





Ordinance 17-08

4th of July Fireworks Show (5th Annual)

PERMIT NUMBER: TMP2025-00200

Date(s) of Event: July 4, 2025

Property Owner: VICTORY CHRISTIAN CENTER NETWO

Dorothy McQuillan

2393039585

Applicant:

Description: Live music, food trucks and attractions at Victory Church on July 4, 2025 from 5:00PM until 10:00PM

Location of event: 1201 TAYLOR LN, LEHIGH ACRES, FL 33936

Will the event be attended by 1000 or more people ?	Yes
Will the event be held on County Owned Property?	No
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

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

TMP2025-0020

4th of July Fireworks Show (5th Arinuel)



Event Application

Check the appropriate box(es) below:

- **I** → 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	4th of July Fireworks Show (5th Annual)		
Date(s) of Event / Production:	07/04/2025 5pm-10pm		
Location(s) of Event:	1201 Taylor Ln., Lehigh Acres, FL 33936		
Name of Applicant:	Victory Christian Center Network of Churches, Inc		
Applicant Address:	1201 Taylor Ln., Lehigh Acres, FL 33936		
Applicant Phone Number:	(239) 303-9585		
Contact Person: (If different from applicant)	Dorothy McQuillan		
Contact Phone Number: (If different from applicant)	(239) 404-7864		
Email Address:	dorothy@victoryoflehigh.com		
Estimated Attendance:	1,500		
Event Description: Include each activity, when activities take place, etc.	5pm-9pm live music, food trucks, attractions 9pm-10pm Professional firework display		
Hours of Operation:	5pm-10pm		
STRAP # of Parcel:	31-44-27-05-00001-0040 +0140 +018A (Fireworks area)		
Owner of Premises*:	Victory Christian Center Network of Churches, Inc		

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

	Lee County Event Permit	Application		
		1		
What is the Zoning Classification of t	the premises? Commerc	ial		
Are any temporary structures to be i	nstalled for the event? TYes	X No T	уре:	
Do you have the appropriate permits	s for the temporary structures?		∫ Yes	j [™] No
* For a 'Special Event' and 'Use of Co identified, including all parking areas	5.	site plan with	all proposed	facilities and activities
Insurance Company Insuring the Eve	ent: K&K Insurance	1		
Note: Certificate of Insurance must be submi	itted at time of application			
Surety Company Bonding this Event	(Name and Address):	4 1		
Will Vehicles be Used as Part of Th Event?	is Will Food be Available at th	his Event?		pholic Beverages be nsumed at this Event?
Yes 🕅 No	🕅 Yes	ο .	· Ye	s X No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage included on the certificate of in			liability coverage must be he certificate of insurance.
Name & Address of Organization Providing Food:	Victory Church, F	ood Tru	icks, Ma	aggy's House
Type of Food being Served: Vari	ety of foods, snov	v cones	s, etc	
		1		
Section II - USE OF COUNTY	PROPERTY PERMIT			ka panah mini bera kera kera kera pengan berkera mini bana panahan panaharan kera panaharan panaharan panaharan
Organization Sponsoring the Event:	Victory Christian Cer	nter Netw	vork of C	hurches, Inc
		1		
Section III - SALE/CONSUM	PTION OF ALCHOLIC BEVI	ERAGES PE	RMIT	
Is alcohol being sold/consumed on C If Yes, then a "Lee County Alcohol Permit" Is requir		cohol on County P	Yes roperty.	X No
Non-profit certificate/registration nu (Required if alcohol is to be <u>SOLD</u> at the event)	umber:	5		
Please note: A permit from the State of Florid further details	da Division of Alcoholic Beverages and T	Fobacco may als	o be required; p	lease call (239) 344-0885 for

	Lee County Event Po	ermit Ap	oplication		
			2		
ype of Production (choose all	that apply):		1		
TV Movie or Special	TV Series / Pilot	Γ	TV Comme	rcial 👿 Still Pho	tos
Public Service Announcem	ent 📔 Industrial / Documenta	ry 🕅	Other: BF	Roll Church Organiza	ation
Vill any of the following be ne	eded or included*?				
Street Closure			└ Yes	IX No	
Traffic / Crowd C	Control		r Yes	IX No	
Fire or Burning			☐ Yes	X No	
Explosives or Py	rotechnics		X Yes	I No	
Animals, Large o			r Yes	IX No	
Construction of			Yes	X No	
Large and/or Nu			└── Yes	X No	
Helicopters, Boa	ts, etc.		∫ Yes	IX No	
Stunts			☐ Yes	No No	
Other			T Yes	⊠ No	
	onal fireworks show, they w			n permit and mat	
The address is: 1201 Taylor Ln., Lehigh	Acres, FL 33936		* -		
The address is: 1201 Taylor Ln., Lehigh			•		
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The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements N/A City or County Services Requi		ilities, etc	ž		
The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements	S:	ilities, etc	ž		
The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements N/A City or County Services Requi	S:	ilities, et	ž		
The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements N/A City or County Services Requi N/A	S:	ds on pro	c.) oduction in F		conomic impa
The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements N/A City or County Services Requi N/A The following information is r the industry. If exact figures a	s: ired: (Personnel, equipment, fac required for local and state recor	ds on pro	c.) oduction in F ely as possible		conomic impa
The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements N/A City or County Services Requi N/A The following information is r the industry. If exact figures a Number in Cast: N/A	s: ired: (Personnel, equipment, fac required for local and state recor are not available, please estimate	rds on pro	c.) oduction in F ely as possible Num	2.	conomic impa
The address is: 1201 Taylor Ln., Lehigh Special Parking Requirements N/A City or County Services Requi N/A The following information is r the industry. If exact figures a	s: ired: (Personnel, equipment, fac required for local and state recor are not available, please estimate Number in Crew:	rds on pro e as close spent in L	c.) oduction in F ely as possible Num	2.	conomic impa

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

Dorothy J McQuillan, Finance & Property Manager

Print Name of Applicant and Title

06/02/2025

mak Smtona

Witness

Makennah Santana

Print Name of Witness

6/2/25 Date











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

Check the appropriate box(es) below:

- **I** SPECIAL EVENT PERMIT
- └── USE OF COUNTY PROPERTY PERMIT
- F 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:	Parking in authorized areas only. All right-of-ways must be kept clear in the event emergency response vehicles need to respond. Parking will be handled by Victory Church volunteers in parking lot, however volunteers are not permitted in roadway without all mandated safety equipment included but not limited to: safety traffic vests, flashlights and flashlight cones.
Deputies (How Many?):	None
Fee for Services:	None
Special Arrangements:	All amplified sound must adhere to the Lee County noise ordinance. Event should not impede the normal flow of traffic. Event coordinator is responsible for ensuring fireworks and launch site remain secure. Lehigh Fire has approved the event and is aware of potential fire hazards. It is understood by this agency that Victory Church is working in conjunction with Lehigh Fire to ensure the event follows their guidelines. Permit for fireworks will be submitted seperately.
	Print Name: PCARMINS Signature:
	Title: <u>Connader</u> Date: <u>61725</u>

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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**
- F PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- ☐ FILM PERMIT

Fire Guards (How Many?)	NFPA 101:12.7.6 requires one (1) on-site crowd manager per every 250 persons. Documentation provided 6/16/2025.
Fee for Services:	#1219-Special Event Inspection - \$250 #1221 Special Event Food Trucks - 4 @ \$50 - \$200 #1228 Emergency response vehicle and staff per 23-07-02(G)(4) - 5 hours @ - \$896.40 #1201 Fireworks Display - \$300 (billed separately with fireworks permit and Inspection) - \$0.00
Flammable Vegetation:	N/A
First Aid Equipment:	In accordance to LAFCRD User Fee Resolution, an ALS ambulance is required for the event. Time of the event is 5pm-10pm. Event staff are required to know location of staged ambulance crew and means for event staff and ambulance crew to communicate.
Fire Extinguishing:	This event is required to ensure that portable fire extinguishers with a minimal rating of 2A:10BC are available within 75 feet to all of the displays, tents, and food concessions. Fire extinguisher(s) must be certified fit for duty in accordance with NFPA 1:13.6. Each mobile food vendor will have their own fire extinguishers to address the hazards within their respective concession.
Special Arrangements:	 Fireworks display requires separate permit and inspection. Food trucks require inspection within 12 months from date event. No inspections will be offered day of. Access to the entire site shall maintain at least a 20-foot path for emergency vehicles access. A fire inspection is required to occur prior to the start of the event and shall occur no later than one-hour before the scheduled start time. Firework site inspection and exclusion zone shall occur 2 hours prior to the launch of pyrotechnics. Contact will be made to the on-duty shift commander prior to launch, to stage an apparatus for fire suppression around the event area.
	Print Name: Matthew Brennan
	Signature:
	Title: Fire Marshal - Lehigh Acres Fire Dist.
	Date: June 17, 2025
	Page 17

Swiger, Melissa

From: Sent: To: Subject: Matthew Brennan <matthew.brennan@lehighfd.com> Tuesday, June 24, 2025 10:16 AM Swiger, Melissa Re: Victory Church

Caution: This email originated from an external source. Be cautious of attachments and links, and do not provide login information. Report suspicious activity to the Service Desk: servicedesk@leegov.com or 533-HELP.

Good morning Ms. Swiger,

My apologies, I thought I completed that response. The clerical change in permit boxes won't alter our review for the event. Our previously provided comments will remain the same.

Sincerely, Matthew Brennan Fire Marshal Lehigh Acres Fire District 239-887-9459 Get Outlook for iOS

From: Swiger, Melissa <MSwiger@leegov.com> Sent: Tuesday, June 24, 2025 10:12:55 AM To: Matthew Brennan <matthew.brennan@lehighfd.com> Subject: Victory Church

Good morning,

This is Melissa from Lee County Zoning. I am reaching out to get confirmation. The event page for the Victory Church event you received from Ms. McQuillan did not have the correct boxes checked. The correct box should only be the Special Event. They will not be filming but will have over 1000 people in attendance. I would like to confirm this will not alter the original approval you provided.

Best,

ee Coun

Melissa Swiger, Customer Service Specialist

Department of Community Development

1500 Monroe St, Fort Myers, FL 33901 office: (239) 533-8329 email: <u>mswiger@leegov.com</u>

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Lehigh Acres Fire Control and Rescue District 11 Homestead Rd S Lehigh Acres, FL 33936

Invoice #	25061799501
Invoice Date	6/17/2025
Balance Due	\$1,346.40
Due Date	6/18/2025
Job #	250617001

Payment due upon receipt. Direct: (239) 303-5335

Lehigh Acres Fire District Life Safety Division 636 Thomas Sherwin Avenue S Lehigh Acres FL 33972

Lehigh Acres Fire Control and Rescue District

		Balance Due:	\$1,346.40	
		Subtotal:	\$1,346.40	\$0.00
Special Event- Food Concession (Tent, Trailer, Motorized Vehicle), each	,		\$200.00	
Special Event (base fee)			\$250.00	
Special Event - Ambulance Staff			\$700.00	
Special Event - ALS Ambulance			\$196.40	
Description	11		Amount Owed	Amount Paid
1201 Taylor Lane Lehigh Acres FL 33936		Job #25061700 ⁻		
Victory Church STE 1	Invoice # 2506179950 6/17/2025			

Payment due upon receipt.

For one-time payments, use the following link: <a href="https://tinyurl.com/Lehigh-Payment-Portal"

- 1. Click "make a one-time payment."
- 2. Payment Category: Inspections, Pre-Plans and Fire
- 3. Payment Type: Inspections & Plan Review
- 4. Fill-in the required fields (enter the service address in the address field)

For check payments, make checks payable to: Lehigh Acres Fire Control and Rescue District 11 Homestead Rd S, Lehigh Acres, FL 33936



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

FILM PERMIT

Treatment Facilities:	See Special Arrange	ments below.
Medical Personnel:	See Special Arrange	ments below.
Medical Supplies / Equipment:	See Special Arrange	ments below.
Safety Requirements:	See Special Arrange	nents below.
		a second to be a second second of the second s
Fee for Services	See Special Arranger	nents below.
Special Arrangements:	LCEMS defers to Leh	igh Acres Fire Control and Rescue District for specifying EMS coverage for this event,
op doi di 7 in 2008-000	as it falls within their	response district. Their contact information is:
		Ave S, Lehigh Acres, FL 33974
	Phone: 239-303-530) Email: firerescue@lehighfd.com
	Print Name:	Douglas B. Higgins
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.06.10 15:59:05 -04'00'
	Title:	Captain, EMS Operations
	Date:	June 9, 2025



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

Check the appropriate box(es) below:

I SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

Parking:	No event parking i	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estal	olished means of ingress and egress.
Special Arrangements:	Shall use Lee Cour Emergency vehicle County maintained	nty Sheriff's Office for assistance with traffic control as needed. e access and public vehicular access shall be maintained on all surrounding Lee d roads.
	Print Name:	Nathan Thoman
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.06.20 09:25:38 -04'00'
	Title:	Project Manager
	Date:	06/20/2025



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

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

USE OF COUNTY PROPERTY PERMIT

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

FILM PERMIT

Illumination:	NA	
Parking Areas:	NA	
	•	
Special Arrangements:	NA - Event is not on Parks and Recreation property and will not affect county park operat programs.	ions or
	Print Name: Trever Snearley	
	Signature:	
	Title: County Wide Services Manager	
	Date: 6/2/2025	
ON PARK PROP	4/+L OF JULY FEREWORKS SHOW (SANNUAL) Page 10	
7/4/202		



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

Check the appropriate box(es) below:

- J▼ SPECIAL EVENT PERMIT
- USE OF COUNTY PROPERTY PERMIT
- ☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- FILM PERMIT

Insurance Requirements:	occurrence to pr	neral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per rotect against bodily injury and/or property damage relative to applicants use of d event within Lee County.
	Certificate Must	Read As:
	and public offici with regard to g	olitical subdivision and Charter County of the State of Florida, its agents, employees, ials are automatic additional insureds and includes an automatic waiver of subrogation jeneral liability. The certificate holder is an additional insured on a primary and y basis with regards to general liability.
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required coverage listing Lee County, a sion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above.
	Subject to proof	f of insurance.
		and the second sec
	Print Name:	Mike Figueroa
	Signature:	Mike Jugin -
	Title:	Risk Program Manager
	Date:	June 9, 2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2025

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.										
IMPOF IS WA	RTANT: If the certificate holder is an A IVED, subject to the terms and condi certificate holder in lieu of such endo	tions o	f the p	INSURED, the policy(ie olicy, certain policies n	s) must have AL nay require an e	DITIONAL IN ndorsement.	SURED provisions or be endorsed A statement onthis certificate doe	l.if SUBROGATION s not confer rights		
PRODU					CONTACT NAME:	ONTACT NAME: Mass Merchandising				
K&K Insurance Group, Inc.					PHONE (A/C, No, Ext): 1-877-648-6404 FAX (A/C, No): 1-260-459-5502					
P.O. Box 2338 Fort Wayne, IN 46801-2338					E-MAIL ADDRESS: Info@eventinsurance-kk.com					
1 011					PRODUCER CUSTOMER ID:					
					INSURER(S) AFFORDING COVERAGE			NAIC#		
INSURED: 2001866517 CP# 5971					INSURER A: N	38970				
	Victory Christian Center Network of Churches DBA: Victory Christian Center Network of Churches Inc.					INSURER C:				
1201 Taylor Ln Ext.					INSURER D:					
	gh Acres, FL 33936				INSURER E:					
	ember of the Sports, Lelsure & Enterta	ainmer	nt RPG		INSURER F;					
	RAGES	110110		CERTIFICATE NUM				VISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT 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.										
INSR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
LTR	X COMMERCIAL GENERAL LIABILITY	X	X	M1RPG000000049990		07/05/25	EACH OCCURRENCE	\$3,000,000		
	CLAIMS-MADE X OCCUR				12:01AM	12:01 AM	DAMAGE TO RENTED PREMISES	\$1,000,000		
							(Ea Occurrence)	\$5,000		
			1				MED EXP (Any one person) PERSONAL & ADV INJURY	\$3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000		
	POLICY PROJECT LOG						PRODUCTS - COMP/OP AGG	\$3,000,000		
ŀ						1.0	PROFESSIONAL LIABILITY	\$0,000,000		
	OTHER:	- E					LEGAL LIAB TO PARTICIPANTS			
	AUTOMOBILE LIABILITY				2		COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO					3	BODILY INJURY (Per person)			
	OWNED AUTOS SCHEDULED ONLY AUTOS					1	BODILY INJURY (Per accident)			
	HIRED AUTOS NON-OWNED		1				PROPERTY DAMAGE(Per accident)			
	ONLY AUTOS ONLY UMBRELLA LIAB OCCUR						EACH OCCURRENCE			
ļ	EXCESS LIAB CLAIMS-MADE					$ \mathbf{k} = 1$	AGGREGATE			
	WORKERS COMPENSATION	N/A				6	PER STATUTE OTHER			
	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/ EXECUTIVE					1	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE			
10	DFFIGER/MEMBER EXCLUDED?									
	I yes, describe under DESCRIPTION OF OPERATIONS below						E,L, DISEASE - POLICY LIMIT			
1	MEDICAL PAYMENTS FOR PARTICIPANTS					•	PRIMARY MEDICAL EXCESS MEDICAL			
DESCRI	TION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	ORD 10							
Event I					of attendees: 15	00				
Event I	Location: 1201 Taylor Ln Ext., Lehigh	Acres	Florid	a 33936			while affinials are added as an add	Man al tracing al heit		
Lee Co	ounty, a political subdivision and Cha r liability caused, in whole or in part, b	rter Co	unty o	f the State of Florida, if	is agents, emplo	byees, and pl	udiic officiais are added as an add	itional insured, but		
	y and Noncontributory is added via fo				u maueu.					
Waiver	of Transfer of Rights of Recovery Ag	alnst C	Others	to Us is added via form	CG2404.					
This ce	rtificate volds and replaces certificate	# W0	300626	35		i.				
CERTI	FICATE HOLDER				CANCELLATIC	and the second se				
Lee Co P.O. Bo	bx 398	OK	06.0	9.2025	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH					
	vers, FL 33902	1	2	1		E POLICY PROVISIONS. THORIZED REPRESENTATIVE				
							/			
(/							Scott hundred			
						@ 1988-1	2015 ACORD CORPORATION. AI	I rights reserved		

Coverage is only extended to U.S. events and activities. ** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas. ACORD 25 (2016/03) The ACORD name and logo are registered marks of ACORD

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 PART

SCHEDULE

Lee County, a po P.O. Box 398 Fort Myers, FL 33	olitical subdivision and Charter County of the State of Florida, its agents, employees, and public officials 3902
Named Insured:	Victory Christian Center Network of Churches
CP# 5971	DBA: Victory Christian Center Network of Churches Inc.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- 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, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 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.

COMMERCIAL GENERAL LIABILITY POLICY NUMBER: M1RPG0000000499900



MARKEL INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE PROVISION – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

	Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials P.O. Box 398 Fort Myers, FL 33902
Person Or Organization:	Named Insured: Victory Christian Center Network of Churches DBA: Victory Christian Center Network of Churches Inc. CP# 5971
	Event Date: 07/04/2025

The following is added and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to the Person Or Organization shown in the Schedule of this endorsement, provided that:

- (1) Such Person Or Organization is an additional insured under your policy;
- (2) The additional insured is a Named Insured under such other insurance; and
- (3) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

All other terms and conditions remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials P.O. Box 398 Fort Myers, FL 33902

Named Insured: Victory Christian Center Network of Churches DBA: Victory Christian Center Network of Churches Inc.

CP# 5971

Event Date: 07/04/2025

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.