

EVENT PERMIT



Ordinance 17-08

Boca Grande Live Entertainment Series

PERMIT NUMBER:

TMP2025-00339

Date(s) of Event:

The event will be held intermittently on select dates

between November 10, 2025 and April 6, 2026

Property Owner:

LEE COUNTY

Applicant:

Tammy Rigney

9419640827

Description:

Boca Grande Live Entertainment Series 4:30PM until 10:00PM:

Crowninshield House: 11/21/2025, 12/9/2025, 01/12/2026, 01/22/2026, 02/09/2026,

03/09/2026, 03/30/2026, 04/06/2026

Boca Grande Community Park: 11/10/2025, 11/21/2025, 02/17/2026,

02/18/2026-02/21/2026

Location of event:

131 - 135 1ST ST W, BOCA GRANDE, FL 33921

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?

To Be Consumed

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



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMP2025-00339



Event Application

Check the	appropriate	box(es)	below:
-----------	-------------	---------	--------

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

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Boca Grande Live Entertainment Series
Date(s) of Event / Production:	11/10/25, 11/21/25, 12/9/25, 1/6/26, 1/12/26, 1/22/26, 2/9/26, 2/17/26, 2/18-21/26 3/9/26, 3/30/26, 4/6/26
Location(s) of Event:	Crowninshield House: 11/21/25, 12/9/25, 1/12/26, 1/22/26, 2/9/26, 3/9/26, 3/30/26, 4/6/26 Boca Grande Community Park: 11/10/25, 11/21/25, 2/17/26, 2/18-21/26
Name of Applicant:	Friends of Boca Grande Community Center
Applicant Address:	131 First Street West Boca Grande, FL 33921
Applicant Phone Number:	941-964-0827
Contact Person: (If different from applicant)	Tammy Rigney Martina Long
Contact Phone Number: (If different from applicant)	
Email Address:	trigney@fobgcc.org
Estimated Attendance:	150
Event Description: Include each activity, when activities take place, etc.	Music Performances: 11/10/25, 11/21/25, 12/9/25, 1/6/26, 1/12/26, 1/22/26, 2/9/26, 3/9/26, 3/30/26, 4/6/26
activities take place, etc.	Lecture and Film Festival: 2/17/26,1/6/26, 2/18-21/26
Hours of Operation:	4:30pm-10pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



What is the Zoning Classification of the	premises? Park/Public Facility; L	DOT Right-of-way
Are any temporary structures to be inst	alled for the event? Yes 🕱 No	Туре:
Do you have the appropriate permits fo	r the temporary structures?	Yes No
identified, including all parking areas.	ty Property' permit, submit a site plan wit Great American Insura d at time of application	
Surety Company Bonding this Event (Na	ame and Address):	
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 X No	▼ Yes	▼ 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 Providing Food: Type of Food being Served:		
Section II - USE OF COUNTY PI	ROPERTY PERMIT	
Organization Sponsoring the Event: —		
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES F	PERMIT
Is alcohol being sold consumed on Cou	Inty Property? . Only non-profit organizations can sell alcohol on Count	X Yes X No y Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	nber: n/a	
Please note: A permit from the State of Florida	Division of Alcoholic Beverages and Tobacco may a	also be required; please call (239) 344-0885 for

further details



pe of Producti	on (choose all that	app	ly):					
TV Movie or	Special		TV Series / Pilot		TV Comme	cial		Still Photos
Public Servic	e Announcement		Industrial / Documentary		Other:			
ill any of the fo	ollowing be needed	d or i	ncluded*?					
St	reet Closure				☐ Yes	X	No	
Tr	affic / Crowd Cont	rol			☐ Yes	X	No	
Fi	re or Burning				☐ Yes	X	No	
Ex	plosives or Pyrote	chnic	CS		☐ Yes	X	No	
Aı	nimals, Large or Sm	nall			☐ Yes	X	No	
Co	onstruction of Any	Kind			☐ Yes	X	No	
La	irge and/or Numer	ous '	Vehicles		☐ Yes	X	No	
He	elicopters, Boats, e	tc.			☐ Yes	X	No	
St	unts				☐ Yes	X	No	
0	ther				Yes	X	No	
Special Parking	g Requirements:							
City or County	/ Services Required	l: (Pe	ersonnel, equipment, facilit	ies, e	tc.)			
_	-		for local and state record	-			a to t	rack the economic impa
the industry. I	f exact figures are	not a	available, please estimate a	is clos	ely as possibl	e.		
Number in Cast	t:		Number in Crew:		Num	ıber o	f loca	ls hired:
Total budget:			Estimate amount sp	ent in	Lee County:			
Hotel room nig	hts:		———— Number of shooting	days:	_			
	number of rooms x			,				



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.

Tammy Rigney	Martina Long	
Signature of Applicant	Witness	
Tammy Rigney	Martina Long	
Print Name of Applicant and Title	Print Name of Witness	
8/22/25	9/23/25	
Date	Date	



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

Check the appropriate box(es) below:

☐ SPECIAL EVENT PERMIT

IX USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ΙΤ
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking for event will be in authorized areas only & right-of-way must not be impeded.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None are required for this event.
Special Arrangements:	Alcoholic beverages must remain within the confines of the event area. All amplified sounds mus adhere to the Lee County noise ordinances.
•	Print Name: Print



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 CO	UNTY PROPERTY PERMIT
☐ PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERN	ИІТ
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	P .
Fee for Services:	Ø
Flammable Vegetation:	\varnothing
First Aid Equipment:	B
Fire Extinguishing:	D
Special Arrangements:	
,	
	Print Name: Lu Hosser
	Signature:
	Title: Fire Chief
	9/24/
	Date: 1/2/2025



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

	Check the a	ippropriate i	box(es)	below:
--	-------------	---------------	---------	--------

- ☐ SPECIAL EVENT PERMIT
- ▼ USE OF COUNTY PROPERTY PERMIT
- PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES **FILM PERMIT**

	•	ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:	Applicants shall fol Orders concerning	low all CDC and FDOH directives, and the Florida Governor's Executive health and safety.
For Conference	Not applicable.	
Fee for Services		
Special Arrangements:	coverage (ambular following link: EMS	the event of an emergency. To arrange special event emergency medical nce, cart, etc) or EMS participation, please fill out and submit the form at the Special Detail Request Form tact our office at EMSDetail@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.09.25 06:58:29 -04'00'
	Title:	Captain, EMS Operations
	Date:	September 25, 2025



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

Check the appropri	ate box(es) bel	low:
SPECIAL EV	ENT PERMIT	
⋉ USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IIT	
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking is	s permitted in Lee County maintained road right of ways.
ngress and Egress:	Please use all estab	olished means of ingress and egress.
Special Arrangements:		nty Sheriff's Office for assistance with traffic control as needed. e 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: 2025.10.14 11:46:07 -04'00'
	Title:	Project Manager
	Date:	10/14/2025



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

Check the appropri	ate box(es) belo	pw:
SPECIAL EV	'ENT PERMIT	
J ▼ USE OF CO	UNTY PROPERTY I	PERMIT
TX PERMIT TO	SELL AND CONSU	IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	1IT	
		EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Illumination:	Any illumination nee	eds will be provided by the event organizer.
Parking Areas:	Parking is permitted	at the Boca Grand Community Center. All vehicles must use designated parking area.
	Event Parking must County Sheriff's Off	be adhered to in accordance with Lee County Ordinance No. 25-16, enforced by Lee ice. A copy of this ordinance has been e-mailed to the applicant.
Special Arrangements:	Event organizer will	work with site supervisor for site specific event needs.
	Grande Park proper drinking and overco	served by properly licensed and permitted vendors and must remain within Boca ty. Trained personnel must monitor alcohol service areas to prevent underage onsumption. The use of glass bottles is strictly prohibited. The sale and consumption of must end no later than 1½ hours before the event concludes.
	18-27 as amended).	adhere to Lee County and Parks & Recreation Ordinances (25-14, 22-10) and (18-12, Pursuant to Lee County Ordinance No. 25-14, smoking and vaping is not permitted at yor within the boundaries of any public park facility or public beach.
	Print Name:	Trever Snearley
	Signature:	
	Title:	Countywide Services Manager
	Date:	11/3/2025

BOCA - BOCA GRANDE LEVE ENTERTATINHENT SERIES

(11/10/25), (11/21/25), (12/9(25), (1/6/26), (1/12/26), (1/22/26)

(2/9/26), (2/12/26), (2/12/26), (2/12/26), (1/22/26)



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

Check the appropriat	te box(es) bel	ow:	
SPECIAL EVE	NT PERMIT		
USE OF COUIT IN THE SERVING TO SERVING THE SERVING THE SERVING TO SERVING THE SERVING T	ELL AND CONSI	PERMIT It is a BYOB, No Selling JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	/ FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
nsurance Requirements:	occurrence to pro aforementioned In addition, Host (\$1,000,000) per o	eral liability insurance with minimum limits of One Million Intect against bodily injury and/or property damage relative event within Lee County. Liquor Liability insurance will be required with minimum liboccurrence. Should Host Liquor Liability coverage be affor policy, minimum acceptable limits will be Two Million Dolla	e to applicants use of mits of One Million Dollars d under the Commercial
Special Arrangements:	political subdivisi the certificate ho subrogation with	isurance shall be submitted as evidence of the required co- tion and Charter County of the State of Florida, P.O. Box 398 Ider and as an automatic additional insureds and includes a regard to general liability. The certificate holder is an additiony basis with regards to general liability. of insurance.	3, Fort Myers, FL 33902 as an automatic waiver of
	Print Name: Signature: Title: Date:	Mike Figueroa Mike Figueroa Risk Program Manager October 6, 2025	
		00.000.0, 2020	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2025

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).

to the continuate helder in hea of cach charter company).					
PRODUCER Italiano Insurance Svcs Inc	CONTACT NAME:				
441 Palm Ave	PHONE (A/C, No, Ext):	(941)-964-0400 FAX (A/C, No): (409) 722-2			22-2905
Boca Grande, FL 33921	E-MAIL ADDRESS:	carey@italianoins.com			
		INSURER(S) AFFORDING COVERAGE			NAIC#
	INSURER A:	Great American Insurance Company			16691
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND	INSURER B:				
ITS PARTICIPATING MEMBERS: Friends of Boca Grande Community Center, Inc.	INSURER C:				
PO BOX 1222	INSURER D:				
BOCA GRANDE, FL 33921-1222	INSURER E:				
	INSURER F:				

COVERAGES CERTIFICATE NUMBER: GAS170583 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.

IN:	SR R	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	GEN	IERAL LIABILITY			· ·			EACH OCCURRENCE	\$1,000,000			
	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000			
A		CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$0			
	۸ 🔲				PAC 4725038	11/10/2025 12:00 AM	04/07/2026 12:01 AM	PERSONAL & ADV INJURY	\$1,000,000			
						12.0071111	12.01740	GENERAL AGGREGATE	\$2,000,000			
	GEN'L	L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000			
	X	POLICY PRO- JECT LOC						Host Liquor Liability	included			
Γ	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)				
1		ANY AUTO						BODILY INJURY (Per person)				
		ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)				
	H-1	HIRED AUTO NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)				
Γ		UMBRELLA LIAB OCCUR						EACH OCCURRENCE				
1		EXCESS LIAB CLAIMS-MADE						AGGREGATE				
	1	DED RETENTION \$										
	Prof	fessional Liability	х		PAC 4725038	11/10/2025 12:00 AM	04/07/2026 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	\$1,000,000 \$1,000,000			

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

Covered Activities: Multiple Community Events; Back Boca Bash – Free Outdoor Concert, Rythmn N Boots Series! Indoor Event Concert Series, All That Jazz Concert Series, Film Festival Reception & Film Festival Screenings, & Speaker Reception

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

OK 10.06.2025

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of County Commissioners P.O. Box 398

Fort Myers, FL 33902

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Italiano Insurance Sycs Inc

Administrative Offices

CERTIFICATE OF COVERAGE

This certificate of coverage, together with the attached master policy and any endorsement(s) constitute the policy issued to the Certificate Holder. Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS:

Sports and Recreation Providers Association 1776 South Naperville Road, Building B Wheaton IL 60189

CERTIFICATE HOLDER NAME AND ADDRESS:

Friends of Boca Grande Community Center, Inc. PO BOX 1222 BOCA GRANDE, FL 33921-1222

DESCRIPTION OF OPERATIONS:

Multiple Community Events; Back Boca Bash – Free Outdoor Concert, Rythmn N Boots Series! Indoor Event Concert Series, All That Jazz Concert Series, Film Festival Reception & Film Festival Screenings, & Speaker Reception

ITEM 1.

COVERAGE PERIOD:

Effective:

11/10/2025

04/07/20

At 12:01 A.M. Standard Time at The Address of the Certificate Holder

To:

CERTIFICATE NUMBER:

GAS170583

ITEM 2.

INSURER

INSURER

MASTER POLICY NUMBER

Great American Insurance Company

PAC 4725038

ITEM 3.

AGENTS NAME AND ADDRESS

Francis L. Dean & Associates, LLC 12800 University Drive, Suite 125 Fort Myers, FL 33907

ITEM 4.

SCHEDULE OF CHARGES

Total Premium (If Applicable):

Premium:

\$1,918.30

Charged By Insurance Company

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

ITEM 5.

SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

General Aggregate Limit (Other Than Products Completed Operations) \$2,000,000.00
Products-Completed Operations Aggregate Limit \$2,000,000.00
Personal and Advertising Injury Limit \$1,000,000.00
Each Occurrence Limit \$1,000,000.00

Damage to Premises Rented to You Limit \$300,000.00 (Any One Premises)
Medical Expenses Limit Not Covered (Any One Person)

LIQUOR LIABILITY COVERAGE FORM

Aggregate Limit

Not Covered

Each Common Cause Limit Not Covered

ABUSE OR MOLESTATION COVERAGE FORM

Aggregate Limit Not Covered Each Act of Abuse Not Covered

PROFESSIONAL LIABILITY

 Aggregate Limit
 \$1,000,000.00

 Each Act, Error or Omission
 \$1,000,000.00

HIRED AND NON-OWNED AUTO

Liability Limit Not Covered

ITEM 6.

MASTER POLICY FORMS & ENDORSEMENT SCHEDULE

Interline Business Forms and Endorsement Schedule:

IL 70 01 Business PRO Policy Common Dec

IL 00 17 Common Policy Conditions

IL 00 21 Nuclear Energy Liability Exclusion

IL 01 18 Illinois Changes

IL 01 47 Illinois Changes - Civil Union

IL 01 62 Illinois Changes - Defense Costs

IL 02 84 Illinois Changes-Cancellation and Nonrenewal

IL 70 69 Exclusion - Asbestos

IL 71 25 Named Insured Endorsement

IL 72 68 In Witness Clause

IL 72 73 Loss Prevention Services

IL 73 24 Global Sanction Endorsement

IL 73 68 Disclosure Pursuant to Terrorism Risk Insurance Act

IL 74 05 Risk Purchasing Group Endorsement

Commercial General Liability Coverage Form

CG 74 00 General Liability Declaration Page

CG 00 01 General Liability Coverage Form

CG 00 69 Exclusion - Violation of Law Addressing Data Privacy

CG 02 00 Illinois Changes – Cancellation and Nonrenewal

CG 20 01 Primary and Noncontributory - Other Insurance Condition

CG 21 01 Exclusion – Athletic or Sports Participants

CG 21 06 Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability – With Limited Bodily Injury Exception

CG 21 35 Exclusion - Coverage C - Medical Payments

CG 21 47 Employment Related Practices Exclusion

CG 21 50 Amendment of Liquor Liability Exclusion

CG 21 67 Fungi or Bacteria Exclusion

CG 21 71 Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism

CG 21 76 Exclusion of Punitive Damages Related to Terrorism

CG 40 35 Exclusion - Cyber Incident

CG 74 01 Supplemental Schedule

CG 77 94 Exclusion-Liability Arising Out of Lead

CG 82 24 Social Service Agency General Liability Broadening Endorsement

CG 83 61 Silica or Related Dust Exclusion

CG 83 66 Nuclear, Biological, or Chemical Exclusion

CG 90 82 Exclusion - Professional Services

CG 90 83 Exclusion - Abuse, Molestation, Harassment or Sexual Conduct

CG 91 26 Increased Deductible for Injuries to Certain Participants

CG 91 27 Failure to Provide Wavier and Release Sublimit

CG 91 48 Designated Special Events, Operations or Locations Exclusion

CG 91 49 Limitation of Coverage to Designated Operations or Locations

CG 91 69 Medical Payments at Your Request Endorsement

CG 92 22 Exclusion - Organic Pathogens

CG 92 49 Exclusion - Perfluoroalkyl or Polyfluoroalkyl Substances (PFAS)

SDM1136 Notice to Policy Holders

Professional Liability Coverage

CG 87 11 Professional Liability Declarations

CG 87 10 Professional Liability Coverage

CG 87 21 Illinois Changes

ITEM 7. IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:

The "Certificate Holder" must notify us if there is a change in operations or exposures, which increases the insurance company's risk of loss.

In consideration of the premiums paid by the "Certificate Holder", this policy provides coverage as set forth in the Certificate of Coverage. Coverage only applies to "Certificate Holders" for whom coverage has been placed in this program and by whom the premiums have been paid. Coverage does not apply to the "Policyholder".

Crowninshield Building

