

EVENT PERMIT



Ordinance 17-08

Boca Grande Area Chamber of Commerce

PERMIT NUMBER: TMP2023-00845

Date(s) of Event: May 12, 2023 12:00pm until 11:00pm

Property Owner:

LEE COUNTY

Applicant:

GARY CROSS 239-964-0568

Description:

Ladies day tarpon tournament's 32nd annual captains party dinner(food trucks and/or

catered (no sales)), cocktails (consumed, not sold), awards, registration, raffle and

auction. May 12, 2023 from 12:00pm until 11:00pm.

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

Community Center stage, greenspace and Women's club

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?

To Be Consumed

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

ftmpprmt specialevent.rpt



Event Application

Special Event

Use of County Property

Alcohol within Lee County Facilities

Film, Video & Photography



Event Application

Check the appropriate box(es) below:

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 INF | ORMATION (All Permit Types) |
|--|--|
| Title of Event / Name of Production | Boca Grande Area Chamber of Commerce |
| Date(s) of Event / Production: | 05/12/2023 |
| Location(s) of Event: | Community Center Stage, Greenspace, and Women's Club. |
| Name of Applicant: | Gary Cross |
| Applicant Address: | 471 Park Ave (PO Box 704) Boca Grande, FL 33921 |
| Applicant Phone Number: | 941-964-0568 |
| Contact Person: (If different from applicant) | |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | info@bocagrandechamber.com |
| Estimated Attendance: | 350 |
| Event Description: Include each activity, when activities take place, etc. | Ladies Day Tarpon Tournament's 32nd annual captain's party. Dinner (food trucks and/or catered (no sales)), Cocktails (consumed, not sold), Awards, Registration, Raffle, Auction. |
| Hours of Operation: | 12pm - 11pm |
| STRAP # of Parcel: | 14-43-20-01-00005.0010 |
| Owner of Premises*: | Lee County BoCC |

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



| What is the Zoning Classification of the | premises? Community Cen | ter - | | |
|---|---|---|--|--|
| Are any temporary structures to be installed for the event? | | | | |
| Do you have the appropriate permits for | the temporary structures? | ┌ Yes | | |
| * For a 'Special Event' and 'Use of Count identified, including all parking areas. | y Property' permit, submit a site plan wit | h all proposed facilities and activities | | |
| Insurance Company Insuring the Event: | Italiano Insurance | | | |
| Note: Certificate of Insurance must be submitted | at time of application | | | |
| Surety Company Bonding this Event (Na | me 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 x No | ▼ Yes | ▼ 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: | BD | | | |
| Type of Food being Served: | | | | |
| | | | | |
| Section II - USE OF COUNTY PF | ROPERTY PERMIT | | | |
| Organization Sponsoring the Event: B | oca Grande Area Char | nber of Commerce | | |
| | | | | |
| Section III - SALE/CONSUMPT | ION OF ALCHOLIC BEVERAGES F | PERMIT | | |
| Is alcohol being sold/consumed on Could If Yes, then a "Lee County Alcohol Permit" is required. | nty Property? Only non-profit organizations can sell alcohol on Count | X Yes X No y Property. | | |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | ber: | | | |
| Please note: A permit from the State of Florida I | Division of Alcoholic Beverages and Tobacco may a | also be required; please call (239) 344-0885 for | | |

further details



| TV Movie o | | | | | | | |
|--|--|---|---------|------------------------------------|-------|----|------------------------|
| | or Special TV Se | ries / Pilot | Г | TV Comme | rcial | Γ | Still Photos |
| Public Serv | vice Announcement Indust | rial / Documentary | Г | Other: | | | |
| ill any of the | following be needed or include | d*? | | | | | |
| | Street Closure | | | ☐ Yes | | No | |
| | Traffic / Crowd Control | | | ┌ Yes | Ė | No | |
| | Fire or Burning | | | ┌ Yes | Ė | No | |
| | Explosives or Pyrotechnics | | | ┌ Yes | T | No | |
| | Animals, Large or Small | | | ┌ Yes | Ė | No | |
| | Construction of Any Kind | | | ┌ Yes | F | No | |
| | Large and/or Numerous Vehicle | es | | ┌ Yes | Г | No | |
| | Helicopters, Boats, etc. | | | ┌ Yes | Г | No | |
| | Stunts | | | ┌ Yes | Г | No | |
| | Other | | | ┌ Yes | Г | No | |
| | | | | | | | |
| | | | | | | | |
| Special Parki | ing Requirements: | | | | | | |
| | ing Requirements: nty Services Required: (Personne | el, equipment, faciliti | es, etc | :.) | | | |
| City or Coun | nty Services Required: (Personne ng information is required for lo | cal and state records | on pro | oduction in ly as possib | le. | | ack the economic impac |
| City or Coun The followin the industry | nty Services Required: (Personne ng information is required for lo r. If exact figures are not availab | cal and state records le, please estimate as | on pro | oduction in ly as possib Nun | le. | | • |



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.



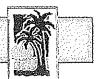
SECTION V - AGREEMENT

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 | Witness |
|-----------------------------------|-----------------------|
| Gary Cross | Shawna Wagar |
| Print Name of Applicant and Title | Print Name of Witness |
| 02/03/2023 | 02/03/2023 |
| Date | Date |



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

| Check the appropria | ite box(es) bel | ow: | | |
|--|-----------------------------------|--|--|--|
| J SPECIAL EV | ENT PERMIT | | | |
| | JNTY PROPERTY | PERMIT | | |
| | SELL AND CONS | JME ALCOHOLIC BEVER | AGES WITHIN LEE CO | OUNTY FACILITIES |
| FILM PERM | IT | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | | | | MENTS YOUR ORGANIZATION |
| Parking: | Parking in au | thorizd areas only. Ro | adways will not be | impeded. |
| | | | | |
| Deputies (How Many?): | Mone are rea | uired for this event. | | |
| | None are req | aned for this event. | | |
| | | | | |
| Fee for Services: | <u> </u> | O D - 1-2-3-11-7 | | White the state of |
| i de (et ecrytees. | Contact LOS | O Details Unit | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Special Arrangements: | All alcoholic be amplified sou | peverages must remainds must adhere to the | n within the confine ie Lee County Nois | es of the event. Any see Ordinance. |
| | · | | • | |
| | | | | |
| | | | | |
| • | | <u> </u> | | |
| | Print Name: | David M Got. David | Lebid | MANAGE - GLAN - C P.P. |
| | Signature: | Got. David | m. Lelie | 41 |
| | Title: | Tactical Support Unit | <u> </u> | |
| | Date: | 2/20/2 | , | |



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.

Ladies Day Tarpon Tournament

Check the appropriate box(es) below:

F SPECIAL EVENT PERMIT

IX USE OF COUNTY PROPERTY PERMIT

| FILM PERM | MIT | |
|---|---------------------------|---|
| AFTER REVIEWING THE WILL REQUIRE THE APPLI | APPLICATION, F | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | | None |
| Fee for Services: | | None |
| Flammable Vegetation: | | None |
| First Aid Equipment: | | |
| | | None |
| Fire Extinguishing: | | None |
| Special Arrangements: | | In case of emergency - Dial 911 |
| | Print Name: Signature: | C.W. Blosser |
| | Title: | Fire Chief |
| | Date: | 02/16/2023 |



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

| Check the appropriat | e box(es) below | | | | |
|---|--|---|--|--|--|
| ☐ SPECIAL EVENT PERMIT | | | | | |
| □ USE OF COUNTY PROPERTY PERMIT | | | | | |
| ▼ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | |
| FILM PERM | IT | | | | |
| | | SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ANT TO COMPLY WITH FOR THEIR EVENT. | | | |
| Treatment Facilities: | None necessary. | | | | |
| Medical Personnel: | None necessary. | | | | |
| Medical Supplies / Equipment: | None necessary. | | | | |
| Safety Requirements: | Applicants shall foll Orders concerning people congregatin | ow all CDC and FDOH directives, and the Florida Governor's Executive health and safety, especially with regards to COVID-19 and the number of g at the event. | | | |
| Fee for Services | Not applicable. | | | | |
| Special Arrangements: | Please call 911 in t office at EMSDetail | he event of an emergency. To arrange special event coverage, contact our @leegov.com. | | | |
| | Print Name: | Douglas B. Higgins | | | |
| | Signature: | Douglas B. Higgins Digitally signed by Douglas B. Higgins Dit. one Douglas B. Higgins, on Lee County Emergency Medical Services. Lee County Public Settler, one-Division Chief. Special Operations and Support Services, centural-shipgins divergory com., c-US Date 2023 02 27 13 43 49 -05007 | | | |

February 27, 2023

Division Chief, Support Services

Title:

Date:



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

| Check the appropri | ate box(es) be | low: | | | | |
|-----------------------|----------------------|---|--|--|--|--|
| ┌─ SPECIAL EV | SPECIAL EVENT PERMIT | | | | | |
| □ USE OF CO | UNTY PROPERTY | PERMIT | | | | |
| | SELL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | |
| FILM PERM | IT | | | | | |
| | | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. | | | | |
| Parking: | No parking on | Lee County road R/W's where prohibited or interfere with traffic. | | | | |
| ngress and Egress: | Use all establi | shed means of ingress and egress. | | | | |
| special Arrangements: | None. | | | | | |
| | B | Dryon Millor | | | | |
| | Print Name: | Bryan Miller | | | | |
| | Signature: | Bryan Miller Date: 2023.02.17 12:43:40 -05'00' | | | | |
| | Title: | Senior Project Manager | | | | |
| | Date: | February 17, 2023 | | | | |



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

| Check the appropri | ate box(es) belo | ow: |
|---|---|--|
| | UNTY PROPERTY I SELL AND CONSU | PERMIT IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| AFTER REVIEWING THE WILL REQUIRE THE APP | APPLICATION, PL LICANT TO COMP | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| llumination: | Event organizer will | need to provide additional lighting if needed. |
| Parking Areas: | All vehicles for mus the park. Work with | t any use the additional designated needs. parking areas within the parking lots of a site supervisor for any additional needs. |
| Special Arrangements: | picked up and disp | or inflatable devices; must use water buckets/barrels or sand bags. Litter must be osed of in dumpster on site. visor at 239-964-0827. |
| | Print Name: Signature: Title: Date: | Colleen Via Operations Manager 2/15/2023 |

Boca - hadles Traypor Tour
5/12/2023



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS, FLORIDA 33901 (239) 533-2221

| Check | the | an | nro | nriate | hox | PS |) he | OW |
|--------|------|----|-----------------|--------|-----|----|---|------|
| CITCUN | LIIC | up | $\rho_1 \sigma$ | priace | DUN | CJ | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CVV. |

| спеск тпе арргоргіат | e box(es) below: |
|----------------------|--|
| ▼ SPECIAL EVEI | NT PERMIT |
| ▼ USE OF COUI | NTY PROPERTY PERMIT |
| ▼ PERMIT TO S | ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERMIT | |
| | PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT. |
| | Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of |

aforementioned event within Lee County.

In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afford under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

Special Arrangements:

In

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.

Subject to proof of insurance.

| Print Name: | Mike Figueroa |
|-------------|----------------------|
| Signature: | Min Jain - |
| Title: | Risk Frogram wanager |
| Date: | April 24, 2023 |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2023

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).

| this certificate does not | conter rights to the certificate holder in he | u oi such endorsement | u(S). | | | | | |
|---|---|---|---------------------------------|-----------|--|--|--|--|
| PRODUCER | | CONTACT NAME: | | | | | | |
| Italiano Insurance Services, Inc. PO Box 1406 Boca Grande, FL 33921 | | PHONE (A/C, No, Ext): (941 | FAX (A/C, No):(941) 964-0595 | | | | | |
| | | E-MAIL ADDRESS: boca@italianoinsurance.com | | | | | | |
| | | | INSURER(S) AFFORDING COVERAGE | AGE NAIC# | | | | |
| | | INSURER A : Mt. Vernon Fire Ins. Co | | | | | | |
| INSURED | | INSURER B: | | | | | | |
| | Chamber Of Commerce | INSURER C: | | | | | | |
| P O Box 704 Boca Grande, FL 33921 | | INSURER D: | | | | | | |
| Doca Grande | , FL 33921 | INSURER E : | | | | | | |
| | | INSURER F: | | | | | | |
| COVERAGES | CERTIFICATE NUMBER: | | REVISION NUI | MBER: | | | | |
| | AT THE POLICIES OF INSURANCE LISTED BY ANDING ANY REQUIREMENT, TERM OR CO | | | | | | | |

| SR TR | TYPE OF INSURANCE | ADDL INSD | SUBR: POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|--------------|---------------------|----------------------------|----------------------------|--|-----------|
| Aχ | COMMERCIAL GENERAL LIABILITY | | | | . " | EACH OCCURRENCE \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | Χ | NBP2550369K | 10/13/2022 | 10/13/2023 | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 100,000 |
| i i | | | | | | MED EXP (Any one person) \$ | 5,000 |
| : | | | • | | | PERSONAL & ADV INJURY \$ | |
| GEN | L AGGREGATE LIMIT APPLIES PER | | | | | GENERAL AGGREGATE \$ | 2,000,000 |
| | POLICY PRO- JECT LOC | | | | | PRODUCTS - COMPIOP AGG \$ Host Liquor s | Included |
| AUT | OMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ | |
| | ANY AUTO | | | | : | BODILY INJURY (Per person) \$ | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS HIRED NON-OWNED AUTOS ONLY AUTOS ONLY | | | | | BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ | |
| : | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | | - - | | | AGGREGATE \$ | |
| ; | DED RETENTION \$ | | - | | | | |
| WOR | KERS COMPENSATION EMPLOYERS' LIABILITY | | : | | | PER OTH- STATUTE ER | |
| ANY | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? datory in NH) | N/A | | | | E.L. EACH ACCIDENT \$ | |
| | | W) A | : | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| | i, describe under CRIPTION 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)
Certificate holder has been named as additional insured with regards to 5/12/23 & 5/18/23 events. 5/12/23 event at Louise Dupont Crowninshield House,
5/18/23 event on Park Ave, Boca Grande, FL 33921, per attached endorsement#BP04480106

Mile Jri

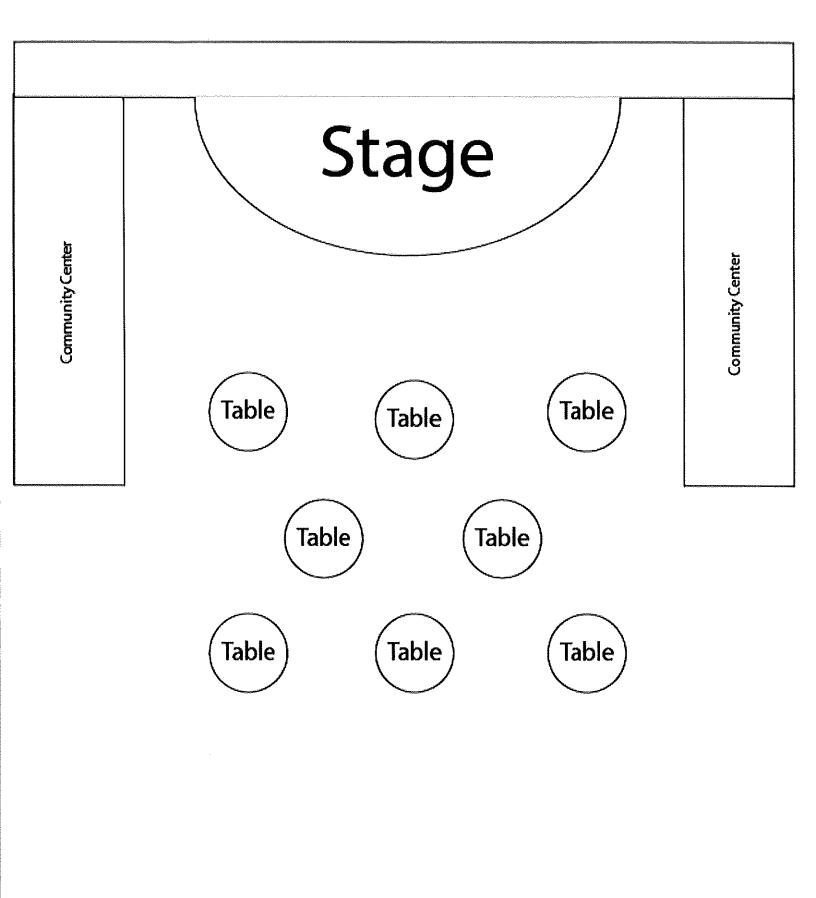
CERTIFICATE HOLDER

CANCELLATION

Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33912 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rase



Food and Beverage

Registration

KTORRES

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/24/2023

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

| th | is certificate does not confer rights t | to the | cert | ificate holder in lieu of su | ich end | lorsement(s) | , | require an endo | orsemen | t. A St | atement on |
|--|--|---------------|---------------|---|--|--|-------------------------------------|--------------------------------------|-------------|---------|------------|
| | DUCER | | | | CONTA NAME: | СТ | | | | | |
| Italiano Insurance Services, Inc. PO Box 1406 | | | | | PHONE (A/C, No, Ext): (941) 964-0400 FAX (A/C, No): (941) 964-0595 | | | | | | 64-0595 |
| | a Grande, FL 33921 | | | | E-MAIL ADDRESS: boca@italianoinsurance.com | | | | | | |
| | | | | | | INS | SURER(S) AFFOR | RDING COVERAGE | | | NAIC# |
| | | | | | | INSURER A: Mt. Vernon Fire Ins. Co | | | | | |
| INSURED | | | | | INSURER B: | | | | | | |
| | Boca Grande Chamber Of C | Comn | ierce | | INSURE | | | | | | |
| | P O Box 704 | | | | INSURE | | | | | | |
| | Boca Grande, FL 33921 | | | | INSURE | | | | | | |
| | | | | | INSURE | RF: | | | | | |
| CO | VERAGES CER | RTIFI | CATE | E NUMBER: | | | | REVISION NUM | IBER: | | |
| C | IIS IS TO CERTIFY THAT THE POLICI DICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH | requ ′ Per | IREM TAIN. | ENT, TERM OR CONDITION THE INSURANCE AFFOR | N OF A | NY CONTRA 7 THE POLIC | CT OR OTHER IES DESCRIB | DOCUMENT WIT | H RESPE | CT TO | WHICH THIS |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | | LIMIT | s | |
| A | X COMMERCIAL GENERAL LIABILITY | 11100 | 11110 | | | (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | (MINI/DD/TTTT) | EACH OCCURRENC | | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | x | | NBP2550369K | | 10/13/2022 | 10/13/2023 | DAMAGE TO RENTE PREMISES (Ea occu | D D | \$ | 100,000 |
| | | ^ | | 1000 00 00 00 00 00 00 00 00 00 00 00 00 | | | | MED EXP (Any one of | | \$ | 5,000 |
| | | | | | | | | PERSONAL & ADV II | | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREG | | s | 2,000,000 |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP | | \$ | |
| | OTHER: | | | | | | | Host Liquor | | \$ | Included |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE (Ea accident) | LIMIT | \$ | |
| | ANY AUTO | | | | | | | BODILY INJURY (Pe | | \$ | |
| | OWNED SCHEDULED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Pe | r accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAG (Per accident) | E | \$ | |
| | | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENC | E | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | | \$ | |
| | DED RETENTION\$ | | | | | | | | | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | | PER STATUTE | OTH- ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. EACH ACCIDEN | IT | \$ | |
| | (Mandatory in NH) | | | | | | | E.L. DISEASE - EA E | MPLOYEE | \$ | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLI | CY LIMIT | \$ | |
| | | | | | | | | | | | |
| Cert | RIPTION OF OPERATIONS / LOCATIONS / VEHIC ficate holder has been named as addit 23 event on Park Ave, Boca Grande, Fi | ional | insu | red with regards to 5/12/23 | & 5/18/ | 23 events. 5 | e space is requir 112/23 event a | ^{ed)} It Louise Dupont | Crownin | shield | House, |
| | | | | John | | - | | | | | |
| CEI | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | | |
| Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33912 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | |
| | | | | | Λ | RIZED REPRESE | | | | | |
| | | | | | | LO 00 5 | | | | | |