

# **EVENT PERMIT**



Ordinance 17-08

# Cypress Lake Hornets Elite Football and Cheer / Fall Football Games

PERMIT NUMBER:

TMP2024-00282

Date(s) of Event:

August 24, 2024 - November 9, 2024

Property Owner:

**UNKNOWN** 

Applicant:

Jarvis Lee

239-766-9226

Description:

Cypress Lake Hornets Youth Football and Cheerleading Youth football practices and

game- 5 games per game day on August 24, 2024 through November 9, 2024 from

7:30AM until 9:00Pm

Location of event:

6490 - 6500 SOUTH POINTE BLVD, FORT MYERS, FL 33919

Rutenberg Park

Will the event be attended by 1000 or more people?

Yes

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

unty Manager 🖊 🏻 Da

Date

ftmpprmt specialevent.rpt



# **Event Application**

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Cypress Lake Homets Elite Foutballand Cheer / Fell Foutball Games

TMP2024-00282



## **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

|   | Charles III Factball and Charles Factball Games                                      |
|---|--|
| Title of Event / Name of<br>Production  | Cypress Lake Hornets Elite Football and Cheer /Fall Football Games                   |
| Date(s) of Event /<br>Production:   | 8/24/24, 09/14/24, 9/15/24, 9/21/24, 10/5/24, 10/19/24, 10/26/24, 11/2/24<br>11/9/24 |
| Location(s) of Event:   | Rutenberg Parks Football Fields  |
| Name of Applicant:  | Jarvis Lee   |
| Applicant Address:  | 6500 South Pointe Blvd. Fort Myers, FL 33919   |
| Applicant Phone Number:   | 239-766-9226   |
| Contact Person:<br>(If different from applicant)                                  | PERNESHIA FAYGON   |
| Contact Phone Number:<br>(If different from applicant)                            | 480-228-3878   |
| Email Address:  | clakehornets@gmail.com   |
| Estimated Attendance:   | 1000 throughout the day per game   |
| <b>Event Description:</b> Include each activity, when activities take place, etc. | Youth football games 5 per day   |
| Hours of Operation:   | 7:30am-9:00pm  |
| STRAP # of Parcel:  | 21.45.24.00.00013.0080   |
| 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 th  | <sub>ne premises?</sub> County Parks & Re   | creations   |
|--|---|---|
| Are any temporary structures to be in  | stalled for the event? \( \text{Yes} \) \( \overline{\text{X}} \) No                  | Туре:   |
| Do you have the appropriate permits  | for the temporary structures?   | ☐ Yes ☐ No  |
| * For a 'Special Event' and 'Use of Couidentified, including all parking areas.                  | unty Property' permit, submit a site plan wit   | h all proposed facilities and activities  |
| Insurance Company Insuring the Ever  | nt: ESP Insurance Brokers Ll  | _C  |
| Note: Certificate of Insurance must be submit  | tted at time of application   |   |
| Surety Company Bonding this Event (  | Name and Address):  |   |
| Will Vehicles be Used as Part of Thi<br>Event?   | s Will Food be Available at this Event?   | Will Alcoholic Beverages be served/consumed at this Event?                          |
| ⊤ Yes  | ∫ <del>x</del> 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:                       | Cypress Lake Hornets Elite-<br>ogs, hamburgers, nachos, fries                         |   |
| Section II - USE OF COUNTY   | PROPERTY PERMIT   |   |
| Organization Sponsoring the Event:   |   |   |
|  |   |   |
| Section III - SALE/CONSUM  | IPTION OF ALCHOLIC BEVERAGES  | PERMIT  |
| Is alcohol being sold/consumed on  |   | × Yes × No  |
| If Yes, then a "Lee County Alcohol Permit" is requ   | uired. Only non-profit organizations can sell alcohol on Coun                         | ty Property.  |
| Non-profit certificate/registration r<br>(Required if alcohol is to be <u>SOLD</u> at the event) |   |   |
| <b>Please note:</b> A permit from the State of Flo further details                               | rida Division of Alcoholic Beverages and Tobacco may                                  | also be required; please call (239) 344-0885 fo                                     |



| e of Production (choose all that  | арріу):   |             |                             |       |    |             |        |         |
|---|---|-------------|-----------------------------|-------|----|-------------|--------|---------|
| TV Movie or Special   | TV Series / Pilot   |             | TV Commer                   | rcial |    | Still Phot  | tos    |         |
| Public Service Announcement   | Industrial / Documentary  |             | Other:                      |       |    |             |        |         |
| any of the following be needed  | or included*?   |             |                             |       |    |             |        |         |
| Street Closure  |   |             | Yes                         |       | No |             |        |         |
| Traffic / Crowd Conti   | rol   |             | Yes                         | Γ     | No |             |        |         |
| Fire or Burning   |   |             | Yes                         |       | No |             |        |         |
| Explosives or Pyrote  | chnics  |             | ┌ Yes                       |       | No |             |        |         |
| Animals, Large or Sm  | all   |             | Yes                         | Γ     | No |             |        |         |
| Construction of Any   | Kind  |             | 「 Yes                       |       | No |             |        |         |
| Large and/or Numer  | ous Vehicles  |             | T Yes                       |       | No |             |        |         |
| Helicopters, Boats, e   | tc.   |             | Yes                         | Г     | No |             |        |         |
| Stunts  |   |             | Yes                         | Γ     | No |             |        |         |
| Other   |   |             | Yes                         | Γ     | No |             |        |         |
| For any marked Yes, provide fu  | ther details below.   |             |                             |       |    |             |        |         |
| For any marked Yes, provide fu  | ther details below.   |             |                             |       |    |             |        |         |
|   |   | lities, etc | .)                          |       |    |             |        |         |
| Special Parking Requirements:  City or County Services Required  The following information is required the industry. If exact figures are | d: (Personnel, equipment, facil<br>uired for local and state recor<br>not available, please estimate                    | ds on pro   | oduction in<br>ly as possib | ole.  |    |             | econom | nic imp |
| Special Parking Requirements:  City or County Services Required  The following information is req   | d: (Personnel, equipment, facil<br>uired for local and state recon<br>not available, please estimate<br>Number in Crew: | ds on proe  | oduction in<br>ly as possib | ole.  |    | track the o | econom | nic imp |
| Special Parking Requirements:  City or County Services Required  The following information is required the industry. If exact figures are | d: (Personnel, equipment, facil<br>uired for local and state recor<br>not available, please estimate                    | ds on proe  | oduction in<br>ly as possib | ole.  |    |             | econom | nic imp |



#### **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.

Jarvis Lee, Vice President

Print Name of Applicant and Title

PERNÉSHIA FAYGON

Print Name of Witness

9-4-2024



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

| Check the appropri                           | ate box(es) below:  |
|--|---|
|  | UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPI | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.   |
| Parking:                                     | To be handled by event staff. If a large crowd is anticipated, additional deputies should be hired to contain and limit any parking issues.   |
| Deputies (How Many?):                        | 2 deputies required per game. This permit page and the detail request form have been filled out according to the schedule that was provided on the application and does not include any additional play off games. Additional games that need be added to the schedule at a later date should be submitted via email to the Lee County Sheriff's Office Details units no later than one week in advance.  |
| Fee for Services:                            | There is a four hour minimum per deputy on all LCSO details. Contact the Lee County Sheriff's Office Details Unit for cost.   |
| Special Arrangements:                        | Details will need to be paid for in advance no less than one week prior to the start of each game. If the detail is not paid for in advance, Lee County Parks & Rec will be notified and cancellation of the event may be the result. LCSO is not responsible for seeking out payments. The league is responsible for confirming game dates and times prior to the start of the event to ensure proper coverage. The league is responsible for any time worked by deputies over the scheduled detail times. All changes/additions to game dates or times must be done by email to the Details Unit. Should any game be cancelled/rescheduled, it is the responsibility of the league to notify the Details Unit via email with 24 hour notice. Failure to do so will result in full charge. |
|  | Print Name: PCummins  |
|  | Signature:  |

Title:

Date:



#### FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

Check the appropriate box(es) below:

|                            | UNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
|----------------------------|--|
| FTER REVIEWING THE A       | PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR<br>QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.  |
| Fire Guards (How<br>Many?) | NA   |
| ee for Services:           | NA   |
| Flammable Vegetation:      | Please provide a minimum of 10 feet clearance from any flammable vegetation.   |
| First Aid Equipment:       | Call 911 in the event of an emergency.   |
| Fire Extinguishing:        | Please call 911 in the event of a fire emergency. Fire extinguishers are located on permanent structures and shall be maintained annually by licensed fire extinguisher company. |
| Special Arrängements:      | NA   |
|                            |  |
|                            | Print Name: Jackielou Mozes  |
|                            | Signature: Mozek   |
|                            | Title: Fire Marshal 6  |
|                            | Date: 9/9/2024   |



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

Check the appropriate box(es) below:

- SPECIAL 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.

|                                  | 1   |   |
|----------------------------------|---|---|
| Treatment Facilities:            | None necessary.                           |   |
| Medical Personnel:               | None necessary.                           |   |
| Medical Supplies /<br>Equipment: | None necessary.                           |   |
| Safety Requirements:             | Applicants shall fol<br>Orders concerning | low all CDC and FDOH directives, and the Florida Governor's Executive 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, contact our l@leegov.com.     |
|                                  | Print Name:                               | Douglas B. Higgins  |
|                                  | Signature:                                | Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2024.09.11 13:17:07 -04'00' |
|                                  | Title:                                    | Captain, EMS Operations   |
|                                  | Date:                                     | Septemeber 11, 2024   |



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

| Check the   | approp  | priate | box(es) | below: |
|-------------|---------|--------|---------|--------|
| $\boxtimes$ | SPECIAL | EVENT  | PERMIT  |        |

FILM PERMIT

□ USE OF COUNTY PROPERTY PERMIT

|                       |                      | 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>I roads. |
|                       |                      |   |
|                       | Print Name:          | Nathan Thoman   |
|                       | Signature:           | Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024.08.12 09:02:09 -04'00'   |
|                       | Title:               | Project Manager   |
|                       | Date:                | 08/12/2024  |



# LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH ROULEVARD

|                       |   | FORT MYERS,FLORIDA33916 (239) 533-7275  |
|-----------------------|---|---|
| Check the appropri    | ate box(es) belo  | ow;   |
| X  SPECIAL EV         | ENT PERMIT  |   |
| ⊠ USE OF CO           | UNTY PROPERTY   | PERMIT  |
| PERMIT TO             | SELL AND CONSU  | JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERM             | MIT   |   |
|                       |   | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION<br>LY WITH FOR THEIR EVENT.  |
| llumination:          | Fleld lights will be t  | urned off by 11 pm on Saturday nights.  |
| Parking Areas:        |   | ust develop a parkign plan with parking attendance to ensure all driveways and nand clear for emergency vehicles to access the property and fields,   |
| Special Arrangements: | all the officials and<br>all the Youth Leagu<br>Recreation Ordinar<br>through Lee Count<br>receptacles during | ust provided adequate staff to ensure crowd control and safety of all players, coaches, fans. Follow established guidelines set by the Lee County Sheriff's office. Must follow the Agreement per building, fire and life safety codes as well as the Parks and note (18-12 and 18-27). Ensure any outside vendors are approved as mobile vendors by Parks and Recreation. Ensure all litter and trash debris is disposed of in the proper and after all events. Participants and spectators must disperse and leave the park nelter during lightning alerts and threatening weather. |
|                       | Print Name: Signature; Title: Date:   | Countywide Services Manager  8/6/2024   |

Rufea berg - Cyppiss thornets (youth Footbell) 8/24, 9/14, 9/15, 9/21, 10/5, 10/19, 18/26, 1/2 £ 11/9/2024



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

|                         |                                       | (233) 333-2221   |
|-------------------------|---------------------------------------|--|
| Check the appropria     | te box(es) be                         | low:   |
|                         | NT PERMIT                             |  |
| ⋉ USE OF COU            |                                       | PERMIT   |
|                         |                                       | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
| FILM PERMI              |                                       | The second and the second seco |
| AFTER REVIEWING THE A   | APPLICATION, F                        | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.  |
| Insurance Requirements: | limits of One Mill                    | eral liability insurance to include participant legal liability coverage with minimum ion Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or e relative to applicants use of aforementioned event within Lee County.   |
|                         | Certificate Must                      | Read As:   |
|                         | and public official with regard to ge | 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 ion 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:                            | Mike from -  |
|                         | Title:                                | Risk Program Manager   |

September 8, 2024

Date:



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/21/2024

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 rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Joseph Micciche ESP Insurance Brokerage, LLC PHONE (877) 670-2377 FAX (A/C, No): (A/C, No, Ext): E-MAIL 306 Main Street joe.micciche@espspecialty.com ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # Worcester MA 01608 Houston Casualty Company 42374 INSURER A: INSURED Nat'l Union Fire Ins Co of Pittsburgh, PA 19445 INSURER B : HORNETS YOUTH SPORTS INCORPERATED DBA CYPRESS LAKE INSURER C 12436 MUDDY CREEK LANE INSURER D INSURER E Fort Myers FL 33913 INSURER F COVERAGES CL2462135609 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. ADDLISUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER INSD WVD LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE OCCUR MED EXP (Any one person) А Υ H24AS00007 07/01/2024 07/01/2025 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 POLICY PRODUCTS - COMP/OP AGG s OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY s ANY AUTO BODILY INJURY (Per person) s OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) s PROPERTY DAMAGE \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION S WORKERS COMPENSATION PER STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT SEE REMARKS PARTICIPANTS MEDICAL SRG0009158709 07/01/2024 07/01/2025 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 noncontributory basis with regards to general liability. OK 09.08.2024 Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE THIS POLICY DOES NOT EXCLUDE CONCUSSIONS CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE

AUTHORIZED REPRESENTATIVE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

Lee County a political subdivision and Charter

County of the State of Florida

PO Box 398

Fort Myers

EL 33902

AGENCY CUSTOMER ID: 00013874

LOC#:



## ADDITIONAL REMARKS SCHEDULE

Page

of

|                              |           | Account to the contract of the |
|------------------------------|-----------|--|
| AGENCY                       |           | NAMED INSURED  |
| ESP Insurance Brokerage, LLC |           |  |
| POLICY NUMBER                |           |  |
|                              |           |  |
| CARRIER                      | NAIC CODE |  |
|                              |           | EFFECTIVE DATE:  |

#### ADDITIONAL REMARKS

#### THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

YOUTH PARTICIPANTS MEDICAL COVERAGE

CARRIER: AIG

Dental Maximum:

POLICY NUMBER: SRG0009158709

Accidental Death, Accidental Dismemberment (AD&D) Benefit:

\$10,000 Maximum amount \$250,000

Accident Medical Expense Benefit:

Deductible:

\$250 per accident \$250 per tooth/per accident

Incurral Period: within 90 days of the date of the accident causing the Injury Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the

accident causing the Injury

EQUIPMENT FLOATER / INLAND MARINE

CARRIER: TOKIO MARINE / HOUSTON CASUALTY

Amount of Insurance: \$55,000 Sports Equipment

Limit subject to a \$25,000 limit per item. Any item of property with a value of \$25,000 or more must be scheduled separately Deductible: \$500

CRIME PROTECTION

CARRIER: TOKIO MARINE / HOUSTON CASUALTY

Crime / Employee Theft Limit: \$ 25,000

Deductible

DIRECTORS & OFFICERS

CARRIER: GREAT AMERICAN POLICY NUMBER: EPPE191492

Directors & Officers Limit

Aggregate Limit

\$1,000,000

\$1,000

\$1,000,000