

EVENT PERMIT



Ordinance 17-08

Boca Grande Live Entertainment Series

PERMIT NUMBER:

TMP2024-00402

Date(s) of Event:

1/13/25, 1/23/25, 1/27/25, 2/10/25, 2/17-2/21/25, 2/24/25,

2/25, 25, 3/8/25, 3/10/25, 3/11/25, 3/24/25, 3/31/25,

4/14/25, 4/22/25.

Property Owner:

UNKNOWN

Applicant:

Debbie Frank

941-964-0827

Description:

Boca Grande Live Entertainment Series 4:30PM until 10:00PM daily listed below.

Boca Grande Community Park: 1/13, 1/23, 1/27, 2/10, 2/17-2/21, 2/24, 2/25, 3/6, 3/8,

3/10, 3/11, 3/24, 3/31, 4/14, 4/22.

Crownshield House: 3/10, 3/11, 4/14.

Location of event:

131 1ST ST W, BOCA GRANDE, FL 33921

131 First Street West

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

To Be Consumed

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners Lee County, Florida

County Manager

Date

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Multiple Friend's Events at the Boca Grande
Community Park and Louise DuPont
Crowninshield House



TMP2024-00402



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

Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Boca Grande Live Entertainment Series
Date(s) of Event / Production:	1/13/25, 1/23/25, 1/27/25, 2/10/25, 2/17/25 - 2/21/25, 2/24/25, 2/25/25, 3/6/25, 3/8/25, 3/10/25, 3/11/25, 3/24/25, 3/31/25, 4/14/25, 4/22/25
Location(s) of Event:	Crowninshield House: 3/10/25, 3/11/25, 4/14/25 Boca Grande Community Park: 1/13/25, 1/23/25, 1/27/25, 2/10/25, 2/17/25 - 2/21/25, 2/24/25, 2/25/25, 3/6/25, 3/8/25, 3/24/25, 3/31/25, 4/22/25
Name of Applicant:	Friends of Boca Grande Community Center
Applicant Address:	131 First Street West Boca Grande, FL. 33921
Applicant Phone Number:	941-964-0827
Contact Person: (If different from applicant)	Debbie Frank
Contact Phone Number: (If different from applicant)	
Email Address:	dfrank@fobgcc.org
Estimated Attendance:	150
Event Description: Include each activity, when activities take place, etc.	Music Performances
Hours of Operation:	4:30pm - 10:00pm
STRAP # of Parcel:	14432001000050010
Owner of Premises*:	Lee County

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



What is the Zoning Classification of the premises? Park/Public Facility; DOT Right-of-way					
Are any temporary structures to be insta		Туре:			
Do you have the appropriate permits for		Yes No			
identified, including all parking areas.	y Property' permit, submit a site plan wit				
Insurance Company Insuring the Event:	Great American Insura	ince Company			
Note: Certificate of Insurance must be submitted					
Surety Company Bonding this Event (Na	nme 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	X Yes No			
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.			
Name & Address of Organization Providing Food: Type of Food being Served:					
Section II - USE OF COUNTY P	ROPERTY PERMIT				
Organization Sponsoring the Event: Friends of Boca Grande Community Center					
Section III - SALE/CONSUMP	TION OF ALCHOLIC BEVERAGES	PERMIT			
Is alcohol being sold consumed on Cou	unty Property? d. Only non-profit organizations can sell alcohol on Coun	X Yes X No ty Property.			
Non-profit certificate/registration number: (Required if alcohol is to be SOLD at the event)					
	Division of Alcoholic Beverages and Tobacco may	also be required; please call (239) 344-0885 fo			



TV Movie or Special	one of Duaduc	tion (chaosa all that	annlu):	N.	/A				
Public Service Announcement Industrial / Documentary Other: Street Closure Yes No Traffic / Crowd Control Yes No Fire or Burning Yes No Explosives or Pyrotechnics Yes No Explosives or Pyrotechnics Yes No Animals, Large or Small Yes No Construction of Any Kind Yes No Large and/or Numerous Vehicles Yes No Stunts Yes No Other Yes No Other Yes No Other Yes No Other Yes No Traffic / Crowd Control Yes No Helicopters, Boats, etc. Yes No Other Yes No Stunts Yes No Other Yes No The range of Marked Yes, provide further details below: Special Parking Requirements: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Crew: Number of locals hired: Total budget: Estimate amount spent in Lee County:					TV C	ommerc	ial [Still Photos	
Street Closure Traffic / Crowd Control Fire or Burning Explosives or Pyrotechnics Animals, Large or Small Construction of Any Kind Large and/or Numerous Vehicles Helicopters, Boats, etc. Stunts Other Yes No Other * For any marked Yes, provide further details below: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Cast: Number in Crew: Number of locals hired: Estimate amount spent in Lee County:				mentary \Box	Oth	er:	-		
Street Closure									
Traffic / Crowd Control	,		or included ' r			Voc	I N		
Fire or Burning									
Explosives or Pyrotechnics			°OI				ļ-		
Animals, Large or Small			-				1		
Construction of Any Kind									
Large and/or Numerous Vehicles		Animals, Large or Sm	all				-		
Helicopters, Boats, etc. Stunts Other Yes No Other *For any marked Yes, provide further details below: Special Parking Requirements: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Cast: Number in Crew: Number of locals hired: Total budget: Estimate amount spent in Lee County:		Construction of Any	Kind			Yes			
Stunts Other Yes No * For any marked Yes, provide further details below: Special Parking Requirements: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Cast: Number of locals hired: Total budget: Estimate amount spent in Lee County:		Large and/or Numer	ous Vehicles				· · · · · · · · · · · · · · · · · · ·		
* For any marked Yes, provide further details below: * For any marked Yes, provide further details below: Special Parking Requirements: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Crew: Number of locals hired: Total budget: Estimate amount spent in Lee County:		Helicopters, Boats, e	tc.						
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Special Parking Requirements: City or County Services Required: (Personnel, equipment, facilities, etc.) The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Crew: Number of locals hired: Estimate amount spent in Lee County:		Other				Yes		0	
The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Crew: Number of locals hired: Total budget: Estimate amount spent in Lee County:	Special Park	ing Requirements:							_
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the industry. If exact figures are not available, please estimate as closely as possible. Number in Cast: Number in Crew: Number of locals hired: Total budget: Estimate amount spent in Lee County:	City or Cour	nty Services Required	d: (Personnel, equipm	ent, facilities,	etc.) 				
Total budget: Estimate amount spent in Lee County:	The followir	ng information is req y. If exact figures are	uired for local and sta not available, please	ite records on estimate as clo	produc osely as	ction in F s possible	lorida to	o track the economic imp	pact o
	Number in C	Cast:	Number	in Crew:		Num	ber of lo	cals hired:	
Hotel room nights: Number of shooting days:	Total budget	t:	Estimate 	amount spent i	n Lee C	ounty: —			
	Hotel room	nights:	Number	of shooting day	s:	_			



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.

Applicant Agreement - Signature Required



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

Debbie Frank, Chief Operating Officer Chris Frank

Print Name of Applicant and Title

12/10/24

Date

Chris Trank

Witness

12-10-24

Date



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

Check the appropriate box(es) below:

,,	JNTY PROPERTY PERMIT SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
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 event will be in authorized areas only & right-of-way must not be impeded.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None are required for this event.
Special Arrangements:	Alcoholic beverages must remain within the confines of the event area. All amplified sounds must adhere to the Lee County noise ordinances.
	Print Name: Signature: Title: Commander Date: 12 17 24
	. Page 6



FIRE DEPARTMENT

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

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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

□ USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

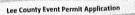
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

2	
Fire Guards (How Many?)	NA
Fee for Services:	NA
Flammable Vegetation:	NA
First Aid Equipment:	NA
Fire Extinguishing:	NA
Special Arrangements:	NA
	Print Name: Whosser Signature: Shire Chief Date: 12/18/2024



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

Check the appropriat	re box(es) below:
☐ SPECIAL EVE	ENT PERMIT
USE OF COU	JNTY PROPERTY PERMIT
▼ PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
AFTER REVIEWING THE A DRGANIZATION WILL REC	PPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary
Medical Personnel:	None necessary
Medical Supplies / Equipment:	None necessary
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's I
Fee for Services	Not applicable
Special Arrangements:	Please call 911 in the event of emergency. Email emsdetail@leegov.com for spec
	Print Name: B. Scott Roy
	Signature:
	Captain, EMS Operations
	Date: 12/17/2024





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

heck the appropriate box(es) below:

- SPECIAL EVENT PERMIT
- □ USE OF COUNTY PROPERTY PERMIT

Signature: Title:

Date:

- □ SPE OF COUNTY PROPERTY PERMIT

 □ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

 □ 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.

Parking:	No event parking is	permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	lished means of ingress and egress.
Special Arrangements:	Shall use Lee Coun Emergency vehicle County maintained	ty Sheriff's Office for assistance with traffic control as needed. access and public vehicular access shall be maintained on all surrounding Lee roads.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Date 2014 12.16 08.19 12 - 05001

Project Manager

12/16/2025



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

Check the appropri	iate box(es) be	low:		
SPECIAL EV	VENT PERMIT			
	DUNTY PROPERTY	PERMIT		
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES		
[] FILM PERN	ЛІТ			
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.		
Illumination:	Additional lighting Crowninshield bui	must be provided by permit holder. Open flames are prohibited within the lding.		
Parking Areas:	Parking is permitte	ed in existing parking area located at the Boca Grande Community Park and grounds.		
Special Arrangements:	Alcohol must be contained within the boundaries of the park property. Event organizer will work with site supervisor for site specific event needs. Participants must disperse and leave the park area to seek safe shelter in their vehicles during lightning alerts and threatening weather.			
	Print Name: Signature: Title: Date:	Colleen Via Lo Ulla Ula Countywide Services Manager 12/12/2024		
Friends Boca-Live en	Sectainment -	Series Crain-3/10,3/11 = 4/14/25		
Park- 1/13, 11	33, 1/27, 2/.	Series Creen-3/10,3/11 = 4/14/25 10,3/17, Page 10 10,3/17,2/21,2/24,2/25,3/6,3/8,3/24,3/31,4/22/2025		



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

Check the appropriat	e box(es) bel	ow:	
SPECIAL EVE	NT PERMIT		
□ USE OF COU	NTY PROPERTY	PERMIT	
PERMIT TO S	ELL AND CONS	JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	/ FACILITIES
FILM PERMIT			
		LEASE INDICATE BELOW WHAT ARRANGEMENTS LY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Insurance Requirements:	occurrence to pro	eral liability insurance with minimum limits of One Million I otect against bodily injury and/or property damage relative event within Lee County.	
	(\$1,000,000) per	Liquor Liability insurance will be required with minimum li occurrence. Should Host Liquor Liability coverage be affor policy, minimum acceptable limits will be Two Million Dolla	d under the Commercial
Special Arrangements:	political subdivis the certificate ho subrogation with	surance shall be submitted as evidence of the required covion and Charter County of the State of Florida, P.O. Box 398 lder and as an automatic additional insureds and includes regard to general liability. The certificate holder is an additory basis with regards to general liability. of insurance.	8, Fort Myers, FL 33902 as an automatic waiver of
	Print Name: Signature: Title:	Mike Figueroa Mike Figueroa Risk Program Manager	
	Date:	December 11, 2024	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/23/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

to the certif	icate noider in ned of such endorsement(s).			
Italiano Insurance Svcs Inc		CONTACT NAME:		
		PHONE (A/C, No, Ext):	FAX (A/C, No): (40	9) 722-2905
Boca Grande, FL 33921				
			INSURER(S) AFFORDING COVERAGE	NAIC#
*		INSURERA:	Great American Insurance Company	16691
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AN ITS PARTICIPATING MEMBERS:	INSURERB:		
Friends of Boca Grande Community Center PO BOX 1222 BOCA GRANDE, FL 33921				
		INSURER F:		
COVERAGES	CERTIFICATE NUMBER: GAS15297	7	REVISION NUMBER:	

COVERAGES		CERTIFICATI	E NUMBER:	GAS 152911			K	ENISION NO	MDEL	(;		
THIS IS TO C	ERTIFY THAT THE PO	OLICIES OF INSU	RANCE LISTED	BELOW HAVE	BEEN I	SSUED TO T	HE INSURED	NAMED ABOV	E FOF	THE POLIC	CY P	ERIOD
INDICATED.	NOTWITHSTANDING	ANY REQUIRE	MENT, TERM O	OR CONDITION	OF AN	Y CONTRACT	T 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.

	TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	INSR LTR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY)		LIMITS	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR A X HOST LIQUOR LIABILITY INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
				PAC 4725036	11/08/2024 12:00 AM	04/23/2025 12:01 AM	MED EXP (Any one person)	\$0	
Α							PERSONAL & ADV INJURY	\$1,000,000	
							GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
	X POLICY PRO- JECT LOC								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO						BODILY INJURY (Per person)		
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS AUTOS						BODILY INJURY (Per accident)		
							PROPERTY DAMAGE (Per accident)		
							(to account		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE		
	EXCESS LIAB CLAIMS-MADE DED RETENTION \$						AGGREGATE		
٨	A Professional Liability			DAC 4705000	11/08/2024	04/23/2025	EACH OCCURRENCE	\$1,000,000	
L^{\wedge}	A Professional Elability			PAC 4725036	12:00 AM	12:01 AM	AGGREGATE LIMIT	\$1,000,000	

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

Covered Activities: Concert Series & Community Events

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

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

OK 12/11/2024

Mike Join-

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902

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

AUTHORIZED REPRESENTATIVE

Italiano Insurance Svcs Inc

