

EVENT PERMIT



Ordinance 17-08

Christmas Eve Service at Bowditch Beach

PERMIT NUMBER:

TMP2023-01279

Date(s) of Event:

December 24, 2023 from 5:00PM until 6:00PM

Property Owner:

LEE COUNTY

Applicant:

Jim Lee

812-449-0153

Description:

Traditional Christmas Eve service happening on December 24, 2023 from 5:00PM until

5:45PM. The event will vacate no later than 6:00PM.

Location of event:

50 - 58 ESTERO BLVD, FORT MYERS BEACH, FL 33931

Bowditch Point 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

Christmas Eve Service at Bowditch Brach



Event Application

Check the appropriate <i>k</i>	box(es)	bel	ow:
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SPECIAL EVENT PERMIT
SE OF COUNTY PROPERTY PERMIT
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)				
Title of Event / Name of Production	Christmas Eve Service at Bowditch Beach			
Date(s) of Event / Production:	12/24/2023			
Location(s) of Event:	Bowditch Beach Park @50 Estero Blvd.			
Name of Applicant:	Jim Lee			
Applicant Address:	9065 Ligon Court Ft. Myers, FL 33908			
Applicant Phone Number:	812-449-0153			
Contact Person: (If different from applicant)				
Contact Phone Number: (If different from applicant)				
Email Address:	Jimlee0430@outlook.com			
Estimated Attendance:	250			
Event Description: Include each activity, when activities take place, etc.	Traditional Christmas Eve service from 5:00 p.m. until 5:45 p.m. on 12/24/23. We will vacate the park no later than 6:00 p.m.			
Hours of Operation:	5:00 -5:45 p.m.			
STRAP # of Parcel:	244623W10080D0400			
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 premises? N/A						
Are any temporary structures to be inst	alled for the event? Yes X No	Туре:				
Do you have the appropriate permits fo	r the temporary structures?	Yes X No				
identified, including all parking areas.						
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	☐ Yes	☐ Yes ☐ No				
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.				
Name & Address of Organization Providing Food: Type of Food being Served:						
Section II - USE OF COUNTY PR	ROPERTY PERMIT					
Organization Sponsoring the Event: Westminster Presbyterian Church						
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT						
Is alcohol being sold/consumed on Cou		Yes No				
	Only non-profit organizations can sell alcohol on County	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 further details	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for				

	DESCRIPTIONS (Contin	nued from Page 1)	
A) Directors & Officers: \$2,500 Ret	ention		



pe of Produc	ction (choose all that	apply):							
TV Movie o	or Special	TV Se	ries / Pilot		TV Comme	rcial	☐ Still Pho	otos	
Public Serv	vice Announcement	☐ Indust	rial / Documentary		Other:				
ill any of the	following be neede	d or include	d*?						
	Street Closure				☐ Yes		No		
	Traffic / Crowd Cont	:rol			☐ Yes		No		
	Fire or Burning				☐ Yes		No		
	Explosives or Pyrote	chnics			☐ Yes		No		
	Animals, Large or Sr	nall			☐ Yes	П	No		
	Construction of Any	Kind			☐ Yes		No		
	Large and/or Nume	rous Vehicle	S		☐ Yes		No		
	Helicopters, Boats, 6	etc.			☐ Yes		No		
	Stunts				☐ Yes		No		
	Other				☐ Yes	Г	No		
Superial David	D								
Special Parki	ing Requirements:								

Citv or Coun	nty Services Required	d: (Personne	l. equipment, facili	ties. et	cc.)				
[.,,								
	ng information is req r. If exact figures are						a to track the ϵ	economic in	npa
ille illuusti y	. Il exact ligures are	not availabl	e, piease estimate	as cios	ely as possib	ie.			
Number in Ca	ast:		Number in Crew:		Nun	nber of	locals hired:		
Total budget	:	-	Estimate amount sp	pent in	Lee County:		_		
Hotel room n	nights:		Number of shooting	g davs:	_				
	number of rooms x	number of night			_				



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	Kathy Loonis Witness
Jim Lee, Elder	Kathy Loomis
Print Name of Applicant and Title	Print Name of Witness
8/31/2023	8/31/23
Date	Date



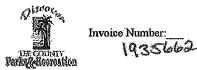
REQUEST FOR FEE WAIVER

LEE COUNTY PARKS AND RECREATION

3410 Palm Beach Boulevard Fort Myers, FL 33916 Phone (239) 533-7275 Fax (239) 485-2303

This form must be completed and returned with a copy of the Agency's 501-C Non-Profit Status Certificate 10 days in advance of the date requested.

Date	e Form Completed: August 31, 2023
Name of Agency or Organization: Westminster Presbyterian Chu	rch
Contact Person: Jim Lee Phone #: 8	312-449-0153
Address: 9065 Ligon Court, Ft. Myers, FL 33908	
Requested Facility & Location within that Facility:Bo	owditch Point Park
Date of Activity:December 24, 2023 Time of Activity:4:0	0 - 6:00 p.m.
Type of Activity: <u>Christmas Eve Service</u> Expected N	lumber of Participants:350
Fees you are Requesting to have Waived: \$250.00	
Reason applying for Fee Waiver (list benefits to Lee County if feopen to the public. Many of the participants walk from the local	
For Office Use Only	
Manager/Supervisor: Approved Denied 50	
Justification: Community Event	
Justification: Community Event Signature: Karry Loonis	Date: 8/3//23
Director of Parks and Recreation: Approved	
Justification:	
Signature:	Date: 3/31/23



Lee County Parks and Recreation

3410 Palm Beach Blvd. Fort Myers, FL. 33916 Phone: 239-533-7275

This permit entitles holder to exclusive use of the following facilities during the hour and date shown below. This permit also serves as a bill. All reservations must be paid for in advance. A non-refundable \$10 cancellation fee will be applied to facility rental transfers or cancellations received at least 72 hours prior to the facility rental date. Any cancellation made less than 72 hours prior to the facility rental date will not be entitled to any refund. Exceptions to this policy will be made at the discretion of the Parks and Recreation administration staff based on circumstances surrounding the cancellation.

Date issued: 8/18/2022 /9/20/2023

Name: Westminster Presbyterian Church	Type of Activity: Chris	Type of Activity: Christmas Eve Service		
Address: 9065 Ligon Court	Organization/Team: Jin	nLee		
City/State/Zip: Ft. Myers, FL 33908	Phone Number: 812-44	9-0153		
		Times		
Date: Friday, December 24, 2023	From: 4:00 p.m.	To: 6:00 p.m.		
Date:	From:	To:		
Name of Facility: Bowditch Point Park	Bldg. / Field #: Lower I	Patio		
Other Comments: Free Parking during the even	t. Kathy will notify the Ranger	rs not to ticket		
Hours:	Rate:	Total Fee: \$250.00		
Approved by: *** **** **************************	Title: Manager	Date: 08/31/2023		

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY PARKS AND RECREATION PROGRAMS/ACTIVITIES PLEASE READ THIS FORM CAREFULLY and be aware that in signing up and participating in Lee County Parks and Recreation program/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward inight sustein as a result of participating in any and all activities connected with and associated with Lee County Park programs/activities (including transportation services/vehicle operation, when provided). I recognize and schoowledge that there may be certain risks involved in participating in park programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accuse to me or my child/ward) as a result of participating in such programs/activity against the County, including their respective offices, employees, and volunteers (incremafter collectively referred as "Parties"). I do hereby fully release and forever dischaing the Parties from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accuse to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I indemnify and hold harmless Lee County, any of its employees and/or agents from any and all claims from my use of county proporty or participation in any county programs. I will further indemnify and "hold harmless" the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my child's/children's use of county property and/or participation in county programs to the extent of the County's liability under general law.

This is to cortify that I, as parent/guardien with legal responsibility for this participant, do consent and agree to his/her release as provided above and, for myself, my heirs, assigns, and my minor child(ren)'s involvement or participation in the program as provided above.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, your forsimile signature shall be substitute for and have the same legal effect as an original form signature.

PÁRTICIPANT'S SIGNATURE

PRINT NAME OF PARTICIPANT

DATE

ALCOHOLIC BEVERAGES ARE NOT ALLOWED IN PARKS OR FACILITIES

FACILITY SALES RECEIPT

Receipt#

Payment Date: Household: Wk Ph:

1935662 09/20/2023 150903

(239)481-2125



. WESTMINSTER PRESBYTERIAN CHURCH 9065 LIGON COURT FORT MYERS FL 33908

Terry Park 3410 Palm Beach Blvd Fort Myers FL 33916 Phone: (239)533-7275 Visit us on the Web at: www.leeparks.org

Reservation Details: Bowditch Point Park, Bowditch Park

Reserv. Contact:

. Westminster Presbyterian Church

Phone Number:

(239)481-2125

Reserv. Number:

61653

Status:

Firm

<u>Date(s) And Times</u> Sun 12/24/2023 4:00P to 6:00P	<u>New Fees</u> 250.00	Total Fees 250.00	New Paid 250.00	<u>Total Paid</u> <u>An</u> 250.00	nount Due 0.00
Processed on 09/20/23 @ 9:12am by ACM	Total New Fees Discount Applied Total New Taxes		Total Due		250.00 0.00 0.00 250.00
	Total Fees Paid Total Taxes Paid		Total Paid		250.00 0.00 250.00

Household Balance Information

Overall Household Credit Balance Available Overall Household Balance Due

0.00

0.00

Payment of: 250.00 Made By: Check With Reference: Check #11816

Tax ID # (59-6000-702) Note: Cancellation requests are not accepted online, you must call.

Please use our Program Evaluation survey to rate any classes you have taken: http://www.surveymonkey.com/s/Program-evaluation



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

Check the appropriate box(es) below:

☐ SPECIAL EV	ENT PERMIT .
□ USE OF CO	UNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
7	
Parking:	Parking in authorized areas only. Event should not impede the flow of traffic in any way.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	All participants must use established walkways, pathways and crosswalks to get to the event. Any amplified sounds must adhere to the Town of Ft Myers Beach Noise Ordinance.
	Print Name: Y. Commins
	Signature:
	Title:
	COMMAR(6G)
	Date: 9 · 7 · 33



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	ENT PERMIT		
□ USE OF CO	UNTY PROPERTY	PERMIT	
FILM PERM	1IT		
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOU Y WITH FOR THEIR EVENT.	R ORGANIZATION
Fire Guards (How Many?)	N/A		
Fee for Services:	N/A - Signature	e Only	
Flammable Vegetation:	None Permitted	d	
First Aid Equipment:	N/A		
Fire Extinguishing:	N/A		
Special Arrangements:	No tents, gener	rators, etc permitted.	
	Print Name:	<u> </u>	
	Signature:	Jennifer Campbell	
	Title:	Fire Official	
	Date:	09/12/2023	



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

Check the appropri	ate box(es) belo	w:			
SPECIAL EV	ENT PERMIT				
☑ USE OF CO	OUNTY PROPERTY P	ERMIT			
FILM PERM	ИІТ				
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT.			
Treatment Facilities:	See Special Arrangements below.				
Medical Personnel:	See Special Arrangements below.				
Medical Supplies / Equipment:	See Special Arrange	ments below.			
Safety Requirements:	See Special Arranger	ments below.			
Fee for Services	See Special Arranger	nents below.			
Special Arrangements:		lyers Beach Fire District for specifying EMS coverage for this event, as it falls within ct. Their department can be contacted at (239) 590-4200.			
	Print Name:	Douglas B. Higgins			
	Signature:	Douglas B. Higgins Observational Happins on the County Engineery Uniformly December of County En			
	_	Douglas B. Higgins Operation, treat-distinguishingsystem certif			
	Title:	Captain, EMS Operations			
	Date:	September 18, 2023			



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 BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	/IIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking	on Lee County maintained road rights-of-way.
Ingress and Egress:	Use all established	means of ingress and egress.
C		
Special Arrangements:	N/A as of 09/05/20	23
	*	
	trace of the state	
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.09.05 07:39:06 -04'00'
	Title:	Project Manager
	Date:	09/05/2023



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

ate box(es) be	low:
ENT PERMIT	
UNTY PROPERTY	PERMIT
SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
1IT	
	PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
No illumination be Park is open from 7	fore 7 am. Lighting will not be required or permitted. 7 am to dusk.
Use designated pa	rking area.
Rental fee of \$250.	00 is required
Print Name: Signature: Title: Date:	Kathy Loomis Xathy Joomis Parks & Recreation Deputy Director 8/31/23
	VENT PERMIT OUNTY PROPERTY SELL AND CONS OUT APPLICATION, F LICANT TO COMI No illumination be Park is open from 7 Use designated pa Rental fee of \$250. Print Name: Signature: Title:



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

Check the appropriat	te box(es) bel	low:					
SPECIAL EVE	SPECIAL EVENT PERMIT						
⋉ USE OF COU	I⊠ USE OF COUNTY PROPERTY PERMIT						
PERMIT TO S	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES						
FILM PERMIT	Γ						
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION				
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 I	Read As:					
Lee County, a political subdivision and Charter County of the State of Florida, its agents, employ and public officials are automatic additional insureds and includes an automatic waiver of subrowith regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.							
Special Arrangements:	political subdivis the certificate ho	nsurance shall be submitted as evidence of the required covion and Charter County of the State of Florida, P.O. Box 398 older and as an additional insured as listed above.					
	Subject to proof	of insurance.					
	Print Name:	Mike Figueroa					
	Signature:	Mike from-					
	Title:	Risk Program Manager					
	Date:	December 13, 2023					

Client#: 77695 WESPR1

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/12/2023

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 any rights to the certificate holder in liqu of such endors

this certificate does not come any rights to the certificate florder in fled of such endorsement(s).						
PRODUCER Acrisure dba Gulfshore Ins SWF 4100 Goodlette Road N		CONTACT Emma Blanco				
		PHONE (A/C, No, Ext): 239 261-3646 FAX (A/C, No): 239 659-8873				
		E-MAIL ADDRESS: EBlanco@gulfshoreinsurance.com				
Naples, FL 34103		INSURER(S) AFFORDING COVERAGE	NAIC#			
239 261-3646		INSURER A: National Union Fire Insurance Co PA				
INSURED NA - 4	-but-ul-u Obsessle of Foot	INSURER B:				
Westminster Presbyteri	an Church of Fort	INSURER C:				
Myers, Inc. 12140 Carissa Commerc	as Count Sta 402	INSURER D:				
	ce Court Ste 102	INSURER E:				
Fort Myers, FL 33966		INSURER F:				
COVEDACES	EDTIEICATE MIIMDED.	DEVICION NUM	DED.			

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

INSR LTR	NSR TYPE OF INSURANCE		ADDL	SUBR	DOLLOV NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	e
	v	COMMERCIAL GENERAL LIABILITY	INSR	WVD	POLICY NUMBER				
Α	Х				GRNURP002841003	12/15/2023	12/15/2024		\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
								MED EXP (Any one person)	\$15,000
								PERSONAL & ADV INJURY	\$1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$3,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$3,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO						BODILY INJURY (Per person)	\$
		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION\$							\$
		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		OPRIETOR/PARTNER/EXECUTIVE N/A R/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	s, 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) 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 OK 12/13/2023 noncontributory basis with regards to general liability.

CERTIFICATE HOLDER

Lee County, a Political **Subdivision & Charter County** of the State of Florida PO Box 398 Fort Myers, FL 33902

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

CANCELLATION

Ayan Johnned

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To see all the details that are visible on the screen, use the "Print" link next to the map.



