

EVENT PERMIT



Ordinance 17-08

North Fort Myers Junior Football Association

PERMIT NUMBER: TMP2023-01051

Date(s) of Event: August 1, 2023 through December 31, 2023 8:00am until

10:00pm

Property Owner:

LEE COUNTY

Applicant:

Andrew Dilg 239-240-7562

Description:

Pop Warner Football and Cheer August 1, 2023 through December 31, 2023 Games

are August 26, 2023, September 2, 2023, September 9, 2023, September 16, 2023

and October 7, 2023. 8:00am until 10:00pm

Location of event:

2000 NORTH RECREATION PARK WAY, NORTH FORT MYERS, FL 33903

2000 -2051 North Recreation Park Way North Fort Myers Community 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?

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

North Fort Myers Junior Football Association

Imp2023-01051



Event Application

спеск	tne appropriate box(es) below:
	SPECIAL EVENT PERMIT
	▼ USE OF COUNTY PROPERTY PERMIT
	$\ \ \square$ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
	FILM PERMIT

I LICINI LEKIVILI						
Section I - GENERAL INFORMATION (All Permit Types)						
Title of Event / Name of Production	North Fort Myers Junior Football Association					
Date(s) of Event / Production:	Aug. 1st-Dec. 31stHome Games Are 8/26/23-9/2/23-9/9/23-9/16/23-10/7/23					
Location(s) of Event:	2000 Recreation Park Way North Fort Myers, Fl. 33903					
Name of Applicant:	Andrew Dilg					
Applicant Address:	P.O. Box 3802 North Fort Myers, Fl. 33918					
Applicant Phone Number:	(239)240-7562					
Contact Person: (If different from applicant)						
Contact Phone Number: (If different from applicant)						
Email Address:	nfmjfaknightsboard@gmail.com					
Estimated Attendance:	1000					
Event Description: Include each activity, when activities take place, etc.	Pop Warner Football And Cheer					
Hours of Operation:	8am-10pm					
STRAP # of Parcel:	35 43 00 0000 11000 3543240000011000					
Owner of Premises*:	Lee County Gov.					

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



What is the Zoning Classification of the $\mbox{\scriptsize I}$	oremises?	
Are any temporary structures to be insta	alled for the event? Yes X No	Type:
Do you have the appropriate permits for	the temporary structures?	Yes No
* For a 'Special Event' and 'Use of Count identified, including all parking areas.	y Property' permit, submit a site plan wit	th all proposed facilities and activities
Insurance Company Insuring the Event:		
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me 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	🔀 Yes 🔲 No	Yes X 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.
Providing Food:	lorth Fort Myers Jrunion	r Football Association
Section II - USE OF COUNTY PR	ROPERTY PERMIT	
Organization Sponsoring the Event:	orth Fort Myers Football Junic	or Association
Section III - SALE/CONSUMPT	TION OF ALCHOLIC BEVERAGES I	PERMIT
Is alcohol being sold/consumed on Cou	nty Property?	Yes 🗙 No
If Yes, then a "Lee County Alcohol Permit" is required.	Only non-profit organizations can sell alcohol on Count	ry Property.
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber:	
Please note: A permit from the State of Florida further details	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 for



e of Produc										
TV Movie o	or Special	TV Serie	es / Pilot		TV Comme	rcial		Still Ph	otos	
Public Serv	ice Announcement	Industria	I / Documentary		Other:					
ll any of the	following be neede	d or included [*]	?							
:	Street Closure				Yes		No			
	Traffic / Crowd Cont	rol			☐ Yes		No			
	Fire or Burning				☐ Yes		No			
	Explosives or Pyrote	chnics			☐ Yes		No			
	Animals, Large or Sr	nall			☐ Yes		No			
	Construction of Any	Kind			Yes		No			
	Large and/or Nume	ous Vehicles	generation and a relative engine coups to the train of the Taylor and Armon Alexandria		☐ Yes		No			
	Helicopters, Boats, o	etc.			☐ Yes		No			
	Stunts				Yes		No			
	Other				Yes		No			
		rther details b					,			
,	ing Requirements:						,			
Special Park				ities, et	c.)					
Special Park City or Cour The followin	ing Requirements: hty Services Required ng information is required. If exact figures are	d: (Personnel, uired for loca not available,	equipment, facili	ls on pr	oduction in ely as possib	le.			econon	nic impa
Special Park City or Cour The followin the industry Number in Co	ing Requirements: hty Services Required ng information is required. If exact figures are least:	d: (Personnel, uired for loca not available,	equipment, facili I and state record please estimate Number in Crew:	ls on pr as close	oduction in ely as possib Nur	le.		rack the	econon	nic impa
Special Park City or Cour The followin	ing Requirements: hty Services Required ng information is required. If exact figures are least:	d: (Personnel, uired for loca not available,	equipment, facili	ls on pr as close	oduction in ely as possib Nur	le.			econon	nic impa



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.

Signature of Applicant

Joy Moore

Print Name of Witness

Andrew Dilg

Print Name of Applicant and Title

Date

Date



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

•	UNTY PROPERTY F SELL AND CONSU	PERMIT IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT.
Parking:	To be handled by hired to contain an	event staff. If a large crowd is anticipated, additional deputies should be additional deputies should be additional deputies.
Deputies (How Many?):	2 deputies require according to the s play off games. At date should be su one week in advar	d per game. This permit page and the detail request form have been filled out chedule that was provided on the application and does not include any additionad ditional games that need be added to the schedule at a later bmitted via email to the Lee County Sheriff's Office Details units no later than nce.
Fee for Services:	There is a four ho Office Details Unit	ur minimum per deputy on all LCSO details. Contact the Lee County Sheriff's t for cost.
Special Arrangements:	If the detail is not the event may be	to be paid for in advance no less than one week prior to the start of each game, paid for in advance, Lee County Parks & Rec will be notified and cancellation of the result. LCSO is not responsible for seeking out payments. ponsible for confirming game dates and times prior to the start of re proper coverage. The league is responsible for any time worked by deputies ad detail times. All changes/additions to game dates or times must be done by its Unit. Should any game be cancelled/rescheduled, it is the responsibility of the ne Details Unit via email with 24 hour notice. Failure to do so will result in full
	Print Name: Signature:	P. Cummins
	Title:	Commander
	Date:	8·8·23



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 EV	ENT PERMIT						
☑ USE OF CO	UNTY PROPERTY	PERMIT					
☐ PERMIT TO	☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES						
☐ FILM PERM	1IT						
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.					
Fire Guards (How Many?)	None						
Fee for Services:	0.00						
Flammable Vegetation:	None						
First Aid Equipment:	Call 911 as nee	eded					
Fire Extinguishing:	None						
Special Arrangements:	None						
	Print Name:	Monique Brooks					
	Monique Brooks Date: 2023.08.07 17:03:01 -04'00'						
	Signature: Title:	Office Manager					
	Date:	08/07/2023					



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

Check th	ne appropriate	box(es	;) be	low:
----------	----------------	--------	-------	------

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	IT	
	·	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:		llow all CDC and FDOH directives, and the Florida Governor's Executive health and safety, especially with regards to COVID-19 and the number of ng at the event.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in office at EMSDetai	the event of an emergency. To arrange special event coverage, contact our il@leegov.com.
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins DN: cri-Douglas DN: cri-Dougl

Captain, EMS Operations

August 8, 2023

Title:

Date:



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

Check the appropri	iate box(es) bel	ow:
SPECIAL EV	VENT PERMIT	
⋉ USE OF CO	OUNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERN	ΛIT	
	•	LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY 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:	Please use Lee Co	unty Sheriff's office for assistance with traffic control.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.07.28 06:46:37 -04'00'
	Title:	Project Manager
	Date:	07/28/2023



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

Check the appropri	ate box(es) bel	ow:
⊼ SPECIAL EV	ENT PERMIT	
ズ USE OF CO	UNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
厂 FILM PERM	1 I T	
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Illumination:	Field lights will be	turned off by 11 pm on Saturday nights.
Parking Areas:	streets remain ope	ust develop a parkign plan with parking attendance to ensure all driveways and en and clear for emergency vehicles to access the property and fields.
Special Arrangements:	all the officials and all the Youth Leagu Recreation Ordinal through Lee Coun- 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 ue Agreement per building, fire and life safety codes as well as the Parks and nce (18-12 and 18-27). Ensure any outside vendors are approved as mobile vendors ty 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 helter during lightning alerts and threatening weather.
	Print Name:	Colleen Via
	Signature:	Callee Via
	Title:	Operations Manager
	Date:	8/3/2023

North - Yorth F.B. 8/14, 10/1/2023

Page | 10



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

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

Date:

Cneck the appropriat	e box(es) bei	OW:				
SPECIAL EVE	NT PERMIT					
USE OF COU!	JNTY 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:	Commercial general liability insurance to include participant legal liability coverage with minim 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 I	Read As:				
	and public officia with regard to ge	elitical 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:	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:	Mike figur				
	Title:	Risk Program Manager				

July 31, 2023



LEE COUNTY VISITOR & CONVENTION BUREAU 2201 SECOND STREET, SUITE 600 FORT MYERS, FLORIDA 33901 (239) 338-3500

Check the appropria	ite box(es) below:	
FILM PERM	IT ONLY	
	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT TO COMPLY WITH FOR THEIR EVENT.	
Special Arrangements:		
Other:		
	Print Name:	
	Signature:	
	Title:	
	Date:	

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/24/2023 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) PRODUCER CONTACT NAME: Anita Bliss K&K INSURANCE GROUP, INC. 1712 MAGNAVOX WAY PHONE (A/C, No. Ext): 800-441-3994 x5569 or x5053 PO BOX 2338 FORT WAYNE IN 46801 E-MAIL ADDRESS: pop.warner@kandkinsurance.com INSURER(S) AFFORDING COVERAGE INSURED INSURER A: Granite State Insurance Company 23809 MEMBER NO: National Union Fire Insurance Company of Pittsburgh, North Ft. Myers Junior Association 19445 2205 SE 10TH TER INSURER C: Zurich American Insurance Company 16535 Cape Coral, FL 33990 INSURER D: INSURER E: INSURER F: **COVERAGES CERTIFICATE NUMBER:**W00004667 **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. POLICY EXP (MM/DD/YYYY) POLICY EFF ADDL SUBR INSD WVD TYPE OF INSURANCE POLICY NUMBER LIMITS (MM/DD/YYYY) X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$1,000,000 08/01/2023 08/01/2024 PREMISES (Ea occurrence) AIL 0003450266600 Υ MED EXP (Any one person) Excluded 12:01 AM 12:01 AM PERSONAL & ADV INJURY \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$3,000,000 POLICY LOC PRODUCTS-COMP/OP AGG \$1,000,000 OTHER: PARTICIPANT LEGAL LIABILITY \$1,000,000 COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS ONLY HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) UMBRELLA LIAB OCCUR EACH OCCURRENCE В EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? PER STATUTE Y/NE.L. EACH ACCIDENT (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT AD&D EXCESS MEDICAL \$10,000 08/01/2023 08/01/2024 PARTICIPANT ACCIDENT \$100,000 ZPX 0000485085402 12:01 AM 12:01 AM DEDUCTIBLE \$500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED Owner/Lessor/Manager of Premises Utilized for Insured's Activities SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000.000 AGGREGATE CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Lee County BOCC THE EXPIRATION DATE THEREOF, NOTICE ACCORDANCE WITH THE POLICY PROVISIONS. WILL BE DELIVERED IN PO Box 398 Ft Myers, FL 33906 AUTHORIZED REPRESENTATIVE Scott humand

ACORD 25 (2016/03)

<<D>>>

$\mathsf{ACORD}_{^\mathsf{m}}$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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). K&K INSURANCE GROUP, INC. CONTACT NAME: 1712 MAGNAVOX WAY Anita Bliss PO BOX 2338 PHONE FORT WAYNE IN 46801 (A/C, No. Ext): 800-441-3994 x5569 or x5053 E-MAIL ADDRESS: pop.warner@kandkinsurance.com INSURED INSURER(S) AFFORDING COVERAGE MEMBER NO: INSURER A: Granite State Insurance Company North Ft. Myers Junior Association NSURER B: National Union Fire Insurance Company of Pittsburgh, 23809 2205 SE 10TH TER 19445 Cape Coral, FL 33990 INSURER C: Zurich American Insurance Company 16535 INSURER D: INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER:**W00004674 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 EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	, [ITS SHOWN MAY HAVE I	BEEN REDUCER		MS'	J ALL THE TERMS,
			INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	-	CLAIMS-MADE X OCCUR	1	1 '			1	EACH OCCURRENCE	\$1,000,000
			Υ	'	AIL 0003450266600	08/01/2023	08/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
ĺ	_		1 '	1 '	1	12:01 AM	12:01 AM	MED EXP (Any one person)	Excluded
1	GEN	N'L AGGREGATE LIMIT APPLIES PER:	1 '	1 '				PERSONAL & ADV INJURY	\$1,000,000
l		POLICY PRO- JECT LOC	1 1	1 '		'		GENERAL AGGREGATE	\$3,000,000
		OTHER:	1 1	1 1	1	·		PRODUCTS-COMP/OP AGG	\$1,000,000
[AUT	TOMOBILE LIABILITY				-		PARTICIPANT LEGAL LIABILITY	\$1,000,000
		ANY AUTO	, 1	1 1	1	'	1	COMBINED SINGLE LIMIT (Ea Accident)	
I = I		OWNED SCHEDULED AUTOS ONLY	, 1	1 1	1	'	'	BODILY INJURY (Per person)	
1 1		HIRED NON-OWNED	, 1	1 1	1	'	1	BODILY INJURY (Per accident)	
. 1		AUTOS ONLY AUTOS ONLY	,)	, 1	1			PROPERTY DAMAGE (Per accident)	
		UMBRELLA LIAB OCCUR						(FOI GOOGETIC)	
В		EXCESS LIAB CLAIMS-MADE	.	.	í.			EACH OCCURRENCE	
		DED RETENTION			·]	i +	AGGREGATE	
-	WOF	RKERS COMPENSATION							
- 13	ANY	PROPRIETOR PARTIES Y/N		.	,			PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [Mandatory in NH) [I yes, describe under		N/A				1 +	E.L. EACH ACCIDENT	
- 11			""				i		
	JEON	CRIPTION OF OPERATIONS below			,	1	i –	E.L. DISEASE – EA EMPLOYEE	
C	PAP	RTICIPANT ACCIDENT						E.L. DISEASE - POLICY LIMIT	
					21 / 0000485085402	112.01 AM	1001 444	CACCOS MEDICAL	\$10,000 \$100,000
DESCF	RIPTIC	ON OF OPERATIONS / LOCATIONS / VEHICLES	(ACO	RD 101	I. Additional Remarks Sohs	- de la constant		, and a second	\$500
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)									

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, BUT SOLELY WITH RESPECT TO THE ACTIVITIES OF THE NAMED INSURED

SEXUAL ABUSE/MOLESTATION: \$1,000,000 PER OCCURRENCE/\$2,000,000 AGGREGATE

CERTIFICATE HOLDER	CANCELLATION
Ft. Myers, FL 33916	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
< <d>></d>	Scott hunhal