

EVENT PERMIT



Ordinance 17-08

"Dream in Full Color" 75th Anniversary Porsche Event

PERMIT NUMBER: TMP2023-00925

Date(s) of Event: June 10, 2023

Property Owner:

LEE COUNTY ROW

Applicant:

Kyara Hernandez

2392257653

Description:

Anniversary celebration with food trucks car displays along Intercom Dr

Location of event:

1 ROW INTERCOM DR

Intercom DR

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

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County **Property**

Alcohol within Lee County **Facilities**

Film, Video & Photography

"Dream in Full Color" - 75th Anniversary Porsche Event

TMP2023-00925



Event Application

Check the appropriate box(es) below:

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

| Title of Event / Name of Production | "Dream in Full Color" - 75th Anniversary P | orsche Event | | |
|--|---|--------------|--|--|
| Date(s) of Event / Production: | 06/10/2023 | | | |
| Location(s) of Event: | Porsche Fort Myers - Employee Parking | | | |
| Name of Applicant: | Mitchell Sherwood - TT of Daniels | | | |
| Applicant Address: | 10064 Daniels Interstate Ct, Fort Myers, FL 33913 | | | |
| Applicant Phone Number: | 239-225-7601 | | | |
| Contact Person: (If different from applicant) | Kyara Hernandez | | | |
| Contact Phone Number: (If different from applicant) | 239-225-7601 | | | |
| Email Address: | khernandez@porschefortmyers.com | | | |
| Estimated Attendance: | 300 guests | | | |
| Event Description: Include each activity, when activities take place, etc. | activity, when - Tent 20 x40 tent with chairs and tables *Parking lot will hold 70-75 | | | |
| Hours of Operation: | 9AM-3PM | | | |
| STRAP # of Parcel: | 22-45-25-15-00012.0000 | | | |
| Owner of Premises*: | TT of Daniels | | | |

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



| What is the Zoning Classification of the premises? Commercial | | | | | | |
|---|--|--|--|------------------------|---|--|
| Are any temporary structures to be installed for the event? Yes X No Type: | | | | | | |
| Do you have the app | propriate permits | for the temporary str | uctures? N/A | Yes | No | |
| identified, including | * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas. Starr Specialty Insurance Company Insurance Company Insuring the Event: Starr Indemnity & Liability Company National Fire & Marine Insurance Company | | | | | |
| | | | lity Company | National Fire & M | larine Insurance Company | |
| | | tted at time of application (Name and Address): | Hays Compar 1000 S. Pine Plantation, FL | Island Road #225 | | |
| Will Vehicles be Us Eve | | s Will Food be Ava | ilable at this Event | | holic Beverages be sumed at this Event? | |
| X Yes | ☐ No | X Yes | ☐ No | ☐ Ye | S ∏ No | |
| If yes, automobile included on the certi | | | ility coverage must be rtificate of insurance. | | iability coverage must be se certificate of insurance. | |
| Name & Address of Providing Food: | Organization | Chef Global Kitchen 930 39TH ST SW NAPLES, FL 34117 Let's BeeFrank, LLC. 1571 Windamere Ln Naples FL 34119 Both Food | | d Truck Vendors | | |
| Type of Food being | Served: Fing | er Foods | | | | |
| Section II - USE OF COUNTY PROPERTY PERMIT Organization Sponsoring the Event: Porsche Fort Myers - TT of Daniels | | | | | | |
| Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT | | | | | | |
| Is alcohol being sold | | | | Yes | X No | |
| If Yes, then a "Lee County A | lcohol Permit" is requi | ed. Only non-profit organization | ons can sell alcohol on Cou | unty Property. | | |
| Non-profit certificat (Required if alcohol is to be | | ımber: | N/A | | | |
| Please note: A permit fro | om the State of Flori | da Division of Alcoholic Bev | erages and Tobacco ma | y also be required; pl | ease call (239) 344-0885 for | |



| Type of Production (choose all that apply): | | | | | |
|---|--------------------------------|-----------|------------------|-----------------|--------------------|
| TV Movie or Special TV Se | ries / Pilot | Г | TV Commercial | Still Ph | notos |
| Public Service Announcement Industr | rial / Documentary | ΙX | Other: Coorper | ate Event | |
| Will any of the following be needed or include | d*? | | | | |
| Street Closure | | | X Yes ┌ | No | |
| Traffic / Crowd Control | | | ▼ Yes □ | No · | |
| Fire or Burning | | | ☐ Yes 💢 | No | |
| Explosives or Pyrotechnics | | | ☐ Yes 💢 | No | |
| Animals, Large or Small | * | | ☐ Yes 💢 | No | |
| Construction of Any Kind | | | ☐ Yes 💢 | No | |
| Large and/or Numerous Vehicle | s | | X Yes | No | |
| Helicopters, Boats, etc. | | | ☐ Yes 💢 | No | |
| Stunts | | | ☐ Yes 💢 | No | |
| Other | | | ☐ Yes 💢 | No | |
| Special Parking Requirements: Parking at an angle on Intercom Drive Porsche Fort Myers | Temporary ve; temorary road | d closu | ire, in front of | our busines | SS |
| City or County Services Required: (Personne | el, equipment, facilit | ies, etc |) | | |
| Personnel-Somone assiting with the | | | | | |
| The following information is required for loc the industry. If exact figures are not available | | | | a to track the | economic impact of |
| Number in Cast: N/A | Number in Crew: N | /A | Number o | f locals hired: | N/A |
| Total budget: N/A | Estimate amount sp | ent in Le | e County: N/A | | |
| Hotel room nights: N/A | Number of shooting | days: | N/A | | |



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 his/her knowledge. | and all information is accurate to the best of |
|---|--|
| | |
| Signature of Applicant | Witness |
| MITCHEL SHERWOOD, OWNER GM | Kyara Hernandez |
| Print Name of Applicant and Title | Print Name of Witness |
| 5-26-23 | 5.26.23 |
| Date | Date |

Red- 20 x40 tent w tololes & chairs; our Porsche Fort Myers tent 10 x10 White - where we would like vehicles to pourk 10x8 Step & Repeat With Red courpet Fase truck Circen-Food Vendors two

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

5/25/2023

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). NAME: William E. Allen Hays Companies (AIC, No. Ext: 954-475-3600 (A/C, No): 954-475-2120 1000 S. Pine Island Road #225 ADDRESS: dealers@hayscompanies.com Plantation, FL 33324 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Starr Indemnity & Liability Company 38318 INSURER B: National Fire & Marine Insurance Company 20079 INSURED 16109 INSURER C: Starr Specialty Insurance Company TT of Daniels, Inc. INSURER D: Porsche Fort Myers 10064 Daniels Interstate Court INSURER E: INSURER F: Fort Myers, FL 33913 **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 INSR LTR POLICY EFF POLICY EXP SUER TYPE OF INSURANCE ADOL **POLICY NUMBER** LIMITS MM/DD/YYYY) (MM/DD/YYYY) \$ 2,000,000 **GENERAL LIABILITY** DAMAGE TO RENTED \$ 300,000 COMMERCIAL GENERAL LIABILITY Х PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 10,000 MED EXP (Any one person) \$ 1,000,000 1000692458231 4/01/2023 4/01/2024 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS -- COMP/OP AGG X POUCY GARAGE OPERATIONS \$ 2,000,000 **AUTOMOBILE LIABILITY** Α (Ea accident) \$ 2,000,000 AUTO ONLY X | ANY AUTO ALL OWNED SCHEDULED 4/01/2024 OTHER THAN AUTO ONLY 4/01/2023 1000692458231 \$ 4,000,000 AGGREGATE PROPERTY DAMAGE AUTOS AUTOS NON-OWNED HIRED AUTOS AUTOS (Per accident UMBRELLA EACH OCCURANCE 10,000,000 Х OCCUR LIAB 10,000,000 AGGREGATE **EXCESS LIAB** CLAIMS-MADE 42-UMO-320644-02 4/01/2023 4/01/2024 В PRODUCTS COMPLETED / OPERATIONS AGGREGATE 10,000,000 DED X RETENTION \$ 25,000 WORKERS COMPENSATION PER STATUE AND EMPLOYERS' LIABILITY
ANY ROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? N/A 100 0003578 1,000,000 Υ E.L. EACH ACCIDENT 100 0003579 4/01/2023 4/01/2024 C 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE 100 0004572 if yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT \$2,500,000 COMPREHENSIVE PER OCC COLLISION PER OCC **GARAGEKEEPERS DIRECT PRIMARY** 4/01/2023 4/01/2024 1000692458231 \$2,500,000 SYMBOL 30 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is included as Additional Insured as respects to Liability Event: June 10, 2023 Policy provides \$10,000 in PIP *10 days' notice of cancellation for non-payment of premium CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners AUTHORIZED REPRESENTATIVE P.O. Box 398 Fort Myers, Florida 33902 Jan elm



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

| Check the annronri | igte hov(es) helow | | | | | | |
|---|---|--|--|--|--|--|--|
| | Check the appropriate box(es) below: | | | | | | |
| SPECIAL EVENT PERMIT | | | | | | | |
| ŕ | DUNTY PROPERTY PERMIT | | | | | | |
| | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | |
| FILM PERN | <i>n</i> ii | | | | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. | | | | | | |
| Parking: | All parking must be in authorized areas only. All parking will be handled by event staff. | | | | | | |
| Deputies (How Many?): | Two (2) extra duty detail deputies will be required for additional traffic control at each end of the requested road closure. Deputies will be present as an added layer of protection for the closure. It is understood that the actual closure will be set up by the event coordinator through the use of traffic cones. | | | | | | |
| Fee for Services: | Contact LCSO Details Unit for further information. | | | | | | |
| Special Arrangements: | Event coordinator will be responsible for securing/placing a message board in the area of JetPort Commerce Pkwy & Intercom Dr to give motoring public advance warning of road closure on Intercom Dr. Event coordinator should make every effort to notify the surrounding businesses of the event & road closure as well. Event staff will be responsible for determining entry to the event as well as handling the vehicle parking & displays within the event area. LCSO extra duty detail deputies will be present to keep any other vehicle traffic from breaching the road closure & for assisting with getting vehicles turned diverted. Event coordinator will set up the closure areas utilizing traffic cones & signage. | | | | | | |
| | Print Name: Cummins Signature: | | | | | | |
| | | | | | | | |

Commander 6.2.23

Title:

Date:



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: |
|----------------------------|--------------------------|---|
| | ENT PERMIT | |
| USE OF CO | UNTY PROPERTY | PERMIT |
| FILM PERM | / IIT | |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | N/A | |
| Fee for Services: | N/A | |
| Flammable Vegetation: | No running vehicles | s near vegetation |
| First Aid Equipment: | Call 911 if needed | |
| Fire Extinguishing: | Food trucks must be | e NFPA 96 compliant. |
| Special Arrangements: | Food trucks must be Insp | 10' clearance in all directions at all times and cannot be blocked by vehicles at ANY TIME. Dected NO LATER than 3pm on Friday June 9th. The food trucks must have 10' clearance in all directions le tow vehicles, small tents, passenger cars, etc. Any truck not on site by 3pm cannot participate in the |
| | event. | 9-464-1635 to schedule inspection on Friday June 9th on location. |
| | Print Name: | Nate Burley |
| | Signature: | Nate Burley Digitally signed by Nate Burley Date: 2023.05.30 09:34:09 -04'00' |
| | Title: | Division Chief - Fire & Life Safety |
| | Date: | May 30, 2023 |



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

Check the appropriate box(es) below:

| X | SP | EC | IAL | EV | 'EN | T PI | ERN | 1IT |
|---|----|----|-----|----|-----|------|-----|-----|
|---|----|----|-----|----|-----|------|-----|-----|

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 REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

| Treatment Facilities: | None necessary. | | | | |
|----------------------------------|---|--|----------------------|--|--|
| Medical Personnel: | None necessary. | | | | |
| Medical Supplies / Equipment: | None necessary. | | | | |
| Safety Requirements: | Emergency Vehicle access must remain open at all times. 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: | Please call 911 in t office at EMSDetail | he event of an emergency. To arrange special event co l@leegov.com. | overage, contact our | | |
| | Print Name: | Douglas B. Higgins | | | |
| | Signature: | Digitally signed by Douglas B. Higgins 'Date: 2023.06.07 08:56:11 -04'00 | | | |
| | Title: | Captain, EMS Operations | | | |
| | Date: | June 7, 2023 | | | |



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

| Check the appropri | ate box(es) be | low: | | | |
|---|--|---|---|--|--|
| | | | | | |
| ∪SE OF CO | UNTY PROPERTY | PERMIT | | | |
| F PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEV | ERAGES WITHIN LEE COUNT | Y FACILITIES | |
| FILM PERN | 1T | | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APP | | | OW WHAT ARRANGEMENT | S YOUR ORGANIZATION | |
| Parking: | Emergency vehicle Lee County mainta | | ic vehicular access shall be maint | ained on all surrounding | |
| Ingress and Egress: | Use all established | l means of ingress and eg | ress. | | |
| Special Arrangements: | to east of Daniels I of 9:00am and 3:00 of the road shall be | nterstate Court along the) pm. Emergency vehicle e maintained. The road sh | for any road closure of Intercom Porsche property frontage only, access and access to impacted dri tall be re-opened as soon as pract kisting roadside fire hydrant shall | and only between the hours iveways on the south side ticable under the direction | |
| | Print Name: | Bryan Miller | | - | |
| | Signature: | Bryan Miller | Digitally signed by Bryan Miller Date: 2023.06.01 09:53:44 - 04'00' | | |
| | Title: | Senior Project Manager | | - | |
| | Date: June 1, 2023 | | | | |
| | | - | | - | |



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS, FLORIDA 33916 (239) 533-7275

| Check the appropriate box(es) below: X 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 REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT. | | | | | |
|--|-------------|--|--|--|--|
| Illumination: | N/A | | | | |
| Parking Areas: | N/A | | | | |
| Special Arrangements: | | not on Parks and Recreation Department property and will not affect ment operations. | | | |
| | Print Name: | Alise Flanjack | | | |
| | Signature: | Alise Flanjack | | | |
| | Title: | Deputy Director | | | |
| | Date: | 5/31/2023 | | | |



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

| Check the appropria | te box(es) below: | | | | | | |
|--|---|--|--|--|--|--|--|
| | | | | | | | |
| USE OF COUNTY PROPERTY PERMIT PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | | |
| | | | | | | | |
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT. | | | | | | |
| Insurance Requirements: | 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. | | | | | | |
| | Certificate Must Read As: | | | | | | |
| | Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are 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. | | | | | | |
| Special Arrangements: | 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 additional insured as listed above. | | | | | | |
| | Subject to proof of insurance. | | | | | | |
| | | | | | | | |
| | Print Name: Mike Figueroa | | | | | | |
| | Signature: Ax 1.: | | | | | | |

Risk Program Manager

May 26, 2023

Title:

Date:

ACORD'

CERTIFICATE OF LIABILITY INSURANCE

5/25/2023

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(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). NAME: William E. Alien PRONE Hays Companies (A/C. No. Ext: 954-475-3600 (AIC, No): 954-475-2120 1000 S. Pine Island Road #225 ADDRESS: dealers@hayscompanies.com Plantation, FL 33324 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: 38318 Starr Indemnity & Liability Company INSURED INSURER B: National Fire & Marine Insurance Company 20079 INSURER C: Starr Specialty Insurance Company TT of Daniels, Inc. 16109 INSURER D: Porsche Fort Myers 10064 Daniels Interstate Court INSURER E Fort Myers, FL 33913 INSURER F: COVERAGES **CERTIFICATE NUMBER:** REVISION NUMBER: 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. POLICY EFF POLICY EXP TYPE OF INSURANCE ADOL NSU **POLICY NUMBER** LIMITS GENERAL LIABILITY \$ 2,000,000 EACH OCCURENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY \$ 300,000 PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 10,000 MED EXP (Any one person) 1000692458231 4/01/2023 4/01/2024 \$ 1,000,000 PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATI \$ 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS -- COMP/OP AGG X POUCY GARAGE OPERATIONS AUTOMOBILE LIABILITY \$ 2,000,000 Х ANY AUTO **AUTO ONLY** \$ 2,000,000 ALL OWNED AUTOS HIRED SCHEDULED AUTOS OTHER THAN AUTO ONLY 1000692458231 4/01/2023 4/01/2024 \$ 4,000,000 AGGREGATE PROPERTY DAMAGE NON-OWNED AUTOS (Per accident) UMBRELLA х OCCUR EACH OCCURANCE 10,000,000 LIAB В **EXCESS LIAB** CLAUUS-MADE 42-UMO-320644-02 4/01/2023 4/01/2024 AGGREGATE 10,000,000 PRODUCTS COMPLETED / DED X RETENTION \$ 25,000 10,000,000 **OPERATIONS AGGREGATE** WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANY ROPRIETORIPARTHER/EXECUTIVE
OFFICER/MENSER EXCLUDED? X PER STATUE NIA 100 0003578 Υ 1,000,000 E.L. EACH ACCIDENT C 100 0003579 4/01/2023 4/01/2024 (Mandatory in RH) 1,000,000 100 0004572 E.L. DISEASE -- EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT GARAGEKEEPERS DIRECT PRIMARY \$2,500,000 COMPREHENSIVE PER OCC COLLISION PER OCC 1000692458231 4/01/2023 4/01/2024 \$2,500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Holder is included as Additional Insured as respects to Liability Event: June 10, 2023 Policy provides \$10,000 in PIP *10 days' notice of cancellation for non-payment of premium **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE-DESCRIBED POLICIES BE CANCELLED BEFORE OK 05/26/2023 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Lee County Board of County Commissioners AUTHORIZED REPRESENTATIVE P.O. Box 398 Fort Myers, Florida 33902 How close

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