

EVENT PERMIT



Ordinance 17-08

Love Letters Production - Wine Refreshments

PERMIT NUMBER:

TMP2025-00303

Date(s) of Event:

November 13, 2025 through November 16, 2025

Property Owner:

LEE COUNTY

Applicant:

Jackie Allen

339-206-6777

Description:

Royal Palm Players is a community theater performing a staged reading of the play "Love Letters" at the Boca Grande Community Center on November 13, 2025, through

November 16, 2025, from 5:00PM until 7:00PM. Refreshments, including wine will be

offered at the start of each show.

Location of event:

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

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

To Be Consumed

Will a bond be posted for this event?

Permit Conditions:

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

Board of County Commissioners Lee County, Florida

No

Date



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography



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
	EII M DEDMIT

Section I - GENERAL INFORMATION (All Permit Types)					
Title of Event / Name of Production	Love Letters Production - Wine refreshments				
Date(s) of Event / Production:	November 13, 2025; November 14, 2025; November 15, 2025; November 16, 2025				
Location(s) of Event:	Boca Grande Community Center				
Name of Applicant:	Royal Palm Players, Inc				
Applicant Address:	131 1st St W Boca Grande, FL 33921				
Applicant Phone Number:	941-964-2670				
Contact Person: (If different from applicant)	Jackie Allen				
Contact Phone Number: (If different from applicant)	339-206-6777				
Email Address:	jackie@royalpalmplayers.com				
Estimated Attendance:	130 people per day for 4 days				
Event Description: Include each activity, when activities take place, etc.	Royal Palm Players is a community theater located in Boca Grande, FL. We are producing a staged reading of the well known play, "Love Letters". We would like to offer refreshments, including wine, free of charge at the start of each show. The production will open on November 13 and run for 4 days/ shows.				
Hours of Operation:	5pm-7pm each night.				
STRAP # of Parcel:					
Owner of Premises*:					

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



What is the Zoning Classification of the premises?							
Are any temporary structures to be insta	alled for the event? Yes X No	Type:					
Do you have the appropriate permits for	the temporary structures?	Yes No					
* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas. United States Liability Ins Co. through Hull & Company							
Insurance Company Insuring the Event:		agii ridii & Company					
Note: Certificate of Insurance must be submitted	l at time of application						
Surety Company Bonding this Event (Na	me 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 X No	X Yes No					
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.					
Name & Address of Organization Providing Food:							
Type of Food being Served:							
Section II - USE OF COUNTY PR	ROPERTY PERMIT						
Organization Sponsoring the Event:							
Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT							
Is alcohol being sold/consumed on Cou	nty Property?	× Yes × No					
If Yes, then a "Lee County Alcohol Permit" is required.	Only non-profit organizations can sell alcohol on Count	y Property.					
Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event)	ber: Yes alcohol will be consumed	but not sold					
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 Production	on (choose all that	apply):					
TV Movie or	Special	TV Series / Pilot		TV Comme	rcial 🗀 S	Still Photos	
Public Service	e Announcement	Industrial / Documentar	y 🔀	Other: Cor	mmunity The	eater Show	
/ill any of the fo	ollowing be neede	d or included*?					
St	reet Closure			Yes	⊠ No		
Tr	affic / Crowd Cont	rol		☐ Yes	⊠ No	VII. 100 II. 100 III. 100 I	
Fir	re or Burning			Yes	⊠ No	Mark Control	
Ex	plosives or Pyrote	chnics		Yes	⊠ No	e Register (List	
Ar	nimals, Large or Sn	nall		Yes	⊠ No	NA SERVICIO	
Co	onstruction of Any	Kind		Yes	⊠ No		
La	rge and/or Nume	ous Vehicles		☐ Yes	No		
He	elicopters, Boats, e	etc.		Yes	⊠ No		
St	unts			Yes	⊠ No		
Ot	ther			Yes	⊠ No	S STOCKER LINE	
Special Parking	Requirements:						
Special Furking			Mariting Service and Control of the				
City or County	Services Required	d: (Personnel, equipment, faci	lities, et	c.) 			
		uired for local and state recor not available, please estimate				ck the econom	ic impact
Number in Cast	1	Number in Crew:	6		nber of locals h	nired: 3	
Total budget:	\$12,000	Estimate amount	spent in l	ee County:	88,500		
Hotel room nig	hts:	Number of shooti	ng days:				
	number of rooms x	number of nights		· -			



SECTION I - SAFETY

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

SECTION II - INSURANCE

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

SECTION III - INDEMNIFICATION

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

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

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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



SECTION V - AGREEMENT

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

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

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

Jackie Allen	Dall
Signature of Applicant	Witness
Jacqueline Allen, Managing Director	Gordon Allen
Print Name of Applicant and Title	Print Name of Witness
8/11/2025	8/11/2025
Date	Date



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

Check the appropri	ite box(es) below:
☐ SPECIAL EV	ENT PERMIT
□ USE OF COI	UNTY PROPERTY PERMIT
	涎X AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
AFTER REVIEWING THE WILL REQUIRE THE APPL	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	Parking in authorized areas only.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None are required for this event.
Special Arrangements:	Alcoholic beverages must stay within the confines of the event. All amplified sounds must adhere to the Lee County Noise Ordinance.
	Print Name: Dannins
	Signature:
	Title: COMMANDES
	Date: 8 25 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.

Check the appropriate box(es) below:

SPECIAL EVENT PERMIT

TX USE OF COUNTY PROPERTY PERMIT

TXPERMIT 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.

Fire Guards (How Many?)	
Fee for Services:	
Flammable Vegetation:	
First Aid Equipment:	S
Fire Extinguishing:	
Special Arrangements:	
	Print Name: Jh/ Slasse/
	Signature:
	Title: Fire Chief
	Date: 9/5/2025



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

Check the appropria	te box(es) below	v:				
☐ SPECIAL EV	ENT PERMIT					
ISE OF COUNTY PROPERTY PERMIT						
▼ PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES				
FILM PERM	IT					
		SE INDICATE BELOW WHAT ARRANGEMENTS YOUR ANT TO COMPLY WITH FOR THEIR EVENT.				
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 directives, and the Florida Governor's Executive health and safety.				
Fee for Services	Not applicable.					
Special Arrangements:	coverage (ambular following link: EMS	the event of an emergency. To arrange special event emergency medical nce, cart, etc) or EMS participation, please fill out and submit the form at the Special Detail Request Form tact our office at EMSDetail@leegov.com.				
	Print Name:	Douglas B. Higgins				
	Signature:	Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.08.23 06:35:54 -04'00'				
	Title:	Captain, EMS Operations				

August 23, 2025

Date:



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

спеск тпе арргорги	ate box(es) bei	ow:
⋉ USE OF CO		PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATI LY WITH FOR THEIR EVENT.
Parking:	No event parking is	permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all estab	lished means of ingress and egress.
Special Arrangements:	1	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: Signature: Title: Date:	Nathan Thoman Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.08.27 13:41:15 -04'00' Project Manager 08/27/2025
	Date.	00/21/2023



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

Check the appropri	ate box(es) below:
⋉ USE OF CO	VENT PERMIT DUNTY PROPERTY PERMIT DISELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES WITHIN
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Illumination:	Additional lighting must be provided by permit holder. Open flames are prohibited within the Crowninshield building.
Parking Areas:	Parking is permitted in existing parking area located at the Boca Grande Community Park and grounds.
Special Arrangements:	Alcohol must be contained within the boundaries of the park property. Event organizer will work with site supervisor for site specific event needs. Event organizer will adhere to Lee County and Parks & Recreation Ordinances (25-14, 93-15) and (18-12, 18-27 as amended). Pursuant to Lee County Ordinance No. 25-14, smoking and vaping is not permitted at any school property or within the boundaries of any public park facility or public beach.
	Print Name: Trever Snearley Signature: Title: Countywide Services Manager Date: 9/4/2025

BOCA GRANDE COMMUNITY CENTER - LOVE LETTERS PRODUCTION

(11/13/25 - 11/16/25)
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LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Спеск тпе арргоргіат	te box(es) bei	ow:	
☐ SPECIAL EVE ☑ USE OF COU ☑ PERMIT TO S ☐ FILM PERMIT	NTY PROPERTY ELL AND CONS	PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY	FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Insurance Requirements:	occurrence to pr aforementioned In addition, Host (\$1,000,000) per	eral liability insurance with minimum limits of One Million Dotect against bodily injury and/or property damage relative event within Lee County. Liquor Liability insurance will be required with minimum liroccurrence. Should Host Liquor Liability coverage be afforce policy, minimum acceptable limits will be Two Million Dolla	to applicants use of mits of One Million Dollars I under the Commercial
Special Arrangements:	political subdivis the certificate ho subrogation with	nsurance shall be submitted as evidence of the required covion and Charter County of the State of Florida, P.O. Box 398, older and as an automatic additional insureds and includes an regard to general liability. The certificate holder is an additiony basis with regards to general liability. of insurance.	Fort Myers, FL 33902 as an automatic waiver of
	Print Name: Signature: Title: Date:	Mike Figueroa Mike Figueroa Risk Program Manager September 15, 2025	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/10/2025

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).

PRODUCER Italiano Insurance Svcs Inc		CONTACT NAME:				
441 Palm Av	9	PHONE (A/C, No, Ext):	(941)-964-0400 FAX (A/C, No): (409) 722-2905			22-2905
Boca Grande	e, FL 33921	E-MAIL ADDRESS:	carey@italianoins.com			
			INSURER(S) AFFORDING COVERAGE		NAIC#	
		INSURER A: Great American Insurance Company		nce Company		16691
INSURED	SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:	INSURER B:				
Royal Palm I		INSURER C:				
PO BOX 954 BOCA GRANDE, FL 33921-0954		INSURER D :				
		INSURER E :				
		INSURER F:				
COVEDACE	CERTIFICATE NUMBER. CASA70460		DEMICION	MILLADED		

0012101020		0211111107112 110	101121111	0/10/1/01/00			1 1	-4101014 140		•	
THIS IS TO C	ERTIFY THAT THE P	OLICIES OF INSURANCE	E LISTED	BELOW HAVE	BEEN ISS	SUED TO THE	INSURED	NAMED ABOV	E FOR	THE POLIC	CY PERIOD
INDICATED.	NOTWITHSTANDING	ANY REQUIREMENT,	TERM O	R CONDITION	OF ANY	CONTRACT	OR OTHER	DOCUMENT	WITH I	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.

INSF LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR						EACH OCCURRENCE	\$1,000,000
					4440/0005	4447000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
							MED EXP (Any one person)	\$0
A			1 1	PAC 4725038	11/13/2025 12:00 AM	11/17/2025 12:01 AM	PERSONAL & ADV INJURY	\$1,000,000
CONTRACTOR OF THE PERSON OF TH					12.007.11	12.017401	GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	X POLICY PRO- JECT LOC						Host Liquor Liability	Included
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS						COMBINED SINGLE LIMIT (Ea accident)	2
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
	HIRED AUTO NON-OWNED AUTOS		-				PROPERTY DAMAGE (Per accident)	
			Ì				(* 5* 223.2511)	
Г	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	
							AGGREGATE	
	DED RETENTION \$							
А	A Professional Liability			PAC 4725038	11/13/2025 12:00 AM	11/17/2025 12:01 AM	EACH OCCURRENCE AGGREGATE LIMIT	\$1,000,000 \$1,000,000

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

Covered Activities: Theatrical Performances

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

Lee County, a political Subdivison & Charter County of the State of Florida are Additioanl Insured on the above General Liability policy

OK 09.15.2025

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance

Lee County Board of County Commissioners P.O. Box 398

Fort Myers, FL 33902

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

AUTHORIZED REPRESENTATIVE

Italiano Insurance Svcs Inc



CERTIFICATE OF COVERAGE

This certificate of coverage, together with the attached master policy and any endorsement(s) constitute the policy issued to the Certificate Holder. Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

POLICYHOLDER NAME AND ADDRESS:

Sports and Recreation Providers Association 1776 South Naperville Road, Building B Wheaton IL 60189

CERTIFICATE HOLDER NAME AND ADDRESS:

Royal Palm Players, Inc PO BOX 954 BOCA GRANDE, FL 33921-0954

DESCRIPTION OF OPERATIONS:

Theatrical Performances

ITEM 1.

COVERAGE PERIOD:

Effective:

11/13/2025

11/17/2025

At 12:01 A.M. Standard Time at The Address of the Certificate Holder

To:

CERTIFICATE NUMBER:

GAS170460

ITEM 2.

INSURER

INSURER

MASTER POLICY NUMBER

Great American Insurance Company

PAC 4725038

ITEM 3.

AGENTS NAME AND ADDRESS

Francis L. Dean & Associates, LLC 12800 University Drive, Suite 125 Fort Myers, FL 33907

ITEM 4.

SCHEDULE OF CHARGES

Total Premium (If Applicable):

Premium:

\$425.00

Charged By Insurance Company

Disclosure Regarding Shared Limits. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.] PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

ITEM 5.

SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

General Aggregate Limit (Other Than Products Completed Operations)

Products-Completed Operations Aggregate Limit

Personal and Advertising Injury Limit

Each Occurrence Limit

\$2,000,000.00
\$1,000,000.00
\$1,000,000.00

Damage to Premises Rented to You Limit Medical Expenses Limit \$300,000.00 (Any One Premises)
Not Covered (Any One Person)

LIQUOR LIABILITY COVERAGE FORM

Aggregate Limit Not Covered Each Common Cause Limit Not Covered

ABUSE OR MOLESTATION COVERAGE FORM

Aggregate Limit Not Covered Each Act of Abuse Not Covered

PROFESSIONAL LIABILITY

 Aggregate Limit
 \$1,000,000.00

 Each Act, Error or Omission
 \$1,000,000.00

HIRED AND NON-OWNED AUTO

Liability Limit Not Covered

ITEM 6. MASTER POLICY FORMS & ENDORSEMENT SCHEDULE

Interline Business Forms and Endorsement Schedule:

- IL 70 01 Business PRO Policy Common Dec
- IL 00 17 Common Policy Conditions
- IL 00 21 Nuclear Energy Liability Exclusion
- IL 01 18 Illinois Changes
- IL 01 47 Illinois Changes Civil Union
- IL 01 62 Illinois Changes Defense Costs
- IL 02 84 Illinois Changes-Cancellation and Nonrenewal
- IL 70 69 Exclusion Asbestos
- IL 71 25 Named Insured Endorsement
- IL 72 68 In Witness Clause
- IL 72 73 Loss Prevention Services
- IL 73 24 Global Sanction Endorsement
- IL 73 68 Disclosure Pursuant to Terrorism Risk Insurance Act
- IL 74 05 Risk Purchasing Group Endorsement

Commercial General Liability Coverage Form

- CG 74 00 General Liability Declaration Page
- CG 00 01 General Liability Coverage Form
- CG 00 69 Exclusion Violation of Law Addressing Data Privacy
- CG 02 00 Illinois Changes Cancellation and Nonrenewal
- CG 20 01 Primary and Noncontributory Other Insurance Condition
- CG 21 01 Exclusion Athletic or Sports Participants
- CG 21 06 Exclusion Access or Disclosure of Confidential or Personal Information and Data-Related Liability With Limited Bodily Injury Exception
- CG 21 35 Exclusion Coverage C Medical Payments
- CG 21 47 Employment Related Practices Exclusion
- CG 21 50 Amendment of Liquor Liability Exclusion
- CG 21 67 Fungi or Bacteria Exclusion
- CG 21 71 Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism
- CG 21 76 Exclusion of Punitive Damages Related to Terrorism
- CG 40 35 Exclusion Cyber Incident
- CG 74 01 Supplemental Schedule
- CG 77 94 Exclusion-Liability Arising Out of Lead
- CG 82 24 Social Service Agency General Liability Broadening Endorsement
- CG 83 61 Silica or Related Dust Exclusion
- CG 83 66 Nuclear, Biological, or Chemical Exclusion
- CG 90 82 Exclusion Professional Services
- CG 90 83 Exclusion Abuse, Molestation, Harassment or Sexual Conduct
- CG 91 26 Increased Deductible for Injuries to Certain Participants
- CG 91 27 Failure to Provide Wavier and Release Sublimit
- CG 91 48 Designated Special Events, Operations or Locations Exclusion
- CG 91 49 Limitation of Coverage to Designated Operations or Locations
- CG 91 69 Medical Payments at Your Request Endorsement
- CG 92 22 Exclusion Organic Pathogens
- CG 92 49 Exclusion Perfluoroalkyl or Polyfluoroalkyl Substances (PFAS)
- SDM1136 Notice to Policy Holders

Professional Liability Coverage

- CG 87 11 Professional Liability Declarations
- CG 87 10 Professional Liability Coverage
- CG 87 21 Illinois Changes

ITEM 7. IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:

The "Certificate Holder" must notify us if there is a change in operations or exposures, which increases the insurance company's risk of loss.

In consideration of the premiums paid by the "Certificate Holder", this policy provides coverage as set forth in the Certificate of Coverage. Coverage only applies to "Certificate Holders" for whom coverage has been placed in this program and by whom the premiums have been paid. Coverage does not apply to the "Policyholder".

EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Description Of Operations:

SCHEDULE

If CG 21.01 - Evaluaion - Athletic or Sports Participants is listed as an evaluaionemy and recoment on the Cartificat	a Haldawa

If CG 21 01 – Exclusion – Athletic or Sports Participants is listed as an exclusionary endorsement on the Certificate Holder's Certificate of Coverage, Athletic or Sports Participants are excluded arising out of any and all operations of the Certificate Holder.

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

The following is added to Paragraph 2. Exclusions of Section I - Coverage A - Bodily Injury And Property Damage Liability:

With respect to any operations shown in the Schedule, this insurance does not apply to "bodily injury" to any person arising out of practicing for or participating in any sports or athletic contest or exhibition that you sponsor.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" involved practicing for or participating in any sports or athletic contest or exhibition that you sponsor.

EXCLUSION--COVERAGE C--MEDICAL PAYMENTS

This endorsement modifies insurance p	provided under	the following:
---------------------------------------	----------------	----------------

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description and Location of Premises or Classification:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any premises or classification shown in the Schedule:

- 1. Section I Coverage C Medical Payments does not apply and none of the references to it in the Coverage Part apply; and
- 2. The following is added to Section I Supplementary Payments:
 - h. Expenses incurred by the Insured for first aid administered to others at the time of an accident for "bodily injury" to which this insurance applies.

DESIGNATED SPECIAL EVENTS, OPERATIONS OR LOCATIONS EXCLUSION

This endorsement modifies insurance provided under the following:

ABUSE OR MOLESTATION COVERAGE FORM COMMERCIAL GENERAL LIABILITY COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM PROFESSIONAL LIABILITY INSURANCE

SCHEDULE

Description of Designated Events or Operations:

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.

Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales.

Any use, handling, training, or storage of any firearms, ammunition, or explosives.

Any operations involving bungee devices (except for indoor bungee fitness), carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officers.

Trail design, including trail construction and maintenance, Participants of Mixed Martial Arts (MMA) competitions or tournaments, Participants of boxing competitions or tournaments, Participants of bare-knuckle boxing, Any use of sharpened or live edged weapons, Security Officers Registration Act (SORA) training programs, WWE style fight training, professional fight training, professional fighting participants, Operations of independent concessionaires or vendors in conjunction with your organization or event, Operations of independent performers and artists in conjunction with your organization or event, Use of gymnastics apparatuses, including balance beams, uneven bars, vaults, spring flooring, and rings, Aerial activities and performances other than studio sponsored recitals with maximum heights of 12 feet.

Specified Location ((If Applicable):			

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

This insurance does not apply to any injury or damage arising out of an event or operation listed in the above schedule, regardless of whether such event or operation is conducted by you or on your behalf, or whether the event or operation is conducted for yourself or for others.

If a specific location is designated in the Schedule of this endorsement, this exclusion applies only to events and operations conducted at that location.

For the purpose of this endorsement, location means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

LIMITATION OF COVERAGE TO DESIGNATED OPERATIONS OR LOCATIONS

This endorsement modifies insurance provided under the following:

ABUSE OR MOLESTATION COVERAGE FORM COMMERCIAL GENERAL LIABILITY COVERAGE FORM LIQUOR LIABILITY COVERAGE FORM PROFESSIONAL LIABILITY INSURANCE

SCHEDULE

Description of Designated Operations or Locations:
Limitation of Coverage Endorsement is Used for the Following Operations: Theatrical Performances at 131 1st St W, Boca
Grande, FL 33921
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

This insurance only applies to injury or damage:

- 1. caused by the operations identified in the schedule above; or
- 2. occurring at a location identified in the schedule above.

