



# EVENT PERMIT

Ordinance 17-08



## 4th of July Fireworks Show (4th Annual)

**PERMIT NUMBER:** TMP2024-00215

**Date(s) of Event:** July 4, 2024 from 5:00PM until 10:00PM

**Property Owner:** VICTORY CHRISTIAN CENTER NETWORK **AK**

**Applicant:** Luis Galorza  
2394408482

**Description:** Event is from 5:00PM though 9:00PM. Firework show is from 9:00PM through 10:00PM.

**Location of event:** 1201 TAYLOR LN, LEHIGH ACRES, FL 33936  
**1201 Taylor Lane. Lehigh Acers, FL 33936**

Will the event be attended by 1000 or more people ?	Yes
Will the event be held on County Owned Property ?	No
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

6/28/2024



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

4<sup>th</sup> of July Fireworks Show (4<sup>th</sup> Annual)

TMP2024-00215



# Lee County Event Permit Application



## Event Application

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
- ☐ USE OF COUNTY PROPERTY PERMIT
- ☐ 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	4 <sup>th</sup> of July fireworks Show (4 <sup>th</sup> Annual)
Date(s) of Event / Production:	07-04-2024 5pm - 10pm
Location(s) of Event:	1201 Taylor Ln., Lehigh Acres, FL 33936
Name of Applicant:	Victory Christian Center Network of Churches Inc
Applicant Address:	1201 Taylor Ln., Lehigh Acres, FL 33936
Applicant Phone Number:	(239) 303-9585
Contact Person: (If different from applicant)	Luis Balazs
Contact Phone Number: (If different from applicant)	(239) 440-8482
Email Address:	Pastorluis@VictoryofLehigh.com
Estimated Attendance:	1,000
Event Description: Include each activity, when activities take place, etc.	5:00pm - 9:00pm Live 9:00pm - 10:00pm Fireworks
Hours of Operation:	
STRAP # of Parcel:	31-44-27-05-00001-0040 + 0140 + 0184 ← Firework Area
Owner of Premises*:	Victory Christian Center Network of Churches Inc

\*Notarized statement from the property owner specifically consenting to the proposed use required.



## Lee County Event Permit Application



What is the Zoning Classification of the premises? Commercial

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: \_\_\_\_\_

Do you have the appropriate permits for the temporary structures? ☐ Yes ☐ No

\* 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.

Insurance Company Insuring the Event: \_\_\_\_\_

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): \_\_\_\_\_

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☒ Yes ☐ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food:

Food Trucks, Victory Church

Type of Food being Served:

Food Truck - Variety, Snowcones

### Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event:

Victory Christian Center Networks of Churches Inc

### Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number:

(Required if alcohol is to be **SOLD** at the event)

**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



# Lee County Event Permit Application



Type of Production (choose all that apply):

<input type="checkbox"/> TV Movie or Special	<input type="checkbox"/> TV Series / Pilot	<input type="checkbox"/> TV Commercial	<input checked="" type="checkbox"/> Still Photos
<input type="checkbox"/> Public Service Announcement	<input type="checkbox"/> Industrial / Documentary	<input checked="" type="checkbox"/> Other: <u>Bell Church Organization</u>	

Will any of the following be needed or included\*?

Street Closure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Traffic / Crowd Control	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Fire or Burning	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Explosives or Pyrotechnics	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Animals, Large or Small	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Construction of Any Kind	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Large and/or Numerous Vehicles	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Helicopters, Boats, etc.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Stunts	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

\* For any marked Yes, provide further details below:

We will have a professional Firework show with their own permit.

Address is 1201 Taylor Ln., Lehigh Acres, FL 33934

Special Parking Requirements:

N/A

City or County Services Required: (Personnel, equipment, facilities, etc.)

N/A

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: N/A      Number in Crew: \_\_\_\_\_      Number of locals hired: \_\_\_\_\_

Total budget: \_\_\_\_\_      Estimate amount spent in Lee County: \_\_\_\_\_

Hotel room nights: \_\_\_\_\_      Number of shooting days: \_\_\_\_\_

number of rooms x number of nights

## Lee County Event Permit Application




### SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

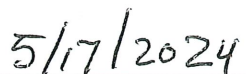
The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.


  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Witness

  
\_\_\_\_\_  
Print Name of Applicant and Title

  
\_\_\_\_\_  
Print Name of Witness

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date



Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT  
14750 SIX MILE CYPRESS PARKWAY  
FORT MYERS, FLORIDA 33912  
(239) 477-1199

Check the appropriate box(es) below:

- ☒ 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.

Parking:

Parking in authorized areas only. All right-of-ways must be kept clear in the event emergency response vehicles need to respond. Parking will be handled by Victory Church volunteers in parking lot, however volunteers are not permitted in roadway without all mandated safety equipment included but not limited to: safety traffic vests, flashlights and flashlight cones.

Deputies (How Many?):

None

Fee for Services:

None

Special Arrangements:

All amplified sound must adhere to the Lee County noise ordinance. Event should not impede the normal flow of traffic. Event coordinator is responsible for ensuring fireworks and launch site remain secure. Lehigh Fire has approved the event and is aware of potential fire hazards. It is understood by this agency that Victory Church is working in conjunction with Lehigh Fire to ensure the event follows their guidelines. Permit for fireworks will be submitted separately.

Print Name:

P. Cummins

Signature:

*[Handwritten Signature]*

Title:

Commander

Date:

6.6.24

## Lee County Event Permit Application



### 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 appropriate box(es) below:**

- ☒ 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.

Fire Guards (How Many?)

See attached fire district review letter.

Fee for Services:

\$1,346.40. See attached fee sheet.

Flammable Vegetation:

Not permitted.

First Aid Equipment:

See attached sheet fire district review letter.

Fire Extinguishing:

See attached fire district review letter.

Special Arrangements:

See attached fire district review letter.

Print Name: Ken Bennett

Signature: 

Title: Fire Marshal

Date: 6/17/2024





# Lehigh Acres Fire Control and Rescue District

## Life Safety Division

Office Address      636 Thomas Sherwin Ave S  
Lehigh Acres, FL  
Email: [LifeSafety@Lehighfd.com](mailto:LifeSafety@Lehighfd.com)  
Phone: 239-303-5300

Mailing Address      11 Homestead Rd S  
Lehigh Acres, FL 33936  
Phone: 239-303-5300  
Fax: 239-369-2436

6/17/2024

Fire District Review Letter

Attention: Lee County Community Development  
Via Group Email: [PlanReview@Lehighfd.com](mailto:PlanReview@Lehighfd.com)

## Application Form Review

### Fire Review Approved With Stipulations

Project Description: **Special Event Application**

Address: **1201 Taylor Ln**      Lehigh Acres      FL      33936  
Job Name: **4th of July Fireworks Show (4th Annual)**

Applicant Information: **Luis Galarza**

Address: **1201 Taylor Ln**      Lehigh Acres      FL      33936

Contractor Information: **Luis Galarza**

**1201 Taylor Ln**      Lehigh Acres      FL      33936

This project has received a fire review from the Lehigh Acres Fire Control and Rescue District to determine compliance with the provisions of the either the Florida Uniform Fire Code, Florida Fire Prevention, and/or the Lee County Uniform Fire Code, as may be by required by Florida Statutes 553.79(2) and/or 633.202. This fire review is limited to the documents found within the Lee County electronic portal, up to and including this date. Where the fire review is approved, the documents applicable to the required fire review will be marked within ePlan with the fire review by the fire district reviewer.

☐ This fire review has no additional comments

☒ This fire review has stipulations. See attachment below (page 2)

☐ This fire has not been approved. The items noted (page 2) must be addressed. Additional information/corrections required.

Where additional information or corrections are required, applicant/contractor must follow Lee County Community Development protocols for resubmittal.

Where the plans have been approved with stipulations, contractor is responsible to implement / fully address all stipulations prior to requesting the appropriate inspection(s). Where a revision or resubmittal is provided after the fire district's approval with stipulation(s), any and all comments / requirements must be fully incorporated into the construction documents at the appropriate locations of the construction plans.

Should there be any questions regarding the fire review for the project / permit application,      Application Form Rev, please contact the  
plans examiner / fire inspector,      Ken Bennett      via email:      [Kenb@Lehighfd.com](mailto:Kenb@Lehighfd.com)

Sincerely,

Ken Bennett  
Plans Examiner / Fire Inspector



# Lehigh Acres Fire Control and Rescue District

## Life Safety Division

Office Address: 636 Thomas Sherwin Ave S  
Lehigh Acres FL  
Email: LifeSafety@Lehighfd.com  
Phone: 239.303.5335

Mailing Address: 11 Homestead Rd S  
Lehigh Acres, FL 33936  
Phone: 239.303.5300  
Fax: 239.369-2436  
firerescue@Lehighfd.com

6/17/2024

## Application Form Review

### Fire Review Comments:

### Fire Review Approved With Stipulations

Job Name: 4th of July Fireworks Show (4th Annual)

Project Description: Special Event Application

Project Address: 1201 Taylor Ln

Lehigh Acres FL 33936

Based upon the information previously noted within the Lehigh Acres Fire Control and Rescue District Letter, the following items are:

☐ Stipulations. Contractor is responsible to ensure that all of the items noted herein have been incorporated into this project prior to the applicable inspection(s). Where the plans are revised at any point after the stipulations have been provided, the stipulations must be incorporated into the construction documents prior to any subsequent fire review approvals will be provided.

☐ Corrections or additional information required. The fire review is not approved until the items noted have been adequately addressed/ corrected and resubmitted and received have an approved fire review from the LAFCRD.

- 1) **Fire Guards** - Pursuant to NFPA 101-12.7.6, at least one crowd manager is required for every 250 persons expected. As the applicant has provided four (4) certificates for staff, this event is limited in size to 1,000 persons. At least one (1) of the crowd managers shall serve as the crowd manager supervisor. Crowd managers shall maintain appropriate communication equipment to communicate with other staff and 911 emergency control disptach center. They must also maintain adequate illumination devices on their person at all times to aid in crowd control.
- 2) **Fees for services** rendered or provided from the fire district are based upon the Lehigh Acres Fire Control and Rescue District's current User Fee resolution: 23-07-02. See attached invoice for itemized fees. Total fees due for this application: \$1,346.40. Fees are required to be paid prior to inspections. Ambulance will be placed in service at 5 PM and conclude event coverage at 10 PM.
- 3) **Fisrt Aid**. Pursuant to Lehigh Acres Fire Control and Rescue District's current User Fee Resolution, an ALS ambulance is required for the event. Time of event is 5 PM to 10 PM. Event staff are required to know location of staged ambulance crew and should provide communications to ambulance crew that allows communication with event staff.
- 4) **Fire Extinguishing Requirements**. This event is required to ensure that portable fire extinguishers with a minimal rating of 2A:10B:C are available within 75 feet to all of the displays, tents, and food concessions. Fire extinguisher(s) must have been certified fit for duty pursuant to NFPA 1-13.6 requirements - valid for at least one year since inspection. Each mobile food vendor will have their own fire extinguishers to address the hazards within their mobile food concession.
- 5) **Special Arrangements:**
  - a) Access into the entire site shall be maintain of at least a 20 wide paved access road. This is to allow emergency response vehicles to access the existing structures, temporary displays, tents, and or mobile concessions, as well as to allow for additional EMS or law enforcement as may be needed. Event staff must not allow obstructions to the established access roads.
  - b) A fire inspection is required for this event prior to operating or starting the special event (NFPA 1-7.7.1). The event has been scheduled to begin at 5 PM, therefore, a fire district fire inspector will arrive approximately one-hour prior to event start time to inspect for compliance with the provisions of the Florida Fire Prevention Code. All designated access roads, displays, and/or concessions must be complete in setup by 4 PM.





Office Address: 636 Thomas Sherwin Ave S  
Lehigh Acres FL  
Email: LifeSafety@Lehighfd.com  
Phone: 239.303.5335

Mailing Address: 11 Homestead Rd S  
Lehigh Acres, FL 33936  
Phone: 239.303.5300  
Fax: 239.369-2436  
firerescue@Lehighfd.com

6/17/2024

## Application Form Review

Job Name: 4th of July Fireworks Show (4th Annual)

Project Description: Special Event Application

Project Address: 1201 Taylor Ln

Lehigh Acres FL

33936

c) The fireworks crew is responsible to secure the exclusion zone prior to beginning setup for the fireworks show. Event staff will be responsible to keep un-authorized persons from entering the exclusion zone. At least 2 hours prior to the time when the fireworks are going to be launched, the event organizer shall make contact with the Lehigh Acres Fire Control and Rescue District on call Battalion Chief and provide information on where the access roads are located into the site and update on the current event. The fire district is providing in-service fire apparatus in and around the fireworks show - during the fireworks show. They will be available for emergency calls during their presence within the event surrounding area and will not enter the event area, unless an emergent condition requires.

d) Due to the danger of fall out to the fireworks show devices and mortars, fireworks that leave the ground are not permitted to be discharged within 105 feet of the exclusion area, fireworks show discharge or launch area, or where the fireworks for the professional show are being setup.

Should there be any questions or comments as to these requirements, please contact the Lehigh Acres Fire Control and Rescue District prior to the event date.



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

*Check the appropriate box(es) below:*

- ☒ SPECIAL EVENT PERMIT  
☐ USE OF COUNTY PROPERTY PERMIT  
☐ 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: 

See Special Arrangements below.

Medical Personnel: 

See Special Arrangements below.

Medical Supplies / Equipment: 

See Special Arrangements below.

Safety Requirements: 

See Special Arrangements below.

Fee for Services 

See Special Arrangements below.

Special Arrangements: 

LCEMS defers to Lehigh Acres Fire Control and Rescue District for specifying EMS coverage for this event, as it falls within their response district. Their contact information is:  
 636 Thomas Sherwin Ave S, Lehigh Acres, FL 33974  
 Phone: 239-303-5300 Email: firerescue@lehighfd.com

Print Name: Douglas B. Higgins

Signature:

*DH Higgins*

Digitally signed by Captain Douglas B. Higgins  
 Date: 2024.06.16 17:45:30 -04'00'

Title:

Captain, EMS Operations

Date:

June 16, 2024





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

Check the appropriate box(es) below:

- ☒ 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.

Parking:

No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress:

Please use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control as needed.  
Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman

Digitally signed by Nathaniel C. Thoman  
Date: 2024.06.17 08:34:07 -04'00'

Title: Project Manager

Date: 06/17/2024

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ 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:

N/A - Event is not on Parks and Rec property and will not affect county park operations or programs.

Print Name: Colleen Via

Signature:

*Colleen Via*

Title:

Countywide Services Manager

Date:

5/17/2024

Not on Park Prop - Victory Church Fireworks  
7/4/2024

Lee County Event Permit Application



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

Check the appropriate box(es) below:

- ☒ 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.

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:

Title:

Risk Program Manager

Date:

June 11, 2024



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2024

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 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 lieu of such endorsement(s).

<b>PRODUCER</b> <b>USI Insurance Services LLC</b> <b>2502 N Rocky Point Dr. Suite 400</b> <b>Tampa, FL 33607</b> <b>855 874-1270</b>		<b>CONTACT NAME:</b> Mckenzie Aebischer <b>PHONE (A/C, No, Ext):</b> 855 874-0777 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> mckenzie.aebischer@usi.com	
<b>INSURED</b> <b>Victory Christian Center Network of Churches, Inc.</b> <b>1201 Taylor Lane</b> <b>Lehigh Acres, FL 33936</b>		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A : Evanston Insurance Company</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	
		<b>NAIC #</b> <b>35378</b>	

## 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	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	3AA790099	07/04/2024	07/05/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$Included \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ 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 Board of County Commissioners is listed as an additional insured with regards to the General Liability Policy.

OK 06/11/2024



## CERTIFICATE HOLDER

## CANCELLATION

Lee County Board of County Commissioners  
 2120 Main St.  
 Fort Myers, FL 33901

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

