

# **EVENT PERMIT**



Ordinance 17-08

# Worlds Richest Tarpon Tournament Awards

**PERMIT NUMBER:** 

TMP2025-00160

Date(s) of Event:

May 23, 2025

Property Owner:

LEE COUNTY

Applicant:

**GARY CROSS** 

941-964-0568

Description:

40th annual awards ceremony. Alcohol consumed, live band, Road closure on May 23,

2025 from 2:00PM until 11:59PM

Location of event:

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

Park Ave from 3rd to 4th St

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

World's Richest Tarpon Townsment Awards

TMP2025-00/40



# **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 IN   | IFORMATION (All Permit Types)   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Title of Event / Name of Production  | Worlds Richest Tarpon Tournament Awards   |  |  |  |  |  |  |
| Date(s) of Event /<br>Production:  | 5/23/2024   |  |  |  |  |  |  |
| Location(s) of Event:  | Park Ave. from 3rd to 4th St.   |  |  |  |  |  |  |
| Name of Applicant:   | Gary Cross  |  |  |  |  |  |  |
| Applicant Address:   | 471 Park Ave (PO Box 704)   |  |  |  |  |  |  |
|  | Boca Grande, FL 33921   |  |  |  |  |  |  |
| Applicant Phone Number: 941-964-0568   |   |  |  |  |  |  |  |
| Contact Person:<br>(If different from applicant)                                 |   |  |  |  |  |  |  |
| Contact Phone Number:<br>(If different from applicant)                           |   |  |  |  |  |  |  |
| Email Address:   | info@bocagrandechamber.com  |  |  |  |  |  |  |
| Estimated Attendance:  | 250   |  |  |  |  |  |  |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | Worlds Richest Tarpon Tournament's 40th annual awards ceremony. Alcohol consumed (not sold), live band, award ceremony. We will need the road closed. |  |  |  |  |  |  |
| Hours of Operation:  | 2pm-11:59pm   |  |  |  |  |  |  |
| STRAP # of Parcel:   | 14-43-20-01-00005.0010  |  |  |  |  |  |  |
| Owner of Premises*:  | Lee County BoCC   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



| What is the Zoning Classification of the premises? County Right of Way  |
|---|
| Are any temporary structures to be installed for the event? 🗵 Yes 🗀 No Type: Stage/Canopy   |
| Do you have the appropriate permits for 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: theeventhelper.com  |
| 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 Will Food be Available at this Event? Will Alcoholic Beverages be served/consumed at this Event?  |
| ☐ Yes   ☒ No     ☐ Yes   ☒ 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, products liability coverage must be included on the certificate of insurance. |
| Providing Food:  Type of Food being Served:   |
| Section II - USE OF COUNTY PROPERTY PERMIT  |
| Organization Sponsoring the Event: Boca Grande Area Chamber of Commerce   |
|   |
| Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT   |
| Is alcohol being sold/consumed on County Property? X Yes X No   |
| If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.  |
| Non-profit certificate/registration number:  (Required if alcohol is to be <u>SOLD</u> at the event)  |
| Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details  |



| pe of Prod               | luction (choose all th                             | at app         | oly):   |                    |       |                       |              |        |  |             |
|--------------------------|--|----------------|---|--------------------|-------|-----------------------|--------------|--------|--|-------------|
| TV Movi                  | e or Special                                       | Γ              | TV Series / Pilot   | Γ                  | TV    | Comme                 | rcial        | Γ      | Still Photos   |             |
| Public Se                | ervice Announcemen                                 | tΓ             | Industrial / Documentary                                      | Γ                  | Otl   | her:                  |              |        | a company of the property of the analysis of the second of |             |
| ill any of t             | he following be need                               | led or         | included*?  |                    |       |                       |              |        |  |             |
|                          | Street Closure                                     |                |   | X                  | Yes   | Г                     | No           |        |  |             |
|                          | Traffic / Crowd Co                                 | ntrol          |   |                    | F     | Yes                   | Г            | No     |  |             |
|                          | Fire or Burning                                    |                |   | Г                  | Yes   | Г                     | No           |        |  |             |
|                          | Explosives or Pyro                                 | techn          | ics   |                    | Г     | Yes                   | Г            | No     |  |             |
|                          | Animals, Large or                                  | Small          |   |                    | Г     | Yes                   | Г            | No     | a punt open production   |             |
|                          | Construction of Ar                                 | ny Kin         | d   |                    | Г     | Yes                   | Г            | No     |  |             |
|                          | Large and/or Num                                   | erous          | Vehicles  | ughdensterering er | Г     | Yes                   | Г            | No     |  |             |
|                          | Helicopters, Boats                                 | , etc.         |   |                    | Г     | Yes                   | Г            | No     |  |             |
|                          | Stunts   |                |   |                    | Г     | Yes                   | 23           | No     | The state of the s |             |
|                          | Other  |                |   |                    | Г     | Yes                   | Г            | No     |  |             |
| Special Pa               | arking Requirements:                               |                | **************************************                        |                    |       |                       | E PRES       |        |  | 1 × 10 10 1 |
| City or Co               | ounty Services Requir                              | ed: (P         | ersonnel, equipment, faciliti                                 | es, et             | c.)   |                       |              |        | **************************************   |             |
|                          |  |                |   |                    |       | 1.775                 |              | 1      |  |             |
| The follow<br>the indust | ving information is re<br>try. If exact figures ar | quire<br>e not | d for local and state records<br>available, please estimate a | on pr              | oduct | tion in F<br>possible | lorida<br>e. | to tra | ack the econo  | mic impac   |
| Number in                | Cast:  |                | Number in Crew:   |                    |       | Num                   | ber of       | locals | hired;   |             |
| Total budg               | et:  |                | Estimate amount spe   | ent in L           | ee Co | unty:                 |              |        | •  |             |
| Hotel room               | n nights:  |                | Number of shooting  | days:              |       |                       |              |        |  |             |
|                          | number of rooms                                    |                |   | ,                  |       |                       |              |        |  |             |



### **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.

| his/her knowledge.                | rms that any and all information is accurate to the best of |
|-----------------------------------|---|
| Signature of Applicant            | Witness   |
| Gary Cross                        | Dewey Atchison  |
| Print Name of Applicant and Title | Print Name of Witness                                       |
| 4/17/2024                         | 4/17/2024   |
| Date                              | Date  |



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

| Check the appropri    | ate box(es) bel  | low:   |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|--|
| • • •                 | UNTY PROPERTY<br>SELL AND CONS                                       | PERMIT<br>UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY  | FACILITIES   |  |  |  |  |
|                       |  | PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.  | YOUR ORGANIZATION  |  |  |  |  |
| Parking:              | Parking in au  | thorized areas only. Roadways will not be imp  | eded.  |  |  |  |  |
| Deputies (How Many?): | One detail deputy for security and presence while event takes place. |  |  |  |  |  |  |
| Fee for Services:     | Contact LCS  | O Details Unit   |  |  |  |  |  |
| Special Arrangements: | amplified sou<br>be required to<br>responsible fo                    | peverages must remain within the confines of to<br>ands must adhere to the Lee County Noise Ord<br>to hire one deputy for security and presence. Vector securing and placing barricades and conestion in the event area in order to keep pedestrian foot | inance. Vendor will<br>endor will be<br>at all point of access |  |  |  |  |
| ,                     | Print Name:  | J Comayins   |  |  |  |  |  |
|                       | Signature:<br>Title:   | Comugader  |  |  |  |  |  |
|                       | Date:  | 4 26 24  |  |  |  |  |  |



# 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:

F SPECIAL EVENT PERMIT

FILM PERMIT

IX USE OF COUNTY PROPERTY PERMIT

| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, I   | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WITH FOR THEIR EVENT. |
|---|--|---|
| Fire Guards (How Many?)                   | per en la manda minintal li filma anni di a distribut  | None  |
| Fee for Services:                         |  |   |
|   |  | None  |
| Flammable Vegetation:                     |  | None  |
| First Aid Equipment:                      |  |   |
| -   |  | None  |
| Fire Extinguishing:                       | Mean and a second s |   |
|   |  | None  |
| Special Arrangements:                     |  |   |
|   |  | In case of emergency - Dial 911   |
|   | Print Name:  | C.W. Blosser  |
|   | Signature:   | CAL_  |
|   | Title:   | Fire Chief  |
|   | Date:  | 4/23/2024   |



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

|                                  |   | (100) 000 0011                                 |  |                      |
|----------------------------------|---|--|--|----------------------|
| Check the appropria              | te box(es) belov                                | v:   |  |                      |
| ₩ USE OF CO                      | ENT PERMIT<br>UNTY PROPERTY P<br>SELL AND CONSU |  | GES WITHIN LEE COUNTY F  | ACILITIES            |
| FILM PERM                        | IIT   |  |  |                      |
|                                  |   | ASE INDICATE BELOW WI<br>CANT TO COMPLY WITH I | HAT ARRANGEMENTS YOU<br>FOR THEIR EVENT.   | R                    |
| Treatment Facilities:            | None necessary.                                 |  |  |                      |
| Medical Personnel:               | None necessary.                                 |  |  |                      |
| Medical Supplies /<br>Equipment: | None necessary.                                 |  |  |                      |
| Safety Requirements:             | Applicants shall fol<br>Orders concerning       |  | ectives, and the Florida Gove  | rnor's Executive     |
| Fee for Services                 | Not applicable.                                 |  |  |                      |
| Special Arrangements:            | Please call 911 in to                           |  | . To arrange special event co  | overage, contact our |
|                                  | Print Name:                                     | Douglas B. Higgins                             |  |                      |
|                                  | Signature:                                      | 77- Bly-                                       | Digitally signed by Captain Douglas B.<br>Higgins<br>Date: 2024.05.05 16:27:10 -04'00' |                      |
|                                  | Title:  | Captain, EMS Operations                        |  |                      |

May 5, 2024

Date:



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

| Check the appropri    | ate box(es) be                      | low:  |
|-----------------------|-------------------------------------|---|
| SPECIAL EV            | /ENT PERMIT                         |   |
| USE OF CO             | UNTY PROPERTY                       | PERMIT  |
| PERMIT TO             | SELL AND CONS                       | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| FILM PERN             | ИIT                                 |   |
|                       |                                     | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.           |
| Parking:              | No event parking i                  | s permitted in Lee County maintained road right of ways.                                      |
|                       |                                     |   |
|                       |                                     |   |
| Ingress and Egress:   | Please use all estab                | plished means of ingress and egress.  |
|                       |                                     |   |
|                       |                                     |   |
| Special Arrangements: | Shall use Lee Cour                  | nty Sheriff's Office for assistance with traffic control as needed.                           |
|                       | Emergency vehicle County maintained | access and public vehicular access shall be maintained on all surrounding Lee<br>d roads.     |
|                       | ,                                   |   |
|                       |                                     |   |
|                       |                                     |   |
|                       |                                     |   |
|                       | D : 1 N                             |   |
|                       | Print Name:                         | Nathan Thoman   |
|                       | Signature:                          | Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.04.09 12:06:14 -04'00' |
|                       | Title:                              | Project Manager   |
|                       | Date:                               | 04/09/25  |
|                       |                                     |   |



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

| Check the appropr     | iate box(es) be      | low:  |  |
|-----------------------|----------------------|---|--|
| ⊠  SPECIAL E          | VENT PERMIT          |   |  |
| ☐ USE OF CO           | DUNTY PROPERTY       | ' PERMIT  |  |
| PERMIT TO             | SELL AND CONS        | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES                              |  |
| FILM PERI             | MIT                  |   |  |
|                       |                      |   |  |
|                       |                      | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZ<br>PLY WITH FOR THEIR EVENT. | 'ATION                                 |
| Illumination          | N/A                  |   |  |
| Illumination:         |                      |   |  |
|                       |                      |   |  |
| Parking Areas:        | N/A                  |   | ************************************** |
| raiking Areas.        |                      |   |  |
|                       |                      |   |  |
|                       |                      |   |  |
| Special Arrangements: | N/A - Event Is not o | on Parks and Rec property and will not affect county park operations or program   | ms.                                    |
|                       |                      |   |  |
|                       |                      |   |  |
|                       |                      |   |  |
|                       |                      |   |  |
|                       | J                    |   |  |
|                       |                      |   |  |
|                       | Print Name:          | Colleen Via   |  |
|                       | Signature:           | Tesler Usa  |  |
|                       | _                    |   |  |
|                       | Title:               | Countywide Services Manager   |  |
|                       | Date:                | 5/2/2024  |  |
|                       |                      |   |  |

Not on Park Prop - World Rochest Tompon 5/23/24



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

| Check the appropriat   | te box(es) be  | low:  |   |
|------------------------|--|---|---|
| SPECIAL EVE            | NT PERMIT  |   |   |
| <b>⋉</b> USE OF COU    | NTY PROPERTY   | PERMIT  |   |
| PERMIT TO S            | ELL AND CONS   | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNT  | Y FACILITIES                                      |
| FILM PERMI             | Γ  |   |   |
|                        |  | PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.   | S YOUR ORGANIZATIO                                |
| nsurance Requirements: | occurrence to pr   | eral liability insurance with minimum limits of One Million<br>otect against bodily injury and/or property damage relativ<br>event within Lee County.   |   |
|                        | (\$1,000,000) per  | Liquor Liability insurance will be required with minimum I<br>occurrence. Should Host Liquor Liability coverage be affor<br>policy, minimum acceptable limits will be Two Million Doll  | d under the Commercial                            |
| Special Arrangements:  | political subdivis<br>the certificate ho<br>subrogation with | nsurance shall be submitted as evidence of the required co<br>ion and Charter County of the State of Florida, P.O. Box 398<br>older and as an automatic additional insureds and includes<br>in regard to general liability. The certificate holder is an additory basis with regards to general liability.<br>of insurance. | 3, Fort Myers, FL 33902 as an automatic waiver of |
|                        | Print Name: Signature: Title: Date:                          | Mike Figueroa  Mike Figueroa  Risk Program Manager  April 24, 2024  |   |
|                        |  |   |   |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/24/2024

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 have ADDITIONAL INSURED provisions or be endorsed.

|   | UBROGATION IS WAIVED, subject<br>certificate does not confer rights t   |                       |                       |   |                                    |   |   | equire an endorsement  | . A st | atement on |
|---|---|-----------------------|-----------------------|---|------------------------------------|---|---|--|--------|------------|
| PRODU                                     |   | O tile                | COLL                  | incate noider in fied of st   | CONTA                              |   |   |  |        |            |
| East Main Street Insurance Services, Inc. |   |                       |                       | PHONE /520\ 477.6524 FAX  |                                    |   |   |  |        |            |
| Will Maddux                               |   |                       |                       | (A/C, No, Ext): (330) 477-0321 (A/C, No):                               |                                    |   |   |  |        |            |
|   | PO Box 1298   |                       |                       |   | ADDRESS: IIIIO@iiieevenineiper.com |   |   |  |        |            |
|   |   |                       |                       |   |                                    |   | Company                                   |  | NAIC#  |            |
| Grass Valley CA 95945 INSURED             |   |                       |                       |   |                                    |   | on Insurance                              | Сопрапу  |        | 35378      |
| INSURE                                    |   |                       |                       |   | INSURE                             | RB:                                     |   |  |        |            |
| Boca Grande Chamber of Commerce           |   |                       |                       |   |                                    | RC:                                     |   |  |        |            |
|   | c/o Gary Cross  |                       |                       |   | INSURE                             | RD:                                     |   |  |        |            |
|   | 471 Park Ave, 3   |                       |                       |   | INSURE                             | RE:                                     |   |  |        |            |
|   | Boca Grande   |                       |                       | FL 33921  | INSURE                             | RF:                                     |   |  |        |            |
|   | COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:  |                       |                       |   |                                    |   |   |  |        |            |
| INDI<br>CER<br>EXC                        | S IS TO CERTIFY THAT THE POLICIES<br>CATED. NOTWITHSTANDING ANY RE<br>TIFICATE MAY BE ISSUED OR MAY<br>LUSIONS AND CONDITIONS OF SUCH | EQUIF<br>PERT<br>POLI | REME<br>AIN,<br>CIES. | NT, TERM OR CONDITION<br>THE INSURANCE AFFORDI<br>LIMITS SHOWN MAY HAVE | OF AN'<br>ED BY                    | Y CONTRACT<br>THE POLICIE<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS. | DOCUMENT WITH RESPEC   | CT TO  | WHICH THIS |
| INSR<br>LTR                               | TYPE OF INSURANCE   | ADDL<br>INSD          | SUBR<br>WVD           | POLICY NUMBER   |                                    | POLICY EFF<br>(MM/DD/YYYY)              | POLICY EXP<br>(MM/DD/YYYY)                | LIMIT  | S      |            |
| >   | COMMERCIAL GENERAL LIABILITY  |                       |                       |   |                                    |   |   | EACH OCCURRENCE  | \$ 1,0 | 00,000     |
|   | CLAIMS-MADE X OCCUR   |                       |                       |   |                                    |   |   | DAMAGE TO RENTED PREMISES (Ea occurrence)                        | \$ 100 | 0,000      |
| >   | Host Liquor Liability   |                       |                       |   |                                    |   |   | MED EXP (Any one person)   | \$ 5,0 | 00         |
| Α   | Retail Liquor Liability   | Υ                     | N                     | 3DS5475-M3564314  |                                    | 05/23/2024                              | 05/24/2024                                | PERSONAL & ADV INJURY  | \$ 1,0 | 00,000     |
| G   | EN'L AGGREGATE LIMIT APPLIES PER:   |                       |                       |   |                                    | 12:01 AM                                | 12:01 AM                                  | GENERAL AGGREGATE  | \$ 2.0 | 00,000     |
| >   | POLICY PRO-<br>JECT LOC   | 5                     |                       |   |                                    |   |   | PRODUCTS - COMP/OP AGG   |        | 00,000     |
| _   | OTHER:  |                       |                       |   |                                    |   |   |  | \$ 1,0 |            |
| A   | UTOMOBILE LIABILITY   |                       |                       |   |                                    |   |   | COMBINED SINGLE LIMIT  | \$     |            |
|   | ANY AUTO  |                       |                       |   |                                    |   |   | (Ea accident) BODILY INJURY (Per person)                         | \$     |            |
| -   | OWNED SCHEDULED   |                       |                       |   |                                    |   |   |  | \$     |            |
| <u> </u>                                  | AUTOS ONLY AUTOS NON-OWNED  |                       |                       |   |                                    |   |   | PROPERTY DAMAGE  | \$     |            |
| -   | AUTOS ONLY AUTOS ONLY   |                       |                       |   |                                    |   |   | (Per accident)   | \$     |            |
|   | UMBRELLA LIAB OCCUB   |                       |                       |   |                                    |   |   |  |        |            |
| -   | - SVOTOOLLIS - OCCOR  |                       |                       | 3   |                                    |   |   | EACH OCCURRENCE  | \$     |            |
| -   | OLAIMO-IMADE  | -                     |                       |   |                                    |   |   | AGGREGATE  | \$     |            |
| 14/                                       | DED RETENTION S ORKERS COMPENSATION   |                       |                       |   |                                    |   |   | PER OTH-   | \$     |            |
| Al  | ND EMPLOYERS' LIABILITY Y/N   |                       |                       |   |                                    |   |   | STATUTE ER   |        |            |
|   | NYPROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?  | N/A                   |                       |   |                                    |   |   | E.L. EACH ACCIDENT   | \$     |            |
| lf.                                       | landatory in NH) yes, describe under  |                       |                       |   |                                    |   |   | E.L. DISEASE - EA EMPLOYEE                                       | \$     |            |
| ĎI  | ESCRIPTION OF OPERATIONS below  | -                     |                       |   |                                    |   |   | E.L. DISEASE - POLICY LIMIT                                      | \$     |            |
|   |   |                       |                       |   |                                    |   |   |  |        |            |
| DESCR                                     | PTION OF OPERATIONS / LOCATIONS / VEHIC   | LES (A                | CORE                  | 101, Additional Remarks Schedu  | le, may b                          | e attached if mor                       | e space is require                        | ed)  |        |            |
| Certific                                  | ate holder listed below is named as a   | dditic                | nal ir                | nsured per attached MEGL  | 2217 0                             | 11 19. Attenda                          | ance: 250, Ev                             | ent Type: Chamber of Cor   | nmerc  | e Event.   |
|   |   |                       |                       |   |                                    |   |   |  |        |            |
|   |   |                       |                       | OK 04/24  | ·/2024                             | 1                                       |   |  |        |            |
|   |   |                       |                       |   |                                    | /                                       |   |  |        |            |
|   |   |                       |                       | Mike  | = Fo                               | gii _                                   |   |  |        |            |
| CERT                                      | IFICATE HOLDER  |                       |                       |   | CANO                               | CELLATION                               |   |  |        |            |
|   | Lee County, a political subdi<br>Charter County of the State of<br>P.O. Box 398 Fort Myers, Flo                                       | of Flo                | rida                  | 2   | ACC                                | EXPIRATION                              | N DATE THE<br>TH THE POLIC                | ESCRIBED POLICIES BE CA<br>EREOF, NOTICE WILL E<br>Y PROVISIONS. |        |            |
|   | 471 PARK AVE  |                       |                       |   |                                    |   | /1/:                                      | 1 Maddwo   |        |            |
|   | , Boca Grande   |                       |                       | FL 33921  |                                    |   | (NN)                                      | 111000000  |        |            |



POLICY NUMBER:

# **EVANSTON INSURANCE COMPANY**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following: COMMERCIAL GENERAL LIABILITY COVERAGE FORM

# **SCHEDULE**

| Name Of Additional Insured Person(s) Or Organization(s):   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Lee County, a political subdivision and<br>Charter County of the State of Florida<br>P.O. Box 398 Fort Myers, Florida 33902<br>471 PARK AVE<br>Boca Grande, FL 33921 |  |  |  |  |  |  |  |
| Boca Grande, FL 33921  |  |  |  |  |  |  |  |
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- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II Who Is An Insured:
  - 1. In the performance of your ongoing operations; or
  - 2. In connection with your premises owned by or rented to you.

# However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

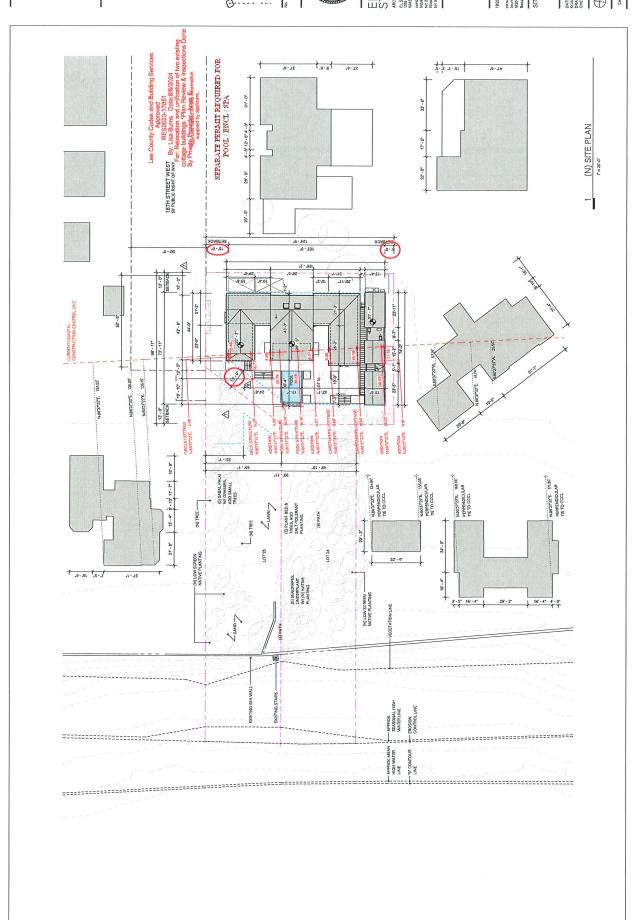
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.





RES2023-17851 Lee County ePlan