many?) | NA | | | |
| Fee for Services: | NA | | | |
| Flammable Vegetation: | NA | | | |
| First Aid Equipment: | Call 911 if needed | | | |
| Fire Extinguishing: | NA | | | |
| Special Arrangements: | NA. COPY BEING SEI | NT TO IMFD AS THIS EV | ENT ALSO OCCURS WITHIN THEIR E | DISTRICT. |
| | | | | |
| | Print Name: | Nate Burley | | _ |
| | Signature: | Nate Burley | Digitally signed by Nate Burley Date: 2022.08.16 15:00:26 -04'00' | _ |
| | Title: | Division Chief - Fire & | Life Safety | _ |
| | Date: | August 16th, 2022 | | |



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

| Check | the | appro | priate | box | es) | bel | ow: |
|-------|-----|-------|--------|-----|-----|-----|-----|
| | | | | | | | |

| X | SPECIAL EVENT PERMIT |
|---|-----------------------------------------------------------------------------|
| | USE OF COUNTY PROPERTY PERMIT |
| X | PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| | FILM PERMIT |

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

| DRGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. | | | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Treatment Facilities: | None necessary. | | | |
| Medical Personnel: | None necessary. | | | |
| 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 | If arranged as below: One bike team at \$80/hr OR One cart team at \$80/hr There will be a total of 1 additional hour charged for set up and demobilization. | | | |
| Special Arrangements: | LCEMS will require either a cart team or bicycle team to be on site to provide medical coverage. This can either be provided through LCEMS or the local fire district. To arrange special event coverage, contact our office at EMSDetail@leegov.com. | | | |

Print Name: Douglas B. Higgins

Signature: Douglas B. Higgins

Division Chief, Support Services

Date: June 22, 2022

Title:



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

| Check the appropri | ate box(es) be | low: | | |
|----------------------------------------------|----------------------------------------|---------------------------|-----------------------------------------------------------------------|------------------------------|
| SPECIAL EV | ENT PERMIT | | | |
| USE OF CO | UNTY PROPERTY | PERMIT | | |
| PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEVI | ERAGES WITHIN LEE COUNT | Y FACILITIES |
| FILM PERM | 1IT | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPI | | | DW WHAT ARRANGEMENTS VENT. | YOUR ORGANIZATION |
| Parking: | No event parking p | permitted on Lee County r | naintained road rights-of-way. | |
| | | | | |
| Ingress and Egress: | Use all established | means of ingress and egr | ess. | |
| | | | | |
| | | | | |
| Special Arrangements: | Use LCSO or other internal site route, | | afety personnel for assistance wit | th traffic control along the |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Print Name: | Bryan Miller | | |
| | Signature: | Bryan Miller | Digitally signed by Bryan Miller Date: 2022.06.20 08:09:12 -04'00' | |
| | Title: | Senior Project Manager | | |
| | Date: | June 20, 2022 | | |



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

| Cneck the appropr | iate pox(es) pe | Now; |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| ☐ SPECIAL E | VENT PERMIT | |
| ⊠ USE OF CO | OUNTY PROPERT | Y PERMIT |
| PERMIT TO | O SELL AND CONS | SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | MIT | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION |
| WILL REQUIRE THE APP | PLICANT TO COM | PLY WITH FOR THEIR EVENT. |
| Illumination: | N/A | |
| | And the state of t | |
| | Ī | |
| Parking Areas: | N/A | |
| | | |
| | | |
| | | |
| Special Arrangements: | N/A - Event is not | on Parks and Rec property and will not affect county park operations or programs. |
| | | |
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| | AN A | |
| | I | |
| | | |
| | Print Name: | Colleen Via |
| | Signaturo | 7 (1) |
| * ************************************ | Signature: | Calle Vne |
| | Title: | Operations Manager |
| | Date: | 6/22/2022 |
| | | |
| 44.6.0 | under . | |
| Noton Parks Prop | I when I to tom | 2/3 Bass 10 |
| 1/10/22 | | Page 10 |



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

| Спеск тпе арргоргіа | te box(es) be | low: | | | | | | | | | |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| SPECIAL EVE | NT PERMIT | | | | | | | | | | |
| USE OF COU | USE OF COUNTY PROPERTY PERMIT PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACIL | | | | | | | | | | |
| PERMIT TO S | | | | | | | | | | | |
| ☐ FILM PERMI | Τ | | | | | | | | | | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIOPLY WITH FOR THEIR EVENT. | | | | | | | | | |
| nsurance Requirements: | occurrence to pr | eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect 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 Thire Ignia Risk Program Manager July 15, 2022 | | | | | | | | | |
| | | | | | | | | | | | |

GNEAL

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/21/2022

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 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

| tl | subrogation is walved, subjectise to settificate does not confer rights to | ot to | cert | terms and conditions of ificate holder in lieu of st | the po tch end | licy, certain lorsement(s) | policies may | require an endorsemer | ıt. Ası | atement on | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------|-------------|---------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------|----------|------------|-----|
| PRODUCER Lambros Insurance Services Inc 4 West Red Oak Lane | | | | | CONTACT NAME: PHONE (A/C, No, Ext): (914) 686-0100 FAX (A/C, No): (914) 686-0544 | | | | | | |
| | | | | | | | | | | | Whi |
| | | | | | | | | RDING COVERAGE | | NAIC# | |
| | | | | | | INSURER A : Philadelphia Insurance Co | | | | 23850 | |
| INSURED | | | | | | | | | | 12777 | |
| Stephen Siller Tunnel To Towers Foundation 2361 Hylan Boulevard Staten Island, NY 10306 | | | | | INSURER C: The Princeton Excess and Surplus Lines Insurance Company 10786 | | | | | 10786 | |
| | | | | | INSURER D: | | | | | | |
| | | | | | INSURER E: | | | | | | |
| COVERAGES CERTIFICATE NUMBER: | | | | | | INSURER F: | | | | | |
| | HIS IS TO CERTIFY THAT THE POLICIE | | | | HAVE B | EEN IGGHED : | TO THE INCLU | REVISION NUMBER: | FILE DO | IOV PERIOR | |
| - 11 | IDIOATED. NOTWITHSTANDING ANY K | LUU | IKEMI | ENI. TERM OR CONDITIO | N OF A | ANY CONTRA | CT OR OTHER | R DOCUMENT WITH RESPI | FOT TO | WHICH THIS | |
| U | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | PER | TAIN. | THE INSURANCE AFFOR | יא מאמ | / THE POLICI | IES DESCRIB | ED HEREIX IS SHRIECT T | TO ALL | THE TERMS, | |
| INSR LTR | TYPE OF INSURANCE | ADDI | SUBR WVD | POLICY NUMBER | OLLINI. | POLICY EFF (MM/DD/YYYY) | | LIMIT | re | | |
| Α | X COMMERCIAL GENERAL LIABILITY | Щ | 11110 | | | IMMIDDITTTI | (MINIODITTTT) | EACH OCCURRENCE | s | 1,000,000 | |
| | CLAIMS-MADE X OCCUR | х | | PHPK2354297 | | 12/11/2021 | 12/11/2022 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 100,000 | |
| | X Contractual Liabilit | ^ | | | | | 12////2022 | MED EXP (Any one person) | s | 5,000 | |
| | | | | | l | | | PERSONAL & ADV INJURY | s | 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | s | 3,000,000 | |
| | POLICY X PRO- | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 3,000,000 | |
| | OTHER: | | | | | | | THOSEGIC COMPRES TROO | s | | |
| Α | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | ŝ | 1,000,000 | |
| | ANY AUTO | | | PHPK2354297 | | 12/11/2021 | 12/11/2022 | BODILY INJURY (Per person) | \$ | | |
| | OWNED X SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| | X HIRED AUTOS ONLY NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | | |
| | *************************************** | | | | | | | | \$ | | |
| Α | X EXCESS LIAB X OCCUR CLAIMS-MADE | | | PHUB794736 | | 12/11/2021 | 12/11/2022 | EACH OCCURRENCE | s | 5,000,000 | |
| | | | | | | | | AGGREGATE | \$ | 5,000,000 | |
| | DED X RETENTION\$ 10,000 | | | | | | | | \$ | | |
| В | VORKERS COMPENSATION ND EMPLOYERS' LIABILITY | N/A | | 71781008 | | | 11/10/2022 | PER X OTH- | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | 11/10/2021 | | E.L. EACH ACCIDENT | ş | 500,000 | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 500,000 | |
| _ | DÉSCRIPTION OF OPERATIONS below | | | 008055000040 00 | | 10(1110-01 | | E.L. DISEASE - POLICY LIMIT | \$ | 500,000 | |
| U | Excess Liability | | | 82A3FF0003349-00 | | 12/11/2021 | 12/11/2022 | OCC/AGG | l | 5,000,000 | |
| | | | | | | | | | l | | |
| _ | | | | | | | | | <u> </u> | | |
| KE: | cription of operations / Locations / vehicl T2T Run 9/10/2022 Fort Myers, Florida | | | | | | | ed) | | | |
| Add | itional Insured: Lee County Board of Co | unty | Com | missioners, P.O. Box 398, | Fort M | yers, FL 3390 | 2 | | | | |
| | | | | OK 07/15 | ימממו | 5 | | | | | |
| | | | | ORUM | 112021 | ~ | | | | | |
| | | | | My | 4. | • | | | | | |
| | | | | Justin C | 70 | , | | | | | |
| CEI | DIFFICATE HOLDED | | •••• | | | ZANOTI LATZONI | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| | | | | | SHO | ULD ANY OF T | HE ABOVE DI | ESCRIBED POLICIES BE CA | ANCELL | ED REFORE | |
| Lee County Board of County Commissioners P.O. Box 398 | | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | |
| | | | | | | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| Fort Myers, FL 33902 | | | | | AUTHORIZED DEODEOCHYATHE | | | | | | |
| | | | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | 1 | | | | 1 | DOLAL. | 1 / X | impros | | | |
| 100 | ODD 95 (2046)02) | | | l | y | 0.4000.0048.4.0000.005 | | | | | |

