

EVENT PERMIT



Ordinance 17-08

LaMesa RV Show and Sale

PERMIT NUMBER: TMP2022-00143

Date(s) of Event: June 16, 2022 - June 19, 2022

Property Owner:

NESV FLORIDA REAL ESTATE LLC

Applicant:

Reyna Reyes

6232953001

Description:

RV show and Sales at Jetblue Park June 16, 2022 through June 19, 2022 from

9:00AM until 6:00PM daily

Location of event:

CANVAS ALY, FORT MYERS, FL 33913

Jetblue park

Will the event be attended by 1000 or more people?

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

No

ounty Manager Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

La Mesa RV Show and Sales

TMP2002-00143



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

| Title of Event / Name of Production | RV Show and Sale |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|
| Date(s) of Event / Production: | June 16th-19th, 2022 |
| Location(s) of Event: | JetBlue Park - 11500 Fenway South Dr. Ft. Myers, Fl. 33913 |
| Name of Applicant: | La Mesa RV Inc. (Florida) |
| Applicant Address: | 7525 W. McDowell Rd. Phoenix, AZ 85035 |
| Applicant Phone Number: | (858) 874-8095 |
| Contact Person: (If different from applicant) | Reyna Reyes |
| Contact Phone Number: (If different from applicant) | (480) 615-5197 |
| Email Address: | rreyes@lamesarv.com |
| Estimated Attendance: | 500 People throughout the day not @ the same time |
| Event Description: Include each activity, when activities take place, etc. | RV Show and Sales |
| Hours of Operation: | 9am - 6pm Daily |
| STRAP # of Parcel: | 24-45-25-02-00004.0000 24-45-25-02-00005.0000 |
| Owner of Premises*: | NE SV Florida Real Estate LLC |

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



| What is the Zoning Classification of the | premises? Mixed use plan | ned development | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Are any temporary structures to be inst | talled for the event? 🗆 Yes 🗀 No | Type: Canopy 1-20x20 | | | | | | | | |
| Do you have the appropriate permits for | or the temporary structures? | | | | | | | | | |
| * 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: Federated Insurance | | | | | | | | | |
| Note: Certificate of Insurance must be submitte | d at time of application | | | | | | | | | |
| Surety Company Bonding this Event (N | 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 | ├─ 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: | V/A | | | | | | | | | |
| Type of Food being Served: N/A | | | | | | | | | | |
| | | | | | | | | | | |
| Section II - USE OF COUNTY P | ROPERTY PERMIT | | | | | | | | | |
| Organization Sponsoring the Event: | a Mesa RV | | | | | | | | | |
| | | | | | | | | | | |
| Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT | | | | | | | | | | |
| Is alcohol being sold/consumed on Cou | inty Property? | Yes X No | | | | | | | | |
| If Yes, then a "Lee County Alcohol Permit" is required | . Only non-profit organizations can sell alcohol on Cour | nty Property. | | | | | | | | |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | iber: | | | | | | | | | |
| 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 | | | | | | | | |



| Type of Production (choose all that apply): | | | | | | |
|------------------------------------------------------------------------------------------------|-------------------------|----------|---------------|-----------|--------------|--------------|
| TV Movie or Special TV Se | eries / Pilot | | TV Commercial | Γ | Still Photos | |
| Public Service Announcement Indus | trial / Documentary | | Other: | | | |
| Will any of the following be needed or include | ed*? | | | | | |
| Street Closure | | | Γ Yes Γ | No | | |
| Traffic / Crowd Control | | | Yes | No | | |
| Fire or Burning | | | ┌ Yes ┌ | - No | | |
| Explosives or Pyrotechnics | | | ┌ Yes ┌ | - No | | |
| Animals, Large or Small | | | ┌ Yes ┌ | No | | |
| Construction of Any Kind | | | ┌ Yes ┌ | No | | |
| Large and/or Numerous Vehicle | es | | ┌ Yes ┌ | - No | | |
| Helicopters, Boats, etc. | | | Γ Yes Γ | No | | |
| Stunts | | | Γ Yes Γ | - No | | |
| Other | | | ┌ Yes ┌ | - No | | |
| Special Parking Requirements: | | | | | | |
| City or County Services Required: (Personn | el, equipment, faciliti | ies, etc | :.) | | | |
| The following information is required for lo the industry. If exact figures are not availab | | | | * . | | ic impact of |
| Number in Cast: | - Mumber in Crew: | | | or locals | | |
| Total budget: | Estimate amount spe | ent in L | ee County: | | | |
| Hotel room nights: | Number of shooting | days: | | | | |
| number of rooms x number of nigh | its | | | | | |



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, consission 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

State Low

Print Name of Applicant and Title

State

Print Name of Witness

5-5-1022

Date

Reuna Reurs

Print Name of Witness

515 122

Date



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

| Check the appropria | te box(es) below: |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| SPECIAL EVE | ENT PERMIT |
| | UNTY PROPERTY PERMIT |
| PERMIT TO | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | T |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT. |
| Parking: | Parking for the 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 |
| Special Arrangements: | According to the vendor, alcohol will not be sold or consumed during the event. Traffic for the event should not impede the regular flow of traffic. |
| | Print Name: Captain S. Brady Signature: Special Events, Permits and Details Date: 5/16/27 |



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 EN | /ENT PERMIT | | | |
|----------------------------------------------|----------------------------------------------|------------------------------|----------------------------------------------------------------------|----------------------------|
| ☐ USE OF CC | UNTY PROPERTY | PERMIT | | |
| FILM PERN | NIT | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | | | W WHAT ARRANGEMENTS NT. | S YOUR ORGANIZATION |
| Fire Guards (How Many?) | NA | | | |
| Fee for Services: | NA | | | |
| Flammable Vegetation: | NA | | | |
| First Aid Equipment: | Call 911 if needed | | | |
| Fire Extinguishing: | Provide extinguishe this will be acceptab | | oughout. If each RV has an exti | nguisher contained within, |
| Special Arrangements: | Ensure that Fire Dep | oartment Access Roads are | maintained at all times. | |
| | Print Name: | Nate Burley | | - |
| | Signature: | Nate Burley | Digitally signed by Nate Burley Date: 2022.05.06 13:27:15 -04'00' | - |
| | Title: | Division Chief - Fire & Life | Safety | - |
| | Date: | May 6, 2022 | | |



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

Check the appropriate box(es) below:

- □ 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.

| Treatment Facilities: | None necessary | y. | | | | | | | | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| Medical Personnel: | None necessary | None necessary. | | | | | | | | |
| Medical Supplies / Equipment: | None necessary | y. | | | | | | | | |
| Safety Requirements: | Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event. | | | | | | | | | |
| Fee for Services | Not applicable. | | | | | | | | | |
| Special Arrangements: | 1 | in the event of an emergency. To arrange special event act our office at EMSDetail@leegov.com. | | | | | | | | |
| | Print Name: | Douglas B. Higgins | | | | | | | | |
| | Signature: | Douglas B. Higgins Dougla | | | | | | | | |
| | Title: | Division Chief, Support Services | | | | | | | | |
| | Date: | May 10, 2022 | | | | | | | | |



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

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION

| Check the | appropri | ate l | box(| es) | bel | ow: |
|-----------|------------|-------------|------|-----|-----|-----|
| X | SPECIAL EV | VENT | PERI | МІТ | | |

FILM PERMIT

□ USE OF COUNTY PROPERTY PERMIT

| WILL REQUIRE THE APPL | ICANT TO COMP | LY WITH FOR THEIR EV | ENT. | | | | | |
|-----------------------|---------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------|---|--|--|--|--|
| Parking: | No event parking p | lo event parking permitted on Lee County maintained road rights-of-way. | | | | | | |
| Ingress and Egress: | Use all established | means of ingress and egre | ess. | | | | | |
| Special Arrangements: | Use Lee County Sh | eriff's Office as needed for | traffic control. | | | | | |
| | Print Name: | Bryan Miller | | - | | | | |
| | Signature: | Bryan Miller | Digitally signed by Bryan Miller Date: 2022.05.09 13:42:50 -04'00' | | | | | |
| | Title: | Senior Project Manager | | - | | | | |
| | Date: | May 9, 2022 | | - | | | | |



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

| Check the appropri | iate box(es) bei | low: |
|-----------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ⊠ SPECIAL E | VENT PERMIT | |
| **** | OUNTY PROPERTY | PERMIT |
| ent. | | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | AIT | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| Illumination: | | ust follow county ordinance and FAA regulations. Event organizer must provide their hting as needed for safety during event set up and breakdown. |
| Parking Areas: | site staff to ensure | responsible to direct patrons to the designated parking locations. Must work with on- that vehicles do not block driveways and private roadways so emergency vehicles Organizer must provide adequate staff/volunteers along with directional signage for |
| Special Arrangements: | control and debris staff to designate t Participants and sp | responsible to provide adequate staff/volunteers throughout the event for litter clean up during and after the event. Work with Red Sox staff and the on-site park he debris/trash collection area during and after the event. Dectators must disperse and leave the park area to seek safe shelter in their vehicles erts and threatening weather. |
| | Print Name: Signature: Title: Date: | Colleen Via Authu Via Operations Manager 05/06/2022 |
| | | |

Jet Blue - La Mesoe June 16-19, 2022



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

| Check the appropriat | te box(es) below: | | | | | | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| | NT PERMIT | | | | | | | |
| ∇ USE OF COU | NTY PROPERTY PERMIT | | | | | | | |
| PERMIT TO S | ELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | | |
| FILM PERMIT | Г | | | | | | | |
| | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION CANT 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. | | | | | | | |
| Special Arrangements: | A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured. Subject to proof of insurance. | | | | | | | |
| | Print Name: Mike Figueroa | | | | | | | |
| | Signature: 24 / 1. | | | | | | | |

Risk Program Manager

May 9, 2022

Title:

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/07/2022

| THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR REGATIVELY 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(les) 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 | certi | neme | nolder in Hell of such end | COUTAGE | | | | | |
| FEDERATED MUTUAL INSURANCE COM | PANY | | | PHONE CLIEN | T CONTACT CE | NTER | | | |
| HOME OFFICE: P.O. BOX 328 | | | | PHONE (AJC, No. Ext): 888- | 333-4949 | FAX (A/C, No): 507-446 | -4664 | | |
| OWATONNA, MN 55060 | | | | | | ER@FEDINS.COM | T HAIC# | | |
| | | | | | HSURER(8) AFFOR | E INSURANCE COMPANY | 28304 | | |
| INSURED | | | 386-084-8 | INSURER O: | THE BENTIE | I III I I I I I I I I I I I I I I I I | 20007 | | |
| LA MESA RV CENTER INC | | | 000-001-0 | INSURER CI | | | | | |
| 7525 W MCDOWELL RD | | | | INSURER D: | | | | | |
| PHOENIX, AZ 85035-4401 | | | | INSURER E: | | | 1 | | |
| | | | | INSURER F: | | | 1 | | |
| COVERAGES CE | RTIFIC | DATE | NUMBER: 109 | | | REVISION NUMBER: 8 | | | |
| THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MAY P AND CONDITIONS OF SUCH POLICIES. LI | ES OF EQUIR ERTAIN | INSU EMEN V, THE HOWN | RANCE LISTED BELOW HA T, TERM OR CONDITION O INSURANCE AFFORDED BY MAY HAVE BEEN REDUCED | BY PAID CLAIMS. | | | LICY PERIOD WHICH THIS EXCLUSIONS | | |
| INSR LTR TYPE OF INSURANCE | THER | SUBR | POLICY NUMBER | (MM/DDYYYY) | (NINIDD(YYYY) | шипз | | | |
| COMMERCIAL GENERAL MABILITY | 1 | | | | | EACH OCCURRENCE | | | |
| CLAVMS-MADE OCCUR | 1 | 1 | | | | PREMISES (EA OCCUTEDOS) | | | |
| | | 1 | | | | MED EXP (Any one person) | | | |
| | | 1 | | 1 | | PERSONAL & ADVINJURY | | | |
| OF IL AGOREGATE LIMIT APPLIES PER: | | 1 | | 1 | | OENERAL AGOREOATE | | | |
| POLICY PRO- | 1 | 1 | | | | PRODUCTS - COMP/OP AGO | | | |
| OTHER: | +- | ⊢ | | | | COMPANY CINCIE LIMIT | | | |
| AUTOMOBILE BIABILITY | 1 | 1 | | | | COMBINED SINGLE LIMIT | | | |
| SCHEDULED | | 1 | | | | BODILY INJURY (Per person) | | | |
| OWNED AUTOS ONLY AUTOS | | 1 | | | | BODILY INJURY (Per accident) | | | |
| HIRED AUTOS ONLY NON-OWNED | 1 | 1 | | | 1 | PROPERTY DAMAGE | | | |
| | + | - | | | | | | | |
| UMBRELLA LIAB CCCUR | 1 | 1 | | | | EACH OCCURRENCE | | | |
| EXCESS LIAB CLAMS-MA | Æ | 1 | | | | AGGREGATE | | | |
| DED RETENTION WORKERS COMPENSATION | + | - | | | | | | | |
| AND EMPLOYERS' LIABILITY Y | | | | | | PER STATUTE OTH- | | | |
| ANY PROPRIETORIPARTNERIEXECUTIVE OFFICERIMEMBER EXCLUDED? | ILLA | | | | | E.L. EACH ACCIDENT | | | |
| (Mandelory in HH) | 7 | 1 | | 1 | | E.L. DISEASE - EA EMPLOYEE | | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L DISEASE - POLICY LIMIT | | | |
| AUTO DEALER LIABILITY | Y | Y | 9145652 | 05/01/2022 | 05/01/2023 | AUTO LIAI - EA ACCIDENT | \$1,000,000 | | |
| A | | 1 | | 1 | | GENERAL LIABILITY | | | |
| l^l | | 1 | | 1 | | · EACH ACCIDENT | \$1,000,000 | | |
| | | | | | | · AGOREGATE | \$2,000,000 | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHX | LES (AC | ORD 1 | 01, Additional Remarks Schedule, m | sy be attached If more s | pace is requires) | | | | |
| SEE ATTACHED PAGE | | | OK 05/0 | 09/2022 | | | | | |
| ¥i | | | | | | | | | |
| | | | Ship | Foi. | _ | | | | |
| CERTIFICATE HOLDER | | | | CANCELLATION | | | | | |
| 386-084-8 | | | 199 6 | T | | | | | |
| BOSTON RED SOX CLUB LIMITED PAR 4 JERSEY ST BOSTON, MA 02215-4148 | INERS | HIP | 1000 | 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 DEPOS | SENTATIVE | | | | |
| AUTHORIZED REPRESENTATIVE | | | | | | | | | |

© 1888-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (NUMBERTYYY) 04/07/2022

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(les) 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).

| PROD | JCER | | CONTACT CLIENT CONTACT CENTER | | | | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------|--------------------|--|
| | ERATED MUTUAL INSURANCE COMPANY | | | PHONE FAX | | | | |
| | ME OFFICE: P.O. BOX 328 TONNA, MN 55060 | | | E-MAIL ADBRESS; CLIENTCONTACTCENTER@FEDINS.COM | | | | |
| | | | | | NSURER(S) AFFOR | DING COVERAGE | HAIC # | |
| | | | | INSURER A: FEDERATED SERVICE INSURANCE COMPANY | | | | |
| INSUR | • | | 386-084-8 | INSURER B: | | | | |
| | AESA RV CENTER INC | | | Insurer of | | | | |
| | W MCDOWELL RD ENIX, AZ 85035-4401 | | | INSURER D: | | | | |
| 1110 | 211174 F 22 2000 1101 | | | INSURER E; | | | | |
| | | | | INSURER F: | | | | |
| COV | ERAGES CERTIFIC | CATE | NUMBER: 199 | | | REVISION NUMBER: 0 | | |
| Ih C | HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING AMY REQUIR ERTIFICATE MAY BE ISSUED OR MAY PERTAIN NO CONDITIONS OF SUCH POLICIES. LIMITS S | REMENT N, THE | r, term or condition (Insurance afforded by | OF ANY CONTRAC THE POLICIES DES | T OR OTHER D | OCUMENT WITH RESPECT | TO WHICH THIS | |
| INSR | TYPE OF INSURANCE INS | L SUBR R WVD | Policy Number | POLICY EFF | POLICY EXP (MAUDOLYYYY) | инта | , | |
| | COMMERCIAL GENERAL LIABILITY | 1 | | | | EACH OCCURRENCE | | |
| Ì | CLAIMS-MADE OCCUR | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | | |
| Ì | | 1 | | | | MED EXP (Any one person) | | |
| ł | | | • | | | PERSONAL & ADVINDIRY | | |
| | QEN'L ACOREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | | |
| 1 | POLICY PRO- | | | | | PRODUCTS - COMPJOR AGO | | |
| 1 | OTHER: | | | | | PRODUCTS * COMPACT FACE | | |
| | AUTOMOBILE LIABILITY | + | | | | COMBINED SINGLE CIMIT | | |
| 1 | OTUA YAA | | | | | Es sericent BODILY INJURY (Per person) | - | |
| | SCHEDULED | | • | | | BODILY INJURY (Per accident) | | |
| | HON-OWNED | | | | | PROPERTY DAMAGE | | |
| | HIRED AUTOS ONLY AUTOS ONLY | | | | | iPar accident | | |
| _ | | - | | | | | | |
| 1 | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | | |
| | EXCESS LIAB CLAIMS NADE | | | | | AGGREGATE | | |
| | DED RETENTION WORKERS COMPENSATION | +- | | | | I NAME. | | |
| | WANTERS COMPENSATION | | | 1 | | PER STATUTE OTH | | |
| | ANY PROPRIETORIPARTNERIEXECUTIVE | ا | | | | E.L. EACH ACCIDENT | | |
| | (Mandatory in NH) | ` | | | | E.L. DISEASE - EA EMPLOYEE | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L DISEASE - POLICY LIMIT | | |
| | AUTO DEALER LIABILITY Y | İγ | 9145652 | 05/01/2022 | 05/01/2023 | AUTO LIAB - EA ACCIDENT | \$1,000,000 | |
| | | | | | | OENERAL LIABILITY | | |
| Α | | | | | | - EACH ACCIDENT | \$1,000,000 | |
| | | | | | Ì | - AGOREGATE | \$2,000,000 | |
| | RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A ATTACHED PAGE | .CORD 10 | ol, Addisonal Remarks Schoeule, a | nay be attached if more s | beco (a technica) | | 4 2,000,000 | |
| | | | | - | | · | · | |
| CER | TIFICATE HOLDER | | | CANCELLATION | | | | |
| 386-084-8 199 6 BOSTON RED SOX CLUB LIMITED PARTNERSHIP 4 JERSEY ST BOSTON, MA 02215-4148 | | | | 6 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 Muhad 6 Kenn | | | ^ | |

© 1988-2015 ACORD CORPORATION. All rights reserved.

| AGENCY CUSTOMER ID: | 386-084-8 |
|---------------------|-----------|
| 100 11 | |



ADDITIONAL REMARKS SCHEDULE

Page __1_ of __1_ ILAMESA RV CENTER INC 7525 W MCDOWELL RD PHOENIX, AZ 85035-4401 AGENCY FEDERATED MUTUAL INSURANCE COMPANY FOLICY NUMBER SEE CERTIFICATE # 199.6

| CARRIER | NAIC CODE | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------|--|
| SEE CERTIFICATE # 199.6 | | EFFECTIVE DATE: SEE CERTIFICATE # 199.6 | |
| ADDITIONAL REMARKS | | | |
| THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, | | | |
| FORM NUMBER:25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE | | | |
| RE: RV SHOW & SALE OR RV DISPLAYS AT JETBLUE PARK 11500 FENHAY S DR FORT HYERS FL 33913 FEB 7-16, HARCH 1-3, MAY 16-25, JUNE 13-22, OCTOBER 3-12 & NOV 28-DEC 7 2022 BOSTON RED SOX DASEBALL CLUB LIHITED PARTNERSHIP, NEW ENGLAND SPORTS VENTURES LLC, N.E.S.V I, LLC, N.E.S.V. II, LLC; N.E.S.V. IV, LLC, LEE COUNTY BOARD OF COUNTY COMMISSIONERS AND NESV FLORIDA REAL ESTATE LLC. ARE INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE AUTO DEALER LIABILITY POLICY. AUTO DEALERS COVERAGE FORM CONTAINS A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

ACORD 101 (2008/01)

© 2008 ACORD CORPORATION. All rights reserved.



1903 1912 1915 1916 1918 2004 2007 2013 2018

February 22, 2022

To Whom It May Concern:

The Boston Red Sox and NESV Florida Real Estate hereby grant La Mesa RV with a place of business at 7430 Copley Park Place San Diego, CA 92111 permission to access land owned by NESV Florida Real Estate and surrounding parking lots located at 11500 Fenway South Drive to host a RV Show during the dates June 13th to June 22nd, 2022. The times for each day are as followed:

June $13^{th} - 19^{th}$ 2022 – Move In/Setup. 7:00 am to 7:00 pm. June $16^{th} - 19^{th}$ 2022 – Event/show at 7:00 am – 8:00 pm. June 20^{rd} - 22^{nd} 2022 – Load Out 7:00 am -7:00pm.

The parcels of land used for the RV Show have the following strap numbers:

- #24-45-25-02-00001.0000
- #24-45-25-02-00002.0000
- #24-45-25-02-00003.0000
- #24-45-25-02-00004.0000
- #24-45-25-02-00005.0000

Please let us know if there is any additional information needed.

Thank you.

Sincere

Jay Fundel

Senior Manager of Florida Ballpark Operations |

Boston Red Sox | JetBlue Park

11500 Fenway South Drive | Fort Myers, FL | 33913

Phone: 239-226-4734 | Cell:239-989-7477

Fax: 239-226-4767

Email: jfandel@redsox.com

State of Florida

County of

Subscribed and sworn to (or affirmed) before me this _22 _ day of February , 20 22

By Jay Fandel

Personally known ___ OR produced identification

Type of identification produced TL Drivers License

Notary Name Here, Notary Public My Commission Expires 5

My Commission Expires 5/12/300

Notar Co My Co

KEVIN WOODBURY Notary Public - State of Florida Commission # GG 333288 My Comm. Expires May 12, 2023

La Mesa RV Show @ jetBlue Park

Legend:
RV =
Portapottie •
20'x20' Canopy =