

EVENT PERMIT



Ordinance 17-08

2024 Race to Give

PERMIT NUMBER: TMP2023-01269

Date(s) of Event: January 13, 2024 from 7:00AM until 10:00AM

Property Owner:

LEE COUNTY

Applicant:

Apex Promoz LLC

443-244-1533

Description:

5k Fundraiser for Salvation Army of Lee, Hendry, and Glades Counties happening on

Saturday, January 13, 2024 from 7:000AM until 10:00AM

Location of event:

7330 GLADIOLUS DR, FORT MYERS, FL 33908

Lakes 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?

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

2024 Race to Give



Event Application

Check the appropriate box(es) below:

| SPECIAL EVENT PERMIT |
|-----------------------------------------------------------------------------------------|
| ☑ USE OF COUNTY PROPERTY PERMIT |
| $\ igsquare$ permit to sell and consume alcholic beverages within Lee county facilities |
| FILM PERMIT |

| Section I - GENERAL INFORMATION (All Permit Types) | | | | | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|--|
| Title of Event / Name of Production | 2024 Race to Give | | | | | |
| Date(s) of Event / Production: | Saturday January 14, 2024 January 13, 2024 | | | | | |
| Location(s) of Event: | Lakes Park | | | | | |
| Name of Applicant: | Apex Promoz, LLC | | | | | |
| Applicant Address: | O Box 51483 lyrtle Beach, SC 29579 | | | | | |
| Applicant Phone Number: | 443-244-1533 | | | | | |
| Contact Person: (If different from applicant) | | | | | | |
| Contact Phone Number: (If different from applicant) | | | | | | |
| Email Address: | andrew@apexpromoz.com | | | | | |
| Estimated Attendance: | 250 | | | | | |
| Event Description: Include each activity, when activities take place, etc. | 5k Fundraiser for Salvation Army of Lee Hendry and Glades Counties | | | | | |
| Hours of Operation: | 7am-10am | | | | | |
| STRAP # of Parcel: | 26-45-24-00-00008.0000 | | | | | |
| Owner of Premises*: | ee County | | | | | |

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



| What is the Zoning Classification of the premises? Institutional | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Are any temporary structures to be installed for the event? Yes 🗵 No Type: | | | | | | | | | |
| Do you have the appropriate permits fo | r the temporary structures? | Yes No | | | | | | | |
| * For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas. Insurance Company Insuring the Event: Apex Promoz, LLC Policy Note: Certificate of Insurance must be submitted at time of application Surety Company Bonding this Event (Name and Address): | | | | | | | | | |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Event? | Will Alcoholic Beverages be served/consumed at this Event? | | | | | | | |
| ☐ Yes No | ☐ Yes | 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. | | | | | | | |
| Name & Address of Organization Providing Food: Type of Food being Served: | | | | | | | | | |
| Section II - USE OF COUNTY PR | ROPERTY PERMIT | | | | | | | | |
| Organization Sponsoring the Event: Apex Promoz, LLC | | | | | | | | | |
| Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES 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 | y Property. | | | | | | | |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | ber: | ^ No Alcohol | | | | | | | |
| Please note: A permit from the State of Floridal further details | Division of Alcoholic Beverages and Tobacco may a | also be required; please call (239) 344-0885 for | | | | | | | |



| pe of Product | tion (choose all that ap | ply): | | | | | | |
|----------------|--------------------------------------------------|-------------------|-----------------|-----------|---------------|-------------------------------|-------------------|----------------|
| TV Movie o | r Special | TV Series / F | Pilot | | TV Comme | rcial | ☐ Still Phot | os |
| Public Servi | ce Announcement 🔲 | Industrial / D | ocumentary | | Other: | | | |
| ill any of the | following be needed o | r included*? | | | | | | |
| S | treet Closure | | | | ☐ Yes | X | No | |
| Т | raffic / Crowd Control | | | | ☐ Yes | X | No | |
| F | ire or Burning | ☐ Yes | X | No | | | | |
| E | Explosives or Pyrotechr | ☐ Yes | X | No | | | | |
| A | Animals, Large or Small | | | | ☐ Yes | X | No | |
| C | Construction of Any Kir | nd | | | ☐ Yes | X | No | |
| L | .arge and/or Numerou | s Vehicles | | | ☐ Yes | X | No | |
| H | Helicopters, Boats, etc. | | | | ☐ Yes | IX | No | |
| S | Stunts | | | | ☐ Yes | X | No | |
| C | Other | | | | ☐ Yes | X | No | |
| Special Parkii | ng Requirements: | | | | | 14113141314313131313144431831 | | |
| City or Count | ty Services Required: (l | Personnel, equ | ipment, facili | ties, et | c.) | | | |
| NA | | | | | | | | |
| | g information is require If exact figures are no | t available, plea | | | ely as possib | le. | a to track the ed | conomic impact |
| Total budget: | | Estim | nate amount sp | oent in I | Lee County: | | | |
| Hotel room ni | ghts: | Num | ber of shooting | g days: | | | | |
| | number of rooms x num | nber of nights | | | _ | | | |



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.



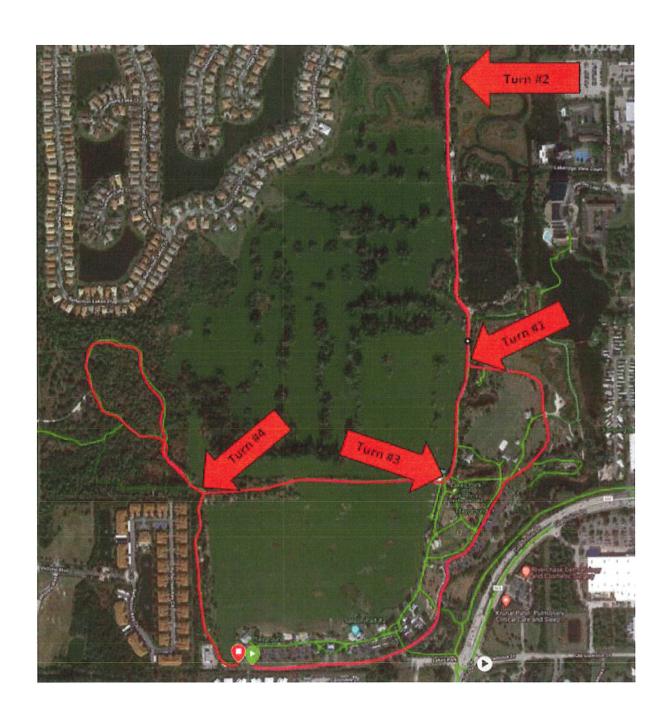
SECTION V - AGREEMENT

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.

| Andrew Roth | Katio Roth |
|-------------------------------------------|-----------------------|
| Signature of Applicant | Witness |
| Andrew Roth on behalf of Apex Promoz, LLC | Katie Roth |
| Print Name of Applicant and Title | Print Name of Witness |
| 9/12/2023 | 9/12/2023 |
| Date | Date |







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

| Check the appropri | ate box(es) below: |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| ☐ SPECIAL EV | 'ENT PERMIT |
| ⋉ USE OF CO | UNTY PROPERTY PERMIT |
| F PERMIT TO | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | |
| | |
| AFTER REVIEWING THE WILL REQUIRE THE APPI | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| Daulia | |
| Parking: | Parking in authorized areas only. Right of ways should not be impeded. |
| | |
| Deputies (How Many?): | None are required for this event. |
| | None are required for this event. |
| | |
| | |
| Fee for Services: | None |
| | |
| Special Arrangements: | Race is to remain along the pathways and walkways within the confines of the |
| | park. Any amplified sounds must adhere the the Lee County Noise Ordinance. |
| | |
| | |
| - | |
| | |
| | Print Name: // Canmins |
| | Signature: |
| | Title: Commander |
| | Title: Commander Date: 9.19-23 |



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 appropri | iate box(es) bel | ow: | | |
|----------------------------------------------|--------------------|---------------------------|-------------------------------------------------------------------|---------------------|
| ☐ SPECIAL EV ☐ USE OF CO ☐ FILM PERM | OUNTY PROPERTY | PERMIT | | |
| AFTER REVIEWING THE VILL REQUIRE THE APPL | | | LOW WHAT ARRANGEMENT VENT. | S YOUR ORGANIZATION |
| Fire Guards (How Many?) | NA | | | |
| Fee for Services: | NA | | | |
| Flammable Vegetation: | NA | | | |
| First Aid Equipment: | CALL 911 IF NEEDED |) | | |
| Fire Extinguishing: | NA | | | |
| Special Arrangements: | NA | | 6 | |
| | Print Name: | Nate Burley | | _ |
| | Signature: | Nate Burley | Digitally signed by Nate Burley Date: 2023.11.29 10:25:27 -05'00' | _ |
| | Title: | Division Chief - Fire & I | Life Safety | _ |
| | Date: | November 29, 2023 | | _ |



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

| Check the appropria | rte box(es) belov | v: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ☐ SPECIAL EV | ENT PERMIT | |
| □ USE OF CO | UNTY PROPERTY P | ERMIT |
| PERMIT TO | SELL AND CONSU | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | IIT | |
| | • | |
| Treatment Facilities: | None necessary. | |
| Medical Personnel: | None necessary. | |
| Medical Supplies / Equipment: | None necessary. | |
| Safety Requirements: | Orders concerning | low all CDC and FDOH directives, and the Florida Governor's Executive health and safety, especially with regards to COVID-19 and the number of at the event. |
| Fee for Services | Not applicable. | |
| FILM PERMIT AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR DRIVEN WITH FOR DRIVEN WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR DRIVEN W | 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, ofter County Emergency Medical Services, one EMS Operations, email-Dritgins@leegov.com, c=US Date: 2023.09.27 17-1742-4-0400 |
| | Title: | Captain, EMS Operations |
| | Date: | September 27, 2023 |



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

| Check the appropri | iate box(es) be | low: | |
|--------------------------------|-----------------------|-----------------------------------------------------------------------------------------------|-------------------|
| ☐ SPECIAL E\ | /ENT PERMIT | | |
| ⊠ USE OF CC | OUNTY PROPERTY | PERMIT | |
| PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY | / FACILITIES |
| FILM PERM | ЛІТ | | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT. | YOUR ORGANIZATION |
| Parking: | No event parking p | permitted on Lee County maintained road rights-of-way. | |
| | | | |
| | | | |
| Ingress and Egress: | Use all established | means of ingress and egress. | |
| | | | |
| | | | |
| Special Arrangements: | N/A as of 09/13/20 | 23 | |
| opena. / II. a.i.ge.ii.e.i.te. | 11,77 43 61 63,713,26 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Print Name: | Nathan Thoman | |
| | Signature: | Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2023.09.13 14:51:25 -04'00' | |
| | Title: | Project Manager | |
| | Date: | 09/13/2023 | |
| | | | |



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

| Check the appropri | ate box(es) bel | ow: | | | | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|--|--|
| ┌ SPECIAL E\ | /ENT PERMIT | | | | | |
| ズ USE OF CC | UNTY PROPERTY | PERMIT | | | | |
| PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | |
| FILM PERM | /IIT | | | | | |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. | | | | |
| Illumination: | Event organizer mu | ıst provide own lighting if needed to safely run the event. | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| Parking Areas: | Park Gates Open at 7:00am Parking is limited to the designated parking areas inside Lakes Park, All vehicles with the event are required to display their event parking pass. | | | | | |
| Special Arrangements: | Event organizer is responsible for set up and break down of the race route/event signs, drink stations and first aid stations. No painting or temporary markings allowed on the roads or pathways. Removable directional signs (IE: survey flags, wire frame signs and cones) are permitted. Race course must be cleaned and cleared by 10 am. Banners may be hung at your designated Pavilions. All trash and event debris must be cleaned up and removed prior to checking out with staff. No motorized carts or vehicles permitted on the pathways. Park Gates open at 7:00 am | | | | | |
| | | | | | | |
| | Print Name: | Colleen Via | | | | |
| | Signature: | Collee Via | | | | |
| | Title: | Operations Manager | | | | |
| | Date: | 10/10/2023 | | | | |
| 1 w www. Pa | A 2.5 | | | | | |
| Lakes PK - Rus 1/13/2023 | ce to 61me 3 · Saturda | Page 10 | | | | |



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 | | | | | | | | |
| P | ELL AND CONS | TY PROPERTY PERMIT L AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | | | | | | |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. | | | | | | |
| Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000 occurrence to protect against bodily injury and/or property damage relative to applicants us aforementioned event within Lee County. | | | | | | | | |
| | Certificate Must I | Certificate Must Read As: | | | | | | |
| Lee County, a political subdivision and Charter County of the State of Florida, its agents, employe and public officials are automatic additional insureds and includes an automatic waiver of subrogwith regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability. | | | | | | | | |
| Special Arrangements: | political subdivis the certificate ho | isurance 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 Ider and as an additional insured as listed above. | | | | | | |
| Subject to proof of insurance. | | | | | | | | |
| | Print Name: | Mike Figueroa | | | | | | |
| | Signature: | This from - | | | | | | |
| | Title: | Risk Program Manager | | | | | | |

October 17, 2023

Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/11/2023

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).

| th | this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). | | | | | | | | | |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|-------------------------------------------|---------------------------|-------------------|------------------------------------|-------------------------------------------------|--------------------|----------------|
| PROI | DUCER | | CONTACT NAME: | | | | | | | |
| Next First Insurance Agency, Inc. | | | | | PHONE | o, Ext): (855) 22 | .2 - 5919 | FAX (A/C, No): | | |
| PO Box 60787 Palo Alto, CA 94306 | | | | E-MAIL ADDRESS: support@nextinsurance.com | | | | | | |
| | | | | | ADDICEO. | | | | NAIO# | |
| | | | | | | Ci i N | | ce Company, Inc. | | NAIC# 12831 |
| INSU | DED. | | | | INSURE | RA: State No | ational insuran | Ce Company, inc. | | 12031 |
| | x Promoz, LLC | | | | INSURE | RB: | | | | |
| 934 | 1 Pond Cypress Ln | | | | INSURE | RC: | | | | |
| Myr | tle Beach, SC 29579 | | | | INSURE | RD: | | | | |
| | | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| CO | /ERAGES CER | TIFI | CATE | E NUMBER: 589995771 | | | | REVISION NUMBER: | | |
| TH | IIS IS TO CERTIFY THAT THE POLICIES | OF | INSU | RANCE LISTED BELOW HAV | VE BEE | N ISSUED TO | THE INSURE | D NAMED ABOVE FOR TH | IE POL | ICY PERIOD |
| IN | DICATED. NOTWITHSTANDING ANY RE | QUIF | REME | NT, TERM OR CONDITION | OF AN | Y CONTRACT | OR OTHER I | DOCUMENT WITH RESPEC | T TO I | WHICH THIS |
| CE | ERTIFICATE MAY BE ISSUED OR MAY I | PERT | AIN, | THE INSURANCE AFFORDI | ED BY | THE POLICIE | S DESCRIBEI | D HEREIN IS SUBJECT TO | ALL T | HE TERMS, |
| | | | SUBR | | DEEN | POLICY EFF | POLICY EXP | | | |
| INSR LTR | TYPE OF INSURANCE | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | | |
| | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE DAMAGE TO RENTED | \$1,000 | ,000.00 |
| | CLAIMS-MADE X OCCUR | | | | | | | PREMISES (Ea occurrence) | \$100,0 | 00.00 |
| | | | | | | | | MED EXP (Any one person) | \$15,00 | 0.00 |
| Α | | Х | X | NXT73PKK7K-01-GL | | 07/15/2023 | 07/15/2024 | PERSONAL & ADV INJURY | \$1,000 | ,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$2.000 | ,000.00 |
| | X POLICY PRO- JECT LOC | | | | | | | | | ,000.00 |
| | OTHER: | | | | | | | | \$ | ,000.00 |
| | AUTOMOBILE LIABILITY | | | | | | | | \$ | |
| | ANY AUTO | | | | | | | | \$ | |
| | OWNED SCHEDULED | | | | | | | ` ' ' | | |
| | AUTOS ONLY AUTOS NON-OWNED | | | | | | | | | |
| | AUTOS ONLY AUTOS ONLY | | | | | | | (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ | |
| | DED RETENTION\$ | | | | | | | | \$ | |
| | WORKERS COMPENSATION | | | | | | | PER OTH- STATUTE ER | <u></u> | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | | \$ | |
| | OFFICER/MEMBEREXCLUDED? (Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | • | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | | | |
| | DESCRIPTION OF OPERATIONS below | | - | | | | - | | \$ | |
| ١. | n c Lu lub | | | NUMBER OF STREET | | | | | \$1,000, | |
| A | Professional Liability | | | NXT73PKK7K-01-GL | | 07/15/2023 | 07/15/2024 | Aggregate: | \$2,000, | 00.00 |
| L | | | | | | | | | | |
| | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI | | | | - | | | | | |
| The | Certificate Holder is Lee County, a political | subd | vision | and Charter County of the St | tate of F | lorida. A Waive | er of Subrogati | on applies in favor of this Cer | rtificate | Holder on the |
| Cert | Certificate Holder is Lee County, a political wing policies: General Liability. This Certific ificate Holder privileges apply only if requir | ate H ed by | writt | en agreement between the Co | ertificat | e Holder and t | ncy per the Adi he insured, and | d are subject to policy terms : | atus En and cor | nditions. |
| | 1 3 117 7 1 | , | | | | | ,, | | | |
| | | | | OK 10/17 | 12023 | i | | | | |
| | | | | 1.1 | 1 | | | | | |
| | | | | Mike | fig | | | | | |
| | TIEIOATE HOLDED | | | | / | NELL A ELO: | | | | |
| | RTIFICATE HOLDER | | | | CAN | CELLATION | | · | | |
| Lee C | ounty, a political subdivision and Charter C tate of Florida | ount | y of | LIVE CERTIFICATE | enc. | III D ANV OF | THE ABOVE D | ESCRIBER ROLLGIES DE CA | NOTI | ED DECODE |
| PO B | ox 398 | | | | | | | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL B | | |
| Fort I | Myers, FL 33902 | | | | | | | Y PROVISIONS. | | |
| | | | | | | | | | | |
| | Story White | | | | AUTHORIZED REPRESENTATIVE | | | | | |
| | | | | | an Figur | | | | | |
| | I | | | | | | | | | |