

#### **EVENT PERMIT**



Ordinance 17-08

#### Montovano-lannaccone Wedding

PERMIT NUMBER:

TMP2024-00199

Date(s) of Event:

May 17, 2025 from 4:00PM until 7:00PM

Property Owner:

LEE COUNTY

Applicant:

Margaret Montovano

9734029620

Description:

This request is being made for the Montovano-Iannaccone Wedding Ceremony. The ceremony will take place on Bayan Street from approximately 5:30-6:00pm. Set-up

including chairs and floral arrangements will begin at 4:00pm and will be promptly taken

down at the conclusion of the ceremony before 7:00pm.

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

Banyan Street, Boca Grande, Florida

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?

Nο

#### 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

Montovano-lannaccone Wedding

TMP2024-00199



#### **Event Application**

Check the appropriate box(es) below:

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

Section I - GENERAL INFORMATION (All Permit Types)						
Title of Event / Name of Production	Montovano-lannaccone Wedding					
Date(s) of Event / Production:	5/17/2025					
Location(s) of Event:  Banyan Street, Boca Grande, Florida						
Name of Applicant:	Margaret Montovano					
Applicant Address:	951 Fell Street Apartment 710 Baltimore, MD 21231					
Applicant Phone Number:	973-868-3180					
Contact Person: (If different from applicant)	MargauxArthur(NKEventPlanning)					
Contact Phone Number: (If different from applicant)	941-402-9620					
Email Address:	margaretmontovano@gmail.com					
Estimated Attendance:	170					
<b>Event Description:</b> Include each activity, when activities take place, etc.	This request is being made for the Montovano-Iannaccone Wedding Ceremony. The ceremony will take place on Banyan Street from approximately 5:30-6:00pm. Set-up including chairs and floral arrangements will begin at 4: 00pm and will be promptly taken down at the conclusion of the ceremony before 7:00pm.					
Hours of Operation:	4:00pm-7:00pm					
STRAP # of Parcel:	14-43-20-01-00005.0010					
Owner of Premises*:	Lee County					

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



What is the Zoning Classification of the	premises? DOT Right of Way					
Are any temporary structures to be insta	alled for the event? 🛛 Yes 📙 No	Type: Smallfloralarch				
Do you have the appropriate permits for	the temporary structures?	∑ Yes				
identified, including all parking areas.	y Property' permit, submit a site plan wit  Progressive Eventsuce はー Hi					
Note: Certificate of Insurance must be submitted	at time of application	dispersion of the second of th				
Surety Company Bonding this Event (Na	me and Address): N/A					
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       No	TYes 🔀 No	☐ 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 Name & Providing Food:	/A					
Type of Food being Served: N/A						
Section II - USE OF COUNTY PR	ROPERTY PERMIT					
Organization Sponsoring the Event: N	Ά					
Section III - SALE/CONSUMPT	ION OF ALCHOLIC BEVERAGES I	PERMIT				
Is alcohol being sold/consumed on Cou	nty Property?	Yes X No				
If Yes, then a "Lee County Alcohol Permit" is required.	Only non-profit organizations can sell alcohol on Count	y Property.				
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: N/A					
Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for						

further details



TV Movie or Special	at apply): N/A							
i v iviovie oi speciai	TV Series / Pilot	TV Comme	rcial Still Photos	The second control of the control of				
Public Service Announcement	Industrial / Documentary	Other:						
/ill any of the following be need	ed or included*?							
Street Closure								
Traffic / Crowd Cor	ntrol	Yes	┌ No					
Fire or Burning		Yes	┌ No					
Explosives or Pyrot	echnics	Yes	┌ No	,				
Animals, Large or S	Small	Yes	☐ No					
Construction of An	y Kind	Yes	☐ No					
Large and/or Num	erous Vehicles	Yes	□ No					
Helicopters, Boats,	etc.	☐ Yes	∏ No					
Stunts		┌ Yes	┌ No					
Other		☐ Yes	□ No					
Special Parking Requirements:								
,								
MA	ed: (Personnel, equipment, facilities, e		es come per ser catalaga, consequences per transportant se il se i tambéta, ce					
MA								
City or County Services Require		tc.)		nomic impact o				
City or County Services Require	ed: (Personnel, equipment, facilities, e	tc.) production in sely as possib		nomic impact o				
City or County Services Require  PA  The following information is re the industry. If exact figures are	ed: (Personnel, equipment, facilities, e quired for local and state records on p e not available, please estimate as clo	roduction in sely as possib	le.	nomic impact o				



#### **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.

MargueMartino	A	
Signature of Applicant	Witness	
Margaret Montovano	Robert lannaccone	
Print Name of Applicant and Title	Print Name of Witness	
3/15/2024	3/15/2024	
Date	Date	



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

Check the appropria	ite box(es) belo	ow:
F SPECIAL EVI	ENT PERMIT	
	JNTY PROPERTY I	PERMIT
F PERMIT TO	SELL AND CONSU	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT.	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	Parking in author	ized parking areas only.
J		
Deputies (How Many?):		road closure, traffic control and security on Banyan Street between Park Ave e wedding takes place.
Fee for Services:	Contact LCSO D	Details Unit
	Company of the Compan	
Special Arrangements:	participants. All c	yan Street must be blocked in order to provide safety and security to chairs, tables and other items used for the event must be removed from the as possible in order to reopen Banyan Street.
	anno A	
		5) 1
	Print Name:	T. CLARMIAS
	Signature:	
	Title:	Commander
	Date:	3 19 24



#### 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:
r special ev	ENT PERMIT	
K USE OF CO	UNTY PROPERTY I	PERMIT
FILM PERM	1IT	
AFTER REVIEWING THE WILL REQUIRE THE APPLI	APPLICATION, PLICANT TO COMPLY	EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT.
Fire Guards (How Many?)	1	ds @ 4 hours each
Fee for Services:	į	our per guard. Total \$480.00
	1	Julie at BGFD to make arrangements for payment.
Flammable Vegetation:		payment to: Boc@rande Fire Dept, PO Box 532, ande, FL 33921
First Aid Equipment:		
Fire Extinguishing:		
Special Arrangements:	present on Banya St, fire guards wi on Banyan St. Pe immediate remo access to emerge	per of guests and chairs, the Permit holder must hire fire guards to be an St in case of emergency. In the event that access is needed on Banyan Il stop the ceremony and co-ordinate removal of guests/items/etc. placed rmit holder must have a team available, on site, to facilitate the val of all items/guests. Any damage to BGFD vehicles while making ncy will be the responsibility of the permit holder. In case of Emergency DIAL 911
	Print Name:	C.W. Blosser
	Signature:	a Blow
	Title:	Fire Chief
	Date:	4/4/2024



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

Check the appropriate box(es) below:

SPECIAL EV	ENT PERMIT							
⊠ USE OF CO	☑ USE OF COUNTY PROPERTY PERMIT							
PERMIT TO	PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES							
FILM PERM	IIT .							
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.						
None necessary.								
Medical Personnel:	None necessary.							
Medical Supplies / Equipment:	None necessary.							
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety.							
Fee for Services	Not applicable.							
Special Arrangements:	Please call 911 in to office at EMSDetai	the event of an emergency. To arrange special event coverage il@leegov.com.	∍, contact our					
	Print Name: Signature:	Douglas B. Higgins  Digitally signed by Captain Douglas B. Higgins Date: 2024.04.06 15:42:29-04'00'						
	Title:	Captain, EMS Operations						
	Date:	April 6, 2024						



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

Check the appropri	ate box(es) be	low:				
SPECIAL E	/ENT PERMIT					
IX USE OF CO	UNTY PROPERTY	PERMIT				
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES				
FILM PERN	ИIT					
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.				
Parking:	No event parking p	Park in designated areas. No event parking permitted on any portion of the Banyan St. road right of way. No vehicles shall be parked off the pavement that would damage the Banyan Tree root system.				
Ingress and Egress:	Use all established	means of ingress and egress.				
Special Arrangements:		ity Sheriff's Office for assistance with traffic control as needed. access and public vehicular access shall be maintained on all surrounding Lee d roads.				
	Print Name:	Nathan Thoman				
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024,03,19 08:03:53 -04'00'				
	Title:	Project Manager				
	Date:	03/19/2024				
	Date: 03/19/2024					



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

Check the appropri	ate box(es) bel	low:
SPECIAL EV	ENT PERMIT	
	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
T FILM PERN		
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
llumination:		must be provide by permit holder. Generators are permitted on Banyan St. Please do anything on the trees or vegetation.
Parking Areas:	Parking is permitte	d at the Boca Grand Community Center.
Special Arrangements:	All event guest mu	ust stay on county property at all times while on Banyan Street.
	Print Name: Signature: Title: Date:	Colleen Via  Caclle Usa  Countrywide Services Manager  3/26/24

BOCA - Banyan on by
Mor tovano - Iannacona wad Page 110
5/17/24



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

Check the appropriate box(es) below:

• • •	• •						
SPECIAL EVE	SPECIAL EVENT PERMIT						
⋉ USE OF COU	NTY PROPERTY	PERMIT					
PERMIT TO S	ELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES					
FILM PERMIT	-						
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.					
Insurance Requirements:	occurrence to pr	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:					
	and public official with regard to g	litical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogation eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability.					
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required coverage listing Lee County, a sion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above.					
	Subject to proof	of insurance.					
	Print Name:	Mike Figueroa					
	Signature:	This foir-					
	Title:	Risk Program Manager					
	Date:	May 22, 2024					



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 05/17/2024

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), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 Fronteured Createures Comite						
Foresite Sports, Inc.				NAME: Eventsured Customer Service						
DBA: Eventsured				PHONE (A/C, No, Ext): 888-882-5902 FAX (A/C, No):  E-MAIL ADDRESS: info@eventsured.com						
	3 West Chester Pike #418				ADDRES					
	wtown Square, PA 19073							DING COVERAGE		NAIC#
INSU							n Casualty Co	mpany		42374
					INSURE					
	Margaret Montovano				INSURE					
	951 Fell Street, Apt 710			э.	INSURE					
	Baltimore, MD 21231				INSURE					
CO		TIEIC	ATE	NUMBER: TM351466	INSURE	RF:		DEVICION NUMBER		
	HIS IS TO CERTIFY THAT THE POLICIES				/E BEE!	N ISSUED TO		REVISION NUMBER:	E DOL	ICV PERIOD
IN	DICATED. NOTWITHSTANDING ANY RE	QUIR	EME	NT, TERM OR CONDITION	OF ANY	CONTRACT	OR OTHER D	OCUMENT WITH RESPECT	T TO V	VHICH THIS
CE	ERTIFICATE MAY BE ISSUED OR MAY F KCLUSIONS AND CONDITIONS OF SUCH	PERT.	AIN, T	THE INSURANCE AFFORD	ED BY	THE POLICIES	S DESCRIBED	HEREIN IS SUBJECT TO	ALL 7	THE TERMS,
INSR LTR		ADDL	SUBR		DELIVI	POLICY EFF (MM/DD/YYYY)	POLICY EXP	I INTERNAL		
LTR	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		4 000 000
								DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE OCCUR								\$	1,000,000
Α	X CLAIMS-MADE X OCCUR	Υ	Υ	H23SE00155/TM351466		05/17/2025	05/49/2025	` ' ' ' '	\$	5,000
A		'	'	H233E00133/11VI331400		12:01AM	05/18/2025 2:01AM		\$	1,000,000
									\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC								\$	1,000,000
	AUTOMOBILE LIABILITY								<u> </u>	0
									\$	
	ANY AUTO ALL OWNED SCHEDULED								\$	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
<u> </u>	UMBRELLA LIAB OCCUB									
	H H OCCOR								\$	
									\$	
	DED   RETENTION \$   WORKERS COMPENSATION								\$	
AND EMPLOYERS' LIABILITY								WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A							\$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
<u> </u>	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICI	FS //	Attach	ACORD 101 Additional Pomarks	Schodulo	if more enace is	roquirod)			
	ditional Insureds must be venue manage							ons only Waiver of Subro	ration	(MOS) and
Pri	mary & Non-Contributory (PNC) wording	appl	lies or	nly when coverage is purch	nased b	y the insured	, required by	written contract and as ind	icated	below. This
COV	verage is with respect to the Wedding (C	erem	ony a	and/or Reception) to be hel	ld on 05	5/17/2025 - 05	5/17/2025 with	n 170 attendees at Banyan	Stree	t, Boca
Lee	ande Banyan Street Boca Grande, FL 33 e County, a political subdivision and Cha	rter (	Count	v of the State of Florida. its	e Coun s agents	ıy board or Co s. emplovees.	and public o	ssioners PO Box 398 Ft. IV fficials are automatic Addit	iyers, i ional li	FL 33902; nsureds and
inc	ludes an automatic waiver of subrogation	n with	rega	ard to general liability. The	certifica	ate holder is a	in additional i	nsured on a primary and n	oncon	tributory basis
wit	h regards to general liability (WOS & PN	C se	lected	1).						
	DIFFORTE HOLDED				0000	SELL ATION				
CEI	RTIFICATE HOLDER				CANC	CELLATION				
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CA	NCEL	LED BEFORE
	Lee County Board of County	Com	missi	oners	THE	EXPIRATION	N DATE THE	EREOF, NOTICE WILL B		
	PO Box 398	(	ok n	5/22/2024	ACC	ORDANCE WI	TH THE POLIC	Y PROVISIONS.		
	Ft. Myers, FL 33902				AUTHORIZED REPRESENTATIVE					
			M	Le Figure		NEI'NESE		20		
			770				1			



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DATE (MM/DD/YYYY) 05/17/2024

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

th ce	e terms and conditions of the policy rtificate holder in lieu of such endor	, cert: seme	ain po nt(s).	olicies may require an end	dorser	nent. A state	ement on thi	s certificate does not confe	rights to the
PROD	UCER				CONTACT NAME: Eventsured Customer Service				
Foresite Sports, Inc.					PHONE (A/C, No, Ext): 888-882-5902 (A/C, No):				
DBA: Eventsured					(A/C, No):  E-MAIL ADDRESS: info@eventsured.com				
3553 West Chester Pike #418					INSURER(S) AFFORDING COVERAGE NAIC #				NAIC#
Newtown Square, PA 19073					INSURER A: Houston Casualty Company				42374
INSURED					INSURER B:				12014
					INSURER C:				
Margaret Montovano					INSURER D:				
951 Fell Street, Apt 710					INSURER E :				
	Baltimore, MD 21231	F	INSURER F:						
				NUMBER: TM351466				REVISION NUMBER:	
l IN	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI	EQUIF	EME	NT. TERM OR CONDITION C	OF ANY	CONTRACT	OR OTHER D	OCUMENT WITH RESPECT TO	NHICH THIS
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	TYPE OF INSURANCE	ADDL	SUBR WVD				POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
	CLAIMS-MADE X OCCUR							MED EXP (Any one person) \$	5,000
Α	X	Y	Y	H23SE00155/TM351466		05/17/2025	05/18/2025	PERSONAL & ADV INJURY \$	1,000,000
						12:01AM	2:01AM	GENERAL AGGREGATE \$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	1,000,000
	X POLICY PRO- JECT LOC							DEDUCTIBLE \$	0
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO							BODILY INJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION \$	<del> </del>						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If ves. describe under	1						E.L. DISEASE - EA EMPLOYEE \$	
	DESCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POLICY LIMIT \$	
DESCRIPTION OF CREEKING A CONTINUE AND									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Wedding (Ceremony and/or Reception) to be held on 05/17/2025 - 05/17/2025 with 170 attendees at Banyan Street, Boca Grande Banyan Street Boca Grande, FL 33921. Additional Insureds include: Lee County Board of County Commissioners PO Box 398 Ft. Myers, FL 33902; 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 (WOS & PNC selected).									
CERTIFICATE HOLDER CANCELLATION									

CERTIFICATE HOLDER	CANCELLATION			
Lee County Board of County Commissioners PO Box 398 Ft. 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.			
T d myoto, i E occos	AUTHORIZED REPRESENTATIVE			

ACORD 25 (2010/05)

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Bacha 204200

CHAIRS = 150-170

Park Ave.