

EVENT PERMIT



Ordinance 17-08

Kim/Ryan Wedding

PERMIT NUMBER:

TMP2025-00190

Date(s) of Event:

May 16, 2026

Property Owner:

LEE COUNTY

Applicant:

Jessica Ryan 6072277040

Description:

Wedding Ceremony on Banyan Street May 16, 2026 from 4:00PM until 7:00PM

Location of event:

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

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?

No

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

Kim Byan Wedding

TMP2025-00190



Event Application

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

| SPECIAL EVENT PERM | К | к | ۲IV | ш |
|--------------------|---|---|-----|---|
|--------------------|---|---|-----|---|

IX USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

| Section I - GENERAL INFORMATION (All Permit Types) | | | | | | | |
|---|--|--|--|--|--|--|--|
| Kim/Ryan Wedding | | | | | | | |
| 5/16/2026 | | | | | | | |
| Banyan Street, Boca Grande, Florida | | | | | | | |
| Jessica Ryan | | | | | | | |
| 666 Greenwich St, Apt 927 New York, NY 10014 | | | | | | | |
| 607-227-7040 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| jessicabethryan@gmail.com | | | | | | | |
| 160 | | | | | | | |
| This request is being made for the Kim/Ryan wedding ceremony. The ceremony will take place on Banyan Street for approximately 30 minutes. Setup including chairs and floral arrangements will begin at 4:00pm and be promptly taken down at the conclusion of the ceremony before 7:00pm. | | | | | | | |
| 4:00-7:00pm | | | | | | | |
| 14-43-20-01-00005.0010 | | | | | | | |
| Lee County | | | | | | | |
| | | | | | | | |

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



| What is the Zoning Classification of the | premises? DOT Right of V | /Vay |
|---|---|---|
| Are any temporary structures to be insta | alled for the event? Yes X No | Type: |
| Do you have the appropriate permits for | r the temporary structures? | Yes No |
| * For a 'Special Event' and 'Use of Count identified, including all parking areas. Insurance Company Insuring the Event: | Eventsured - Housto | |
| Note: Certificate of Insurance must be submitted | at time of application | |
| Surety Company Bonding this Event (Na | ame and Address): | |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Event? | Will Alcoholic Beverages be served/consumed at this Event? |
| ☐ Yes | ☐ Yes ☐ No | Yes X No |
| If yes, automobile coverage must be included on the certificate of insurance. | If yes, products liability coverage must be included on the certificate of insurance. | If yes, liquor liability coverage must be included on the certificate of insurance. |
| Name & Address of Organization Providing Food: Type of Food being Served: | | |
| Section II - USE OF COUNTY PR | ROPERTY PERMIT | |
| Organization Sponsoring the Event: | I/A | |
| | | |
| Section III - SALE/CONSUMPT | TION OF ALCHOLIC BEVERAGES | PERMIT |
| Is alcohol being sold/consumed on Cou | nty Property? | Yes |
| If Yes, then a "Lee County Alcohol Permit" is required. | . Only non-profit organizations can sell alcohol o า Cour | nty Property. |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | ber: | |
| Please note: A permit from the State of Florida further details | Division of Alcoholic Beverages and Tobacco may | also be required; please call (239) 344-0885 for |



| TV Movie | uction (choose all tha | | | | | | | | |
|--------------------------|--|--|--|-----------------|------------------|-----------------|--|--------|------------------------|
| | or Special | TV Series / Pi | | Γ | | omme | rcial | Γ: | Still Photos |
| Public Ser | rvice Announcement | Industrial / Do | cumentary | Γ | Oth | er: | The second secon | | |
| ll any of th | e following be need | ed or included*? | | | | | | | |
| | Street Closure | | | | | Yes | | No | |
| | Traffic / Crowd Cor | ntrol | OTTO CANADA AND CANADA | ACCORDED | Г | Yes | Г | No | |
| | Fire or Burning | CANADA CONTRACTOR AND SERVICE CONTRACTOR CONTRACTOR | and the control of the series | | П | Yes | F | No | |
| | Explosives or Pyrot | echnics | | | Γ | Yes | | No | |
| | Animals, Large or S | mall | | MET 184_2 1 186 | Γ | Yes | Γ. | No | de (a. 5 t) de 40 f |
| | Construction of An | y Kind | n ng mga nga nga mga galawan nga sa | | Γ. | Yes | Ē | No | |
| | Large and/or Num | erous Vehicles | ar a construction of the c | | | Yes | | No. | |
| | Helicopters, Boats, | etc. | | | Γ | Yes | Γ | No | |
| | Stunts | | | | Γ. | Yes | Г | No | |
| | Other | | | | П | Yes | | No | |
| Special Par | rking Requirements: | | | | | | | | |
| | | | | | | | | | |
| City or Cou | unty Services Requir | ed: (Personnel, equi | oment, facilit | ies, e | tc.) | | | | |
| City or Cou | unty Services Requir | ed: (Personnel, equi | pment, facilit | ies, e | tc.) | | | | |
| City or Cou | unty Services Requir | ed: (Personnel, equi | pment, facilit | ies, e | tc.) | | ¥ ++ ++ | | |
| | | | | | | | | | |
| The follow | | equired for local and | state records | s on p | roduc | ction in | Florid ble. | a to t | rack the economic impa |
| The follow | ving information is re ry. If exact figures ar | equired for local and e not available, plea | state records | s on p | roduc | possik | ole. | | rack the economic impa |
| The follow | ring information is re ry. If exact figures ar Cast: | equired for local and re not available, plea | state records se estimate a | s on p | roduc sely as | s possik Nui | ole. | | |
| The follow the indust | ving information is recry. If exact figures are Cast: | equired for local and re not available, plea Numb Estim | state records se estimate a per in Crew: | s on pas clos | roduc sely as | s possik Nui | ole. | | |



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

Jessica Ryan

Print Name of Applicant and Title

5/7/25

Date

Andrew Kim

Print Name of Witness

5/7/25

Witness

Date



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

| Check the appropria | ıte box(es) belo | ow: | | |
|-----------------------|--|---|---|--|
| ┌─ SPECIAL EVI | ENT PERMIT | | | |
| USE OF COU | JNTY PROPERTY P | PERMIT | | |
| PERMIT TO | SELL AND CONSU | ME ALCOHOLIC BEVERAGES WIT | THIN LEE COUNTY FA | CILITIES |
| FILM PERM | IT | | | |
| | | EASE INDICATE BELOW WHAT . LY WITH FOR THEIR EVENT. | ARRANGEMENTS YO | UR ORGANIZATION |
| r | | | | |
| Parking: | Parking for event will t | pe in authorized areas only. | | |
| Deputies (How Many?): | Two deputies for road wedding takes place to expense of the application | closure, traffic control and security on Bany o restrict all vehicle access to the area. The ant. | an Street between Park Ave cost of the extra duty detail o | and Gilchrist while deputies will be at the |
| Fee for Services: | Contact LCSO Details | s Unit. | | |
| | | | • | |
| Special Arrangements: | Each end of Banyan S concluded, all chairs, t in order to reopen Ban | Street must be blocked in order to provide sa tables and other items used for the event mu nyan Street. | fety and security to participal ast be removed from the road | nts. Once ceremony has dway as soon as possible |
| | | | | |
| | Print Name: | P. Cummins | | |
| | Signature: | | | |
| | Title: | Commander | | |
| | Date: | 5 12 25 | | |



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.

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

▼ USE OF COUNTY PROPERTY PERMIT

| ☐ FILM PERM | IIT | |
|--|---|--|
| AFTER REVIEWING THE A DRGANIZATION WILL REC | PPLICATION, PLEA QUIRE THE APPLIC | SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ANT TO COMPLY WITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | 2 Fireguards for | 4 hours |
| Fee for Services: | \$60/hour per Fir | reguard. Total \$480 due 1 mo prior to event. |
| Flammable Vegetation: | 0 | |
| First Aid Equipment: | 0 | |
| Fire Extinguishing: | 0 | |
| Special Arrangements: | on Banyan St. in Fireguards will st Banyan St. Perm | er if guests and chairs, the Permit holder must hire fireguards to be present case of an emergency. In the event that access is needed on Banyan St., op the ceremony and co-ordinate removal of guests / items / etc. placed on it holder must have a team available on site to facilitate the immediate ms/guests. Any damage to BGFD vehicles while making access to the ethe responsibility of the permit holder. IN CASE OF EMERGENCY - DIAL 911 |
| | Print Name: | C.W Blosser |
| | Signature: Title: | Fire Chief |
| | Date: | 5/9/2025 |
| | | |



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

| Check the appropria | te box(es) below | <i>':</i> | | |
|----------------------------------|---|--|--|----------------------|
| SPECIAL EV | ENT PERMIT | | | |
| □ USE OF COU | JNTY PROPERTY PE | ERMIT | | |
| PERMIT TO | SELL AND CONSUM | ME ALCOHOLIC BEVERAG | ES WITHIN LEE COUNTY F | ACILITIES |
| FILM PERM | IT · | | | |
| | | SE INDICATE BELOW WHA | | R |
| Treatment Facilities: | None necessary. | ~ | | |
| Medical Personnel: | None necessary. | | | |
| Medical Supplies / Equipment: | None necessary. | | | |
| Safety Requirements: | Applicants shall foll Orders concerning | low all CDC and FDOH dired health and safety. | ctives, and the Florida Gove | ernor's Executive |
| Fee for Services | Not applicable. | | | |
| Special Arrangements: | Please call 911 in t office at EMSDetail | the event of an emergency. | To arrange special event co | overage, contact our |
| | Print Name: | Douglas B. Higgins | | |
| | Signature: | 77-Blip | Digitally signed by Captain Douglas B. Higgins Date: 2025.05.08 15:38:47 -04'00' | |
| | Title: | Captain, EMS Operations | | |
| | Date: | May 8, 2025 | | |



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

| Check the approprio | ite box(es) belo | w: |
|--|---|---|
| • • | JNTY PROPERTY | |
| PERMIT TO | | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PI | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. |
| 3 | Park in designated a No event parking po No vehicles shall be | areas. Ermitted on any portion of the Banyan St. road right of way. parked off the pavement that would damage the Banyan Tree root system |
| Ingress and Egress: | Please use all estab | ished 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 Digitally signed by Nathaniel C. Thoman Date: 2025.05.20 07:55:00 -04'00' |
| | Title: | Project Manager |
| | Date: | 05/20/2025 |

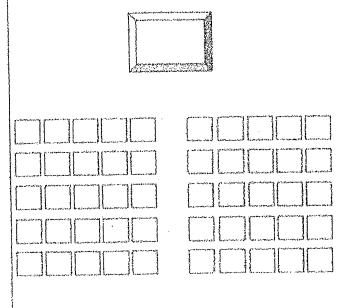


LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

| Check the approprio | ite box(es) belo | W: | |
|--|--|---|---|
| SPECIAL EV | ENT PERMIT | | |
| ✓ USE OF CO | UNTY PROPERTY I | PERMIT | |
| PERMIT TO | SELL AND CONSU | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | |
| FILM PERM | IT | | |
| | | | |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PL ICANT TO COMP | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y WITH FOR THEIR EVENT. | 1 |
| | | | |
| Illumination: | Additional lighting | must be provide by the permit holder, generators are permitted on Banyan Street. | |
| | | | |
| | | | |
| Parking Areas: | Parking is permitted area. | d at the Boca Grand Community Center. All vehicles must use designated parking | |
| | | | |
| | | | |
| Special Arrangements: | All event guest mus anything on the tre | it stay on county property at all times while on Banyan Street. Do not hang or drape es or vegetation. | |
| | Permit holder must | adhere to all rules on the USE of County Lands for Weddings on Banyan Street. | |
| | Permit holder must | work with site supervisor for site specific event needs. | |
| | Permit holder must No. 93-15 (noise) a | comply with all terms at stated and adhere to Lee County Ordinances and 8-12 (as amended). | E |
| | | | |
| | Print Name: | Trever Snearley | |
| | | | |
| | Signature: | | |
| | Title: | County Wide Services Manager | |
| | Date: | 5/13/2025 | |

BOCA - BANYAN STREET ONLY - RYAN WEDDENG 5/16/2026 Page 10

Gilchrist Ave.



CHAIRS = 125-150

Park Ave.

e



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

| Check the appropriat | e box(es) belo | ow: | |
|-------------------------|---|--|-----------------------------|
| SPECIAL EVE | NT PERMIT | | |
| ⋉ USE OF COU | NTY PROPERTY | PERMIT | |
| PERMIT TO S | ELL AND CONSU | 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 Dotect against bodily injury and/or property damage relative event within Lee County. | |
| | Certificate Must F | Read As: | |
| | and public officia with regard to ge | litical subdivision and Charter County of the State of Florida Ils are automatic additional insureds and includes an autom eneral liability. The certificate holder is an additional insured basis with regards to general liability. | natic waiver of subrogation |
| Special Arrangements: | political subdivisi | 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 additional insured as listed above. | |
| | | | |
| | Print Name: | Mike Figueroa | |
| | Signature: | Mike foir- | |
| | Title: | Risk Program Manager | |
| | Date: | May 20, 2025 | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2025

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). **Eventsured Customer Service** PHONE (A/C, No, Ext): FAX (A/C, No): 888-882-5902 Foresite Sports, Inc.

| DBA: Eventsured | | | | | ADDRESS: info@eventsured.com | | | | |
|--|--|-----------------|-------------|--|-------------------------------|--|----------------------------|--|-------------|
| 3553 V | Vest Chester Pike #418 | ester Pike #418 | | | INSURER(S) AFFORDING COVERAGE | | | NAIC# | |
| Newto | wn Square, PA 19073 | | | | INSURE | RA: Houston | Casualty Co | mpany | 42374 |
| INSURED | · | | | | INSURE | RB: | | | |
| | | | | | INSURE | RC: | | | |
| Jessica Ryan | | | | F | INSURE | | | | |
| 666 GREENWICH ST | | | | F | INSURE | | | | |
| | NEW YORK, NY 10014-6329 |) | | | INSURE | | | | |
| COVE | | | ΔTF | NUMBER: TM434950 | INSUKE | <u> </u> | | REVISION NUMBER: | |
| THIS | IS TO CERTIFY THAT THE POLICIES | OF I | NSUF | RANCE LISTED BELOW HAVE | E BEE | N ISSUED TO | THE INSURE | D NAMED ABOVE FOR THE PO | LICY PERIOD |
| INDIC | CATED. NOTWITHSTANDING ANY RETIFICATE MAY BE ISSUED OR MAY F | QUIR | EMEI | NT, TERM OR CONDITION C THE INSURANCE AFFORDE | DF ANY | CONTRACT THE POLICIES | OR OTHER D S DESCRIBED | OCUMENT WITH RESPECT TO | WHICH THIS |
| EXCL | USIONS AND CONDITIONS OF SUCH | POLI | CIES. | LIMITS SHOWN MAY HAVE E | BEEN F | REDUCED BY | PAID CLAIMS. | · . | |
| INSR LTR | TYPE OF INSURANCE | INSR | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | (MM/DD/YYYY) | LIMITS | |
| | ENERAL LIABILITY | | | | | | | EACH OCCURRENCE \$ | 1,000,000 |
| X | COMMERCIAL GENERAL LIABILITY | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | 100,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | MED EXP (Any one person) \$ | 5,000 |
| AX | | Υ | Υ | H24SE00172/TM434950 | | 05/16/2026 | 05/17/2026 | PERSONAL & ADV INJURY \$ | 1,000,000 |
| ' | | | | | | 12:01AM | 2:01AM | GENERAL AGGREGATE \$ | 2,000,000 |
| G | EN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | PRODUCTS - COMP/OP AGG \$ | 1,000,000 |
| l S | | | | | | | | DEDUCTIBLE \$ | 0 |
| | JTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Fa accident) \$ | |
| | | | | | | | | (Ea accident) \$ BODILY INJURY (Per person) \$ | |
| - | ANY AUTO ALL OWNED SCHEDULED | | | | | | | BODILY INJURY (Per accident) \$ | |
| <u> </u> | AUTOS AUTOS NON-OWNED | | | Ł. | | | | PROPERTY DAMAGE | |
| | HIRED AUTOS AUTOS | | | | | | | (Per accident) \$ | |
| | | | | | | | | |) |
| | UMBRELLA LIAB OCCUR | | | | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB CLAIMS-MADE | | | | | - | | AGGREGATE \$ | |
| | DED RETENTION\$ | | | | | | | \$ | |
| | ORKERS COMPENSATION ID EMPLOYERS' LIABILITY | | | | | | | WC STATU- OTH- TORY LIMITS ER | |
| AN | Y PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | | | E.L. EACH ACCIDENT \$ | |
| (Ma | FICER/MEMBER EXCLUDED? andatory in NH) | 1,7,7 | | | | | | E.L. DISEASE - EA EMPLOYEE \$ | |
| lf y | es, describe under SCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT \$ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Addition Primate covera W Boo | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Additional Insureds must be venue managers or municipalities and are added with respect to our insureds operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Wedding (Ceremony and/or Reception)(to be held on 05/16/2026 - 05/16/2026 with 160/attendees at Banyan Street 131 1st ST W Boca Grande(FL 33921)(Lee County, a political charter and subdivision of the State of Florida (WOS & PNC selected). | | | | | | | | |
| CEDT | IEICATE HOLDER | | | | CANO | CELLATION | | | |
| CERT | Lee County, a political charte subdivision of the State of Flo PO Box 398 | | d | OK 05.20.2025 | SHC THE ACC | OULD ANY OF EXPIRATION CORDANCE WI | N DATE THI TH THE POLIC | DESCRIBED POLICIES BE CANCE EREOF, NOTICE WILL BE D BY PROVISIONS. | |
| | Fort Meyers FL 33902 | | | | AUTHO | RIZED REPRESE | NTATIVE | 20 | |