

EVENT PERMIT



Ordinance 17-08

Racing the Ridge Prologue

PERMIT NUMBER:

TMP2025-00359

Date(s) of Event:

January 30, 2026 through February 1, 2026 from 8:00am

until 4:00pm

Property Owner:

TIITF STATE OF FLORIDA

Applicant:

Melissa Parramore

2394100924

Description:

Race, festival, and games

Location of event:

19251 N RIVER RD, ALVA, FL 33920

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



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Racing the Ridge Prologue



Event Application

Check the appropriate box(es) below:

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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 | Racing the Ridge Prologue |
| Date(s) of Event / Production: | 01/30/2026-02/01/2026 |
| Location(s) of Event: | Caloosahatchee Regional Park |
| Name of Applicant: | Melissa Parramore / Florida Interscholastic Cycling Association |
| Applicant Address: | 1719 Lakeview Terrace, North Fort Myers, FL 33903 |
| Applicant Phone Number: | 239-410-0924 |
| Contact Person: (If different from applicant) | |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | Jackie@floridamtb.org |
| Estimated Attendance: | 400 racers / 700 in attendance |
| Event Description: Include each activity, when activities take place, etc. | All participants are youth in grades 5-12 and are on teams located throughout Florida (Tallahassee to Miama). Friday and Saturday is set-up, course pre-ride, games, and festival. Sunday consists of festival and race day. |
| Hours of Operation: | 01/30/2026 8:00am-5:00pm; 01/31/2026 6:30am-4:00pm and 02/01/2026 6:30am-4:00pm |
| STRAP # of Parcel: | 184327L3U35135664 |
| Owner of Premises*: | |

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



| 4 (Malling or a part of the format of the fo | ree county Event Pe | rmit Application | | 1 757 |
|--|--|--|---|--|
| Fill out the following questions | for allpermit types: | umba musika adanggapan 1928 terhasiski kalamandyamon musika didak (147 1455) di a. dawa ne | alli saala kadan falansi siin siin siin kalaisidiseksi saala arrasiissi siiska kadassa kana | |
| What is the Zoning Classification o | of the premises? | | | |
| Are any temporary structures to b | e installed for the event? | Yes ⋉ No | Type: | The second secon |
| Do you have the appropriate perm | | | | r. Kf. |
| * For a 'Special Event' and 'Use of indentified, including all parking ar | County Property' permit, si | | | No lities and activities |
| Insurance Company Insuring the E | | surance Company | | |
| Note: Certificate of Insurance must be sul | The same of the sa | | | |
| Surety Company Bonding this Ever | nt (Name and Address): Acc | credited Surety and | Cas Co, Inc | |
| Will Vehicles be Used as Part of T Event? | his Will Food be Availab | ole at this Event? | | : Beverages be ed at this Event? |
| ☐ Yes No | ☐ Yes | ⊠ No | ┌─ Yes | ⊠ No |
| If yes, automobile coverage must be included on the certificate of insurance | If yes, products liability included on the certific | coverage must be cate of insurance. | | cy coverage must be tificate of insurance. |
| Name & Address of Organization Providing Food: | | • | | nt con Parity |
| Type of Food being Served: | | | | MINO |
| Section II - USE OF COUNT | Y PROPERTY PERMIT | | | Maria de la companya de la companya Maria |
| Organization Sponsoring the Event | ; Florida Interscholastic Cycli | ng League | | |
| Fill out this portion for application | ************************************** | | | |
| Name of Charity: | | | | |
| Address of Charity: | | | | |
| Phone Number: | | | | |
| Non-profit certificate/registration r | number: | | | |
| (Proof of registration with the Dept. of Agricultu | re & Consumer Services §496.405 o | proof the organization is | exempt from this requi | rement \$316,2045) |
| Section III - SALE/CONSUM | PTION OF ALCH OLIC | BEVERAGES PE | RMIT | |
| Is alcohol being sold/consumed on C If Yes, then a "Lee County Alcohol Permit" is requi | | an sell alcohol on County | | ' No |
| Non-profit certificate/registration n (Required if alcohol is to be <u>SOLD</u> at the event) | umber: | | | |
| Please note: A permit from the State of Flor further details | rids Division of Alcoholic Beverag | ges and Tobacco may a | so be required; please | call (239) 344-0885 fo |



Section IV - FILM / VIDEO / PHOTOGRAPHY PERMIT

| ype of Production (d | hoose all tha | t app | oly): | | | | | | |
|--|--|----------------|---|-------------------|-------------------------------------|--------------|----------|-------------------------------|--------------|
| TV Movie or Spec | ial | Г | TV Series / Pilot | _ | TV Commercia | al l | Г | Still Photos | |
| Public Service An | nouncement | . . | Industrial / Documentary | Г | Other: | | | | |
| Vill any of the follow | ving be need | ed or | included*? | | | | | | |
| | Closure | | | | ┌ Yes | <u> </u> | Ma | | |
| Traffic | : / Crowd Cor | ntrol | | | | • | No- | | |
| Fire o | r Burning | | | | • | | | | |
| Explo | sives or Pyro | techn | ics | | • | , r | No | | |
| | als, Large or : | | | | | • | No | | |
| Const | ruction of Ar | ιγ Kir | ıd. | | | - | No | | |
| Large | and/or Num | erou | s Vehicles | | Yes | , | No | | |
| Helic | opters, Boats | , etc. | | | • | _ | | | |
| Stuni | s | | | | ┌ Yes | Г | No | | |
| Othe | r | | | | ☐ Yes | Г | No | | |
| Special Parking F | equirements |) +) + | | | | | | | |
| Grander voggetiere de la constant de | | | | | | | | | |
| City or County C | ominos Ponu | irade | (Parrannal aguinment for | .:11:4:1: | | | | | |
| City of County 3 | ei vices kequ | neu. | (Personnel, equipment, fac | incles, | etc.) | | - | | |
| | | | | | | | | | |
| The following in the industry. If | formation is exact figures | requi are r | red for local and state reco ot available, please estima | rds on te as c | production in F losely as possib | lorid le. | la to | track the econo | mic impact o |
| Number in Cast: | | | Number in Crew: | | Num | ber o | of lo | cals hired: | |
| Total budget: | Constitution of the Consti | | Estimate amount | spent | in Lee County: | | | Rague Recibios de Profesional | |
| Hot el room night | S: | | Number of shoot | ing da | γs: | | V4F/F4.H | | |
| | number of roo | ms x nu | imber of nights | | - | | | | |

Applicant Agreement - Signature Required



SECTION 1 - 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 ciaims 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 permises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

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

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

Applicant Agreement - Signature Required



SECTION V - AGREEMENT

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

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

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

| his/her knowledge. | | |
|-----------------------------------|-----------------------|--|
| mehlar | DA | |
| Signature of Applicant | Witness | |
| Melissa Parramore | Gregory Parramore | |
| Print Name of Applicant and Title | Print Name of Witness | |
| 07/14/2025 | 07/14/2025 | |
| | Date | |
| Date | Dott | |



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

Check the appropriate box(es) below:

★ SPECIAL EVENT PERMIT

X USE OF COUNTY PROPERTY PERMIT

| PERMIT TO | SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
|-----------------------|--|
| FILM PERN | ЛІТ |
| | E APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT. |
| Parking: | It is understood through this application that all parking will be on site on the north side of the park only. Event parking should not impede the normal flow of traffic. |
| Deputies (How Many?): | None required for this event. |
| | |
| Fee for Services: | None required |
| | |
| Special Arrangements: | It is understood through this application process that all spectators, participants, and volunteers will arrive to the event at staggered times throughout the weekend. All events will take place on the north side of the park and there are no road crossings as a part of the event route. |
| | Print Name: PCummins |
| | Signature: |
| | Title: Support Services |
| | Date: 7 28 25 |



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

| Check the | appro | priate | box | (es) | bei | ow: |
|-----------|-------|--------|-----|------|-----|-----|
|-----------|-------|--------|-----|------|-----|-----|

- X SPECIAL EVENT PERMIT
- ▼ USE OF COUNTY PROPERTY PERMIT
- | PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
- F. FILM PERMIT

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

| Illumination: | Event organizer will need to provide temporary lighting If needed for pre-dawn set up. |
|-----------------------|--|
| Parking Areas: | Event organizer is responsible to direct patrons to the designated parking areas on-site. Must ensure that vehicles do not block driveways or the roadway. Organizer must provide adequate staff/volunteers along with directional signage for the event. |
| Special Arrangements: | The event organizer is responsible to provide adequate staff/volunteers throughout the event for Safety/First Aid stations, course monitoring, litter control and debris clean up during and after the event. Must provide at least (1) portable toilet for every 50 participants (At least (1) must be ADA) and two (2) wash stations. Work with the on-site staff to designate the placement of restroom units. Event set-up and breakdown should be coordinated with Park Staff. Additionally, the event organizer must comply with all terms stated in the signed agreement and adhere to Lee County Ordinances No. 93-15 (noise), 25-14 (smoking) and Parks & Recreation Ordinances 18-12 and 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: |

Countywide Service Manager

9/2/2025

(RP - FlorEOA INTERSCHOLASTER
CYCLING ASSOCIATION) Page (18
(1/50/2026 8-5), (1/51/2026 650-4)

Title:

Date:



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

□ USE OF COUNTY PROPERTY PERMIT

| Fire Guards (How Many?) | None. Bicycle race with no food vendors. |
|----------------------------|--|
| Fee for Services: | None. |
| Flammable Vegetation: | N/A |
| First Aid Equipment: | Will be addressed by LCEMS. |
| ire Extinguishing: | N/A |
| | Ensure the two helicopter landing zones are unobstructed (i.e., the helicopter needs a 100' x 100' area) and any loose objects near the landing zones need to be secured. The first one is near the bike park parking area and the other is Alva Landing Zone 6 Coordinates: Lat 26.72796NN Long 81.64814W |
| | Print Name: Jean Etcheverry Signature: |
| | Title: Fire Chief |
| | Date: 10/9/2025 |



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

| | | (239) 533-3911 |
|--|--|--|
| Check the appropriate | e box(es) below: | |
| ☐ SPECIAL EVE ☐ USE OF COU ☐ PERMIT TO S FILM PERMI | NT PERMIT NTY PROPERTY PER SELL AND CONSUM T PRUCATION PURAS | |
| Treatment Facilities: | None necessary. | |
| Medical Personnel: | Lee County EMS ar coverage for this ev | nd the organizers of this event have discussed the need for on-site medical rent. Lee County EMS will cover this event with a cart team. |
| Medical Supplies / Equipment: | None necessary. | |
| Safety Requirements: | Applicants shall foll Orders concerning | ow all CDC and FDOH directives, and the Florida Governor's Executive health and safety. |
| Fee for Services | les soldations | Board of County Commissioners, published in the Lee County External Fee for resources: Ambulance Cart (2 personnel) = \$80/hour. There is an billed per resource for setup. (This is not billed by number of personnel, just |
| Special Arrangements: | Please call 911 in t been arranged via EMSDetail@leego | he event of an emergency. Special detail Emergency Medical coverage has email. Please contact us via email or phone should there be any questions. v.com. |
| | Print Name: | Douglas B. Higgins |
| | Signature: | Douglas B. Higgins Digitally signed by Douglas B. Higgins Date: 2025.08.24 15:28:22 -04'00' |
| | Title: | Captain, EMS Operations |

August 24, 2025

Date:



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET

FORT MYERS,FL33901

(239) 533-8580

| Check the appropria | | w. |
|--|--|---|
| | | |
| | JNTY PROPERTY F | |
| | | ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | | , |
| AFTER REVIEWING THE WILL REQUIRE THE APPL | APPLICATION, PLICANT TO COMPL | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION Y 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 est | ablished means of ingress and egress. |
| Special Arrangements: | Shall use Lee Co Emergency vehicl Lee County maint | unty Sheriff's Office for assistance with traffic control as needed. e access and public vehicular access shall be maintained on all surrounding ained roads. |
| | Print Name: Signature: | Nathan Thoman Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025.07.30 08:03:44 -04'00' |
| | Title: | Project Manager |

07/30/2025

Date:



LEE COUNTY RISK MANAGEMENT

MANA 14 MIN MIND STREET THE THEFT A STREET AND A STREET A

2115 SECOND STREET FORT MYFRS, FLORIDA 33901

(239) 333-2221

| Check the o | g | propriate | box(es |) below: |
|-------------|---|-----------|--------|----------|
|-------------|---|-----------|--------|----------|

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

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

Insurance Requirements: Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County.

Certificate Must Read As:

Lee County, a political subdivision and Charter County of the State of Florida, its agents. employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above.

Subject to proof of insurance.

| Print Name: | Mike Figueroa | |
|-------------|----------------------|--|
| Signature: | The Fringe | |
| Title: | Risk Program Manager | |
| Date: | November 18, 2025 | |

NICA Lee County Flo ... League ;

Open with Google Docs



NATIINT-01

ROME

| C | E | R | T | 11 | - | C | A | T | E | OF | L | IA | B | IL | IT | Y | 11 | ١S | U | R | A | N | C | E |
|---|---|---|---|----|---|---|---|---|---|----|---|----|---|----|----|---|----|----|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | |

DATE (MM-DOWYY 8/8/2025

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

| 11 | PORTANT: If the certificate holder SUBROGATION IS WAIVED, subject is certificate does not confer rights to | t to | the | terms and conditions of | the po | licy, certain | policies may | NAL INSURED provisions require an endorsement. | or be endorse A statement c | | | | |
|------|---|-------------|-----------------------|---|--|--|--|--|--------------------------------|--|--|--|--|
| PRO | DUCER | | | | ESNIA | CT | | | | | | | |
| 501 | rance Office of America S. Cherry Street | | | | PHONE (A'C No. Ext): (720) 524-4700 FAX (No): (720) | | | | | | | | |
| | e 600 ver, CO 80246 | | | | AODRESS: | | | | | | | | |
| Den | 761, 66 00240 | | | | INSURER(S) AFFORDING COVERAGE | | | | | | | | |
| | | | | | - | | | ce Company | 28860 | | | | |
| INSU | RED | | | | INSURER B. United States Fire Insurance Company 2111 | | | | | | | | |
| | National Interscholastic Cyc | ling. | Asso | clation (NICA) | INSURE | RC: | | and a supplementation of the State of S | | | | | |
| | 21 Orinda Way, Suite C-368 | | | | INSURE | RQ: | | | | | | | |
| | Orinda, CA 94563 | | | | INSURE | RE: | | the proper property of the back to the terms of the back to | | | | | |
| | | | | | INSURE | RF: | | | | | | | |
| co | VERAGES CER | TIFIC | CATE | NUMBER: | | | | REVISION NUMBER: | | | | | |
| C | HIS IS TO CERTIFY THAT THE POLICI DICATED NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | PER POLI | REMI TAIN. CIES | ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE | N OF A | NY CONTRAI THE POLICI REDUCED BY | CT OR OTHER IES DESCRIB PAID CLAIMS. | DOCUMENT WITH RESPEC | T TO WHICH TH | | | | |
| INSR | TYPE OF INSURANCE | ADDL | SUBR | POLICY NUMBER | | POLICY EFF | POLICY EXP | LIMITS | | | | | |
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | 2,000 | | | | |
| | CLAIMS-MADE X OCCUR | x | | CZ26CAGL0015-01 | | 4/11/2025 | 4/11/2026 | DAMAGE TO RENTED PREMISES (Ea occurrence) | 2,000 | | | | |
| | | | | | | | | MED EXP (Any one person) | 2,000 | | | | |
| | | | | | | | | PERSONAL & ADV INJURY | | | | | |
| | GENT AGGREGATE LIMIT APPLIES PER | | | | ŕ | | | GENERAL AGGREGATE | 4,000 | | | | |
| | POLICY PRO LOC | | | | | | | PRODUCTS - COMP OP AGG | 2,000 | | | | |
| | X OTHER Sanctioned Event | | | | | | | ABUSE OR MOLEST | 2,000 | | | | |
| | AUTOMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | <u> </u> | | | | |
| | ANY AUTO | | | | | | | BODILY INJURY (Per person) | <u> </u> | | | | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | š | | | | |
| | MIREDS ONLY NOTICE NOTICE AND STATES | | | | | | | PROPERTY DAMAGE (Per accident) | š | | | | |
| | | <u> </u> | | | | | | | 3 | | | | |
| A | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | 2,000 | | | | |
| | X EXCESS LIAB CLAIMS-MADE | | } | CZ27CA3X0009-01 | | 4/11/2025 | 4/11/2026 | AGGREGATE | 2,000 | | | | |
| L | DED RETENTIONS | | | | | | | | \$ | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY | | | | | | | PER OTH- | - | | | | |
| | | N/A | | | | | | E L EACH ACCIDENT | \$ | | | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) | A'A | | | | | | EL DISEASE - EA EMPLOYEE | 3 | | | | |
| | If yes describe under DESCRIPTION OF OPERATIONS below | | | | | | | E L DISEASE . POLICY LIMIT | | | | | |
| B | Participant Accident | | | US2166787 | | 4/11/2025 | 4/11/2026 | Per Injury | 10 | | | | |
| | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage is provided for the operations of the Team or Club listed in the Certificate Holder Box.
This Certificate is issued on behalf of all valid NICA registered participants, coaches and volunteers.

Event: Racing the Ridge Prologue

OK 11.18.2025

Event Dates: 01/30/2026 - 02/01/2026

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER CANCELLATION

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

Lee County, a political subdivision and Charter County of the State of Florida P.O. Box 398

AUTHORIZED REPRESENTATIVE

Fort Myers, FL 33902 ACORD 25 (2016/03)

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Y CUSTOMER ID: NATIINT-01 LOC#: 1 ROMEF