

# **EVENT PERMIT**



Ordinance 17-08

# The Big Run 5K sponsored by Fleet Feet Fort Myers

**PERMIT NUMBER:** 

TMP2024-00153

Date(s) of Event:

June 5, 2024

Property Owner:

LEE COUNTY

Applicant:

Brian Urichko

321-696-5055

Description:

Run/Walk 5K to celebrate Global Running Day.

June 5, 2024 from 4:30PM until 7:30PM.

Location of event:

7330 GLADIOLUS DR, FORT MYERS, FL 33908

Lakes Park

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

#### Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date

ftmpprmt\_specialevent.rpt



# **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

THE BIG 5K SPONSOLED BY FLEET FEET FORT MYERS Tmf 2024-60153



# **Event Application**

| Check | the appropriate box(es) below:   |
|-------|--|
|       | SPECIAL EVENT PERMIT   |
|       | IN INC.   IN |
|       | PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
|       | FILM PERMIT  |

| Section I - GENERAL INFORMATION (All Permit Types)                         |   |  |  |  |  |
|--|---|--|--|--|--|
| Title of Event / Name of Production  | The Big Run 5K sponsored by Fleet Feet Fort Myers         |  |  |  |  |
| Date(s) of Event /<br>Production:  | June 5, 2024  |  |  |  |  |
| Location(s) of Event:  | Lakes Park  |  |  |  |  |
| Name of Applicant:   | Brian Urichko and Fleet Feet Fort Myers                   |  |  |  |  |
| Applicant Address:   | 13499 S. Cleveland Ave, Suite 209<br>Fort Myers, FL 33907 |  |  |  |  |
| Applicant Phone Number:  | 321-696-5055  |  |  |  |  |
| Contact Person: (If different from applicant)                              |   |  |  |  |  |
| Contact Phone Number:<br>(If different from applicant)                     |   |  |  |  |  |
| Email Address:   | brian@fleetfeetfortmyers.com                              |  |  |  |  |
| Estimated Attendance:  | 250   |  |  |  |  |
| Event Description: Include each activity, when activities take place, etc. | Run/Walk 5K to celebrart Global Running Day               |  |  |  |  |
| Hours of Operation:  | 4:30pm - 7:30pm   |  |  |  |  |
| STRAP # of Parcel:   |   |  |  |  |  |
| Owner of Premises*:  |   |  |  |  |  |

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



# Fill out the following questions for allpermit types:

further details

| What is the Zoning C                                  | lassification of the       | premises?  |                               |                          |  |
|---|----------------------------|--|-------------------------------|--------------------------|--|
| Are any temporary st                                  | tructures to be insta      | alled for the event?                             | ▼ Yes                         | Type: Tent and Fin       | ish Line                                     |
| Do you have the app                                   | ropriate permits fo        | r the temporary struc                            | ctures?                       | ▼ Yes                    | No   |
| * For a 'Special Even indentified, including          |                            | ty Property' permit, s                           | submit a site plan wil        | th all proposed fac      | lities and activities                        |
| Insurance Company                                     | Insuring the Event:        | K&K with National Cas                            | sualty (AON)                  |                          |  |
| Note: Certificate of Insur                            | rance must be submitte     | d at time of application                         |                               |                          |  |
| Surety Company Bo                                     | nding this Event (Na       | ame and Address): K8<br>—                        | K with National Casua         | lty                      |  |
| Will Vehicles be Us<br>Ever                           |                            | Will Food be Availa                              | able at this Event?           |                          | c Beverages be<br>ned at this Event?         |
| ┌ Yes   | <b>▼</b> No                | Yes  | ▼ No                          | Yes                      | ▼ No   |
| If yes, automobile of included on the certi           | -                          | If yes, products liabili<br>included on the cert |                               |                          | ity coverage must be rtificate of insurance. |
| Name & Address of Providing Food:                     | Organization               |  |                               |                          |  |
| Type of Food being                                    | Served:                    |  |                               |                          |  |
| Section II - USI                                      | OF COUNTY P                | ROPERTY PERM                                     | IT                            |                          |  |
| Organization Spons                                    | oring the Event: Fle       | eet Feet Fort Myers                              |                               |                          |  |
|   |                            | r Solicitation in the C                          | ounty Rights-of-Wa            | y:                       |  |
| Name of Charity:                                      |                            |  |                               |                          |  |
| Address of Charity:                                   |                            |  |                               |                          |  |
| Phone Number:   |                            |  |                               |                          |  |
| Non-profit certifica                                  | te/registration nun        | nber:  |                               |                          |  |
| (Proof of registration with                           | the Dept. of Agriculture 8 | k Consumer Services §496.40                      | 05 or proof the organization  | is exempt from this requ | iirement. §316.2045)                         |
| Section III - SA                                      | LE/CONSUMPT                | TION OF ALCHOL                                   | IC BEVERAGES P                | PERMIT                   |  |
| Is alcohol being sold                                 |                            | unty Property?<br>I. Only non-profit organizatio | ons can sell alcohol on Count |                          | <b>⊼</b> No                                  |
| Non-profit certifica<br>(Required if alcohol is to be |                            | nber:  |                               |                          |  |
| Please nate: A permit f                               | rom the State of Florida   | a Division of Alcoholic Bev                      | erages and Tobacco may        | also be required; pleas  | se call (239) 344-0885 for                   |



# Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

|  | t apply):   |                 |  |      |        |                      |       |
|--|---|-----------------|--|------|--------|----------------------|-------|
| TV Movie or Special  | TV Series / Pilot   |                 | TV Commerc   | cial | Γ      | Still Photos         |       |
| Public Service Announcement  | Industrial / Documentary  | Γ               | Other:   |      |        |                      |       |
| ill any of the following be neede  | d or included*?   |                 |  |      |        |                      |       |
| Street Closure   |   |                 | ┌ Yes  | X    | No     |                      |       |
| Traffic / Crowd Con  | crol  |                 | Yes  | X    | No     |                      |       |
| Fire or Burning  |   |                 | ┌ Yes  | X    | No     |                      |       |
| Explosives or Pyrote   | echnics   |                 | Yes  | X    | No     |                      |       |
| Animals, Large or Sr   | nall  |                 | Yes  | X    | No     |                      |       |
| Construction of Any  | Kind  |                 | Yes  | X    | No     |                      |       |
| Large and/or Nume  | rous Vehicles   |                 | Yes  | X    | No     |                      |       |
| Helicopters, Boats,  | etc.  |                 | Yes  | X    | No     |                      |       |
| Stunts   |   |                 | Yes  | X    | No     |                      |       |
| Other  |   |                 | Yes  | X    | No     |                      |       |
|  |   |                 |  |      |        |                      |       |
| Special Parking Requirements:  |   |                 |  |      |        |                      |       |
| Special Parking Requirements:  |   |                 |  |      |        |                      |       |
|  | d: (Personnel, equipment, facil   | lities, e       | etc.)  |      |        |                      |       |
|  | ed: (Personnel, equipment, facil  | lities, e       | etc.)  |      |        |                      |       |
|  | d: (Personnel, equipment, facil   | lities, e       | etc.)  |      |        |                      |       |
| City or County Services Require  The following information is re-  | ed: (Personnel, equipment, facil<br>quired for local and state record<br>e not available, please estimate | ds on p         | roduction in I   |      | a to 1 | rack the economic in | npact |
| City or County Services Require  The following information is re-  | quired for local and state recorc   | ds on p         | roduction in l<br>sely as possib                       | le.  |        | rack the economic in | npact |
| City or County Services Require  The following information is rethe industry. If exact figures ar                  | quired for local and state record<br>e not available, please estimate                                     | ds on p         | roduction in I<br>sely as possib<br>Nun                | le.  |        |                      | npact |
| City or County Services Require  The following information is rethe industry. If exact figures ar  Number in Cast: | quired for local and state record<br>e not available, please estimate<br>Number in Crew:<br>-             | ds on pe as clo | roduction in I<br>sely as possib<br>Num<br>Lee County: | le.  |        |                      | npact |

#### **Applicant Agreement - Signature Required**



#### **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 permises 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.

#### **Applicant Agreement - Signature Required**



#### **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.

| Brian Urichko                     | Janene Urichko        |
|-----------------------------------|-----------------------|
| Signature of Applicant            | Witness               |
| Brian Urichko                     | Janene Urichko        |
| Print Name of Applicant and Title | Print Name of Witness |
| March 18, 2024                    | March 18, 2024        |
| 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

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

Check the appropriate box(es) below:

FILM PERMIT

USE OF COUNTY PROPERTY PERMIT

| WILL REQUIRE THE APPL | ICANT TO COMPLY WITH FOR THEIR EVENT.   |
|-----------------------|---|
| Parking:              | Parking in authorized areas only.   |
| Deputies (How Many?): | None are required for this event.   |
| Fee for Services:     | None  |
| Special Arrangements: | Race is to remain along the pathways and walkways within the confines of the park. Any amplified sounds must adhere the the Lee County Noise Ordinance. |
|                       | Print Name: Planning Signature:  Title: Commandes  Date: 3 19 34  |



#### 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) belo               | ow:   |  |                        |
|--|--------------------------------|---|--|------------------------|
| ☐ SPECIAL E\                                 | /ENT PERMIT                    |   |  |                        |
| ⋉ USE OF CC                                  | UNTY PROPERTY I                | PERMIT  |  |                        |
| FILM PERN                                    | ИIT                            |   |  |                        |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPL | APPLICATION, PLICANT TO COMPLY | EASE INDICATE BELC<br>WITH FOR THEIR EV       | W WHAT ARRANGEMENTS<br>ENT.  | YOUR ORGANIZATION      |
| Fire Guards (How                             | N/A                            |   |  |                        |
| Many?)                                       |                                |   |  |                        |
| Fee for Services:                            | N/A                            |   |  |                        |
|  |                                |   |  |                        |
| Flammable Vegetation:                        | N/A                            |   |  |                        |
|  |                                |   |  |                        |
| First Aid Equipment:                         | CALL 911 IF NEEDED             | )   |  |                        |
| , ,  |                                |   |  |                        |
|  | l                              |   |  |                        |
| Fire Extinguishing:                          | N/A                            |   |  |                        |
|  |                                |   |  |                        |
|  |                                |   |  |                        |
| Special Arrangements:                        |                                | FIRE DEPARTMENT ACCE<br>ARE NOT EASILY MOVED. | SSED IS BLOCKED BY ANY BARRIE  | ES OR OTHER OBSTRUSIVE |
|  |                                |   |  |                        |
|  |                                |   |  |                        |
|  | Print Name:                    | Nate Burley                                   |  | _                      |
|  | Signature:                     | Nate Burley                                   | Digitally signed by Nate Burley<br>Date: 2024.04.12 11:34:49 -04'00' |                        |
|  | Title:                         | Division Chief - Fire & Li                    | fe Safety  |                        |
|  | Date:                          | April 12, 2024                                |  | _                      |
|  |                                |   |  |                        |



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

| Check the appropria              | te box(es) below                            | <b>/:</b>                                      |  |                     |
|----------------------------------|---|--|--|---------------------|
| SPECIAL EV                       | ENT PERMIT                                  |  |  |                     |
| USE OF COU                       | JNTY PROPERTY PE                            | RMIT   |  |                     |
| PERMIT TO                        | SELL AND CONSUN                             | ME ALCOHOLIC BEVERAG                           | ES WITHIN LEE COUNTY FA  | CILITIES            |
| FILM PERM                        | IT  |  |  |                     |
|                                  |   | SE INDICATE BELOW WH.<br>ANT TO COMPLY WITH FO | AT ARRANGEMENTS YOUR<br>OR THEIR EVENT.  |                     |
| Treatment Facilities:            | None necessary.                             |  |  |                     |
| Medical Personnel:               | None necessary.                             |  |  |                     |
| Medical Supplies /<br>Equipment: | None necessary.                             |  |  |                     |
| Safety Requirements:             | Applicants shall foll<br>Orders concerning  |  | ctives, and the Florida Gover  | nor's Executive     |
| Fee for Services                 | Not applicable.                             |  |  |                     |
| Special Arrangements:            | Please call 911 in t<br>office at EMSDetail |  | To arrange special event co  | verage, contact our |
|                                  | Print Name:                                 | Douglas B. Higgins                             |  |                     |
|                                  | Signature:                                  | TAL Belip                                      | Digitally signed by Captain Douglas B.<br>Higgins<br>Date: 2024.04.06 13:54:49 -04'00' |                     |
|                                  | Title:                                      | Captain, EMS Operations                        |  |                     |
|                                  | Date:                                       | April 6, 2024                                  |  |                     |

Date:



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

| Check the appropri    | ate box(es) bei      | OW:   |
|-----------------------|----------------------|---|
| ☐ SPECIAL E\          | /ENT PERMIT          | ,   |
| ▼ USE OF CO           | UNTY PROPERTY        | PERMIT  |
| PERMIT TO             | SELL AND CONS        | JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERM             | ИΙΤ                  |   |
|                       |                      | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION<br>LY WITH FOR THEIR EVENT.  |
| Parking:              | No event parking is  | permitted in Lee County maintained road right of ways.  |
|                       |                      |   |
| ngress and Egress:    | Please use all estab | lished means of ingress and egress.   |
| Special Arrangements: |                      | ty Sheriff's Office for assistance with traffic control as needed.<br>access and public vehicular access shall be maintained on all surrounding Lee<br>roads. |
|                       | D N                  |   |
|                       | Print Name:          | Nathan Thoman   |
|                       | Signature:           | Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024.04.15 07:57:55 -04'00'   |
|                       | Title:               | Project Manager   |
|                       | Date:                | 06/05/24  |



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

| Check the appropri                           | ate box(es) belo  | ow:   |  |   |  |                         |            |                       |
|--|---|---|--|---|--|-------------------------|------------|-----------------------|
| P *1   | UNTY PROPERTY<br>SELL AND CONSU   |   | )LIC BEVEF   | RAGES WITH  | IIN LEE CO   | UNTY FAC                | ILITIES    |                       |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPI | APPLICATION, P  | LEASE INDICA<br>LY WITH FOR   | ATE BELO\<br>\ THEIR EV  | W WHAT AI<br>ENT.   | RRANGEM  | ENTS YOU                | R ORGAI    | NIZATION              |
| Illumination:                                | Event organizer mu  | ıst provide own   | ı lighting if r  | needed to safe  | ely run the e  | vent.                   |            |                       |
| Parking Areas:                               | Park Gates Open at<br>Parking is limited to<br>required to display  | o the designate   |  | reas inside La  | kes Park. All  | vehicles wit            | h the ever | nt are                |
| Special Arrangements:                        | Event organizer is r<br>and first aid station<br>directional signs (IE<br>Race course must be<br>Banners may be hu<br>All trash and event<br>No motorized carts<br>Park Gates open at | ns. No painting of<br>Et survey flags, vone cleaned and<br>Ing at your desi<br>I debris must be<br>Is or vehicles per | or temporar<br>wire frame s<br>cleared by 1<br>Ignated Pav<br>e cleaned up | y markings al<br>Igns and cone<br>I 0 am.<br>Ilions.<br>I and removed | lowed on the serming are permind to the series of the seri | e roads or pa<br>itted. | athways. R | stations<br>Removable |
|  | Print Name: Signature: Title: Date:   | Colleen Via  County Wide: 4/23/2024   | e Laca<br>Sevices Mar  | nager   |  |                         |            |                       |

Lakes PK-By Run 5x-Fleet Feet



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

| Check the appropriat   | te box(es) be                        | low:   |
|------------------------|--------------------------------------|--|
| SPECIAL EVE            | NT PERMIT                            |  |
| ⋉ USE OF COU           | NTY PROPERTY                         | PERMIT   |
| PERMIT TO S            | ELL AND CONS                         | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
| FILM PERMIT            | Γ                                    |  |
|                        |                                      | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.  |
| nsurance Requirements: | and public official with regard to g | olitical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogatior eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability." |
| Special Arrangements:  | 1                                    | older must read as follows:<br>olitical subdivision and Charter County of the State of Florida<br>da 33902   |
|                        | Print Name:                          |  |
|                        | Signature:                           | Volerii Mill   |
|                        | Title:                               | Risk Management Analyst  |
|                        | Date:                                | 4.24.24  |
|                        |                                      |  |



#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/23/2024

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), 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). PRODUCER CONTACT NAME:

| New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 | PHONE (A/C. No. Ext): (866) 283-7122   FAX (A/C. No.): (800) 363-010   E-MAIL ADDRESS: |                           |                    |       |  |
|---|--|---------------------------|--------------------|-------|--|
| New York NY 10006 USA   |  | INSURER(S) AFFORDING COVE | RAGE               | NAIC# |  |
| INSURED   | INSURER A:   | National Union Fire In    | s Co of Pittsburgh | 19445 |  |
| Fleet Feet Sports, LLC and its<br>Registered Members          | INSURER B:   | Granite State Insuranc    | e Company          | 23809 |  |
| P.Ö. Box 1269   | INSURER C:   |                           |                    |       |  |
| Carrboro NC 27510 USA   | INSURER D:   |                           |                    |       |  |
|   | INSURER E:   |                           |                    |       |  |
|   | INSURER F:   |                           |                    |       |  |
|   |  |                           |                    |       |  |

| COVERAGES CERTIFICATE NUMBER: | 570105165203 | 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,

|             | Limits shown are as requested |   |              |             |  |                            |                            |  |                   |
|-------------|-------------------------------|---|--------------|-------------|--|----------------------------|----------------------------|--|-------------------|
| INSR<br>LTR |                               | TYPE OF INSURANCE                                   | ADDL<br>INSD | SUBR<br>WVD |  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                       | S                 |
| В           | Х                             | COMMERCIAL GENERAL LIABILITY                        |              |             | 9RAIP0003450354700                       | 12/31/2023                 | 12/31/2024                 | EACH OCCURRENCE                              | \$1,000,000       |
|             |                               | CLAIMS-MADE X OCCUR                                 |              |             |  |                            |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$300,000         |
|             |                               |   |              |             |  |                            |                            | MED EXP (Any one person)                     | \$5,000           |
|             |                               |   |              |             |  |                            |                            | PERSONAL & ADV INJURY                        | \$1,000,000       |
|             | GEI                           | L'L AGGREGATE LIMIT APPLIES PER:                    |              |             |  |                            |                            | GENERAL AGGREGATE                            | \$3,000,000       |
|             | Х                             | POLICY PRO-<br>JECT LOC                             |              |             |  |                            |                            | PRODUCTS - COMP/OP AGG                       | \$1,000,000       |
|             |                               | OTHER:  |              |             |  |                            |                            |  |                   |
|             | AUT                           | OMOBILE LIABILITY                                   |              |             |  |                            |                            | COMBINED SINGLE LIMIT<br>(Ea accident)       |                   |
|             |                               | ANY AUTO  |              |             |  |                            |                            | BODILY INJURY ( Per person)                  |                   |
|             |                               | OWNED SCHEDULED AUTOS                               |              |             |  |                            |                            | BODILY INJURY (Per accident)                 |                   |
|             |                               | AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY    |              |             |  |                            |                            | PROPERTY DAMAGE<br>(Per accident)            |                   |
|             |                               | John John John John John John John John             |              |             |  |                            |                            |  |                   |
| Α           |                               | UMBRELLA LIAB X OCCUR                               |              |             | AIX0003450354800                         | 12/31/2023                 | 12/31/2024                 | EACH OCCURRENCE                              | \$5,000,000       |
|             | ×                             | EXCESS LIAB CLAIMS-MADE                             |              |             | Excess -GL                               |                            |                            | AGGREGATE                                    | \$5,000,000       |
|             |                               | DED RETENTION                                       |              |             |  |                            |                            |  |                   |
|             |                               | DRKERS COMPENSATION AND<br>PLOYERS' LIABILITY       |              |             |  |                            |                            | PER STATUTE OTH-                             |                   |
|             |                               | Y PROPRIETOR / PARTNER /                            |              |             |  |                            |                            | E.L. EACH ACCIDENT                           |                   |
|             | (Ma                           | ECUTIVE OFFICER/MEMBER andatory in NH)              | N/A          |             |  |                            |                            | E.L. DISEASE-EA EMPLOYEE                     |                   |
|             | If y                          | es, describe under<br>SCRIPTION OF OPERATIONS below |              |             |  |                            |                            | E.L. DISEASE-POLICY LIMIT                    |                   |
| Α           | Mi                            | scellaneous Liability Covera                        |              |             | AID0003450354900<br>Participant Accident | 12/31/2023                 | 12/31/2024                 | per insured/injuiry<br>Deductible            | \$25,000<br>\$250 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Title of Event: The Big Run 5K sponsored by Fleet Feet Fort Myers, Event Date: June 5, 2024, Event Location: Lakes Park, Event Description: Run/Walk 5K to celebrate Global Running Day. Lee County Board of County Commissioners is included a Additional Insured in accordance with the policy provisions of the General Liability policy. Participant Legal Liability is included in the General Liability Policy - \$1,000,000 Limit.

| CERT | IFICATE | HOL | _DER |
|------|---------|-----|------|

#### CANCELLATION

AUTHORIZED REPRESENTATIVE

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, a Political Subdivision Authorized Representative and Charter County of the State of Florida PO Box 398 Fort Myers FL 33902 USA

Aon Risk Services Northeast Inc