



EVENT PERMIT

Ordinance 17-08

BOCA GRANDE HEALTH CLINIC FOUNDATION, INC

PERMIT NUMBER: TMP2022-00085

Date(s) of Event: April 7, 2022

Property Owner: LEE COUNTY ROW

Applicant: YULIY FEDORYSHYN
941-964-0099

Description: Street party with food, beverages and music. open to the public. April 7, 2022 with road closure from 5:30PM until 8:30PM


Location of event: 111 ROW PARK AVE
ROW Park Ave and 3rd Ave

- Will the event be attended by 1000 or more people ? No
- Will the event be held on County Owned Property ? Yes
- Will there be alcohol consumed or sold at the event ? To Be Sold
- 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 3/29/2022
 Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Boca Grande Health Clinic Foundation, Inc.

TMP2022-00085

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

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

| Section I - GENERAL INFORMATION (All Permit Types) | |
|---|--|
| Title of Event / Name of Production | 75th Anniversary of Boca Grande Health Clinic Foundation Party |
| Date(s) of Event / Production: | April 7, 2022 |
| Location(s) of Event: | 3rd Street between Park Ave. and W. Railroad Ave., Boca Grande FL, 33921 |
| Name of Applicant: | Boca Grande Health Clinic Foundation, Inc. |
| Applicant Address: | 280 Park Ave, PO Box 2340, Boca Grande, FL 33921 |
| Applicant Phone Number: | (941) 964-0099 |
| Contact Person: (If different from applicant) | Yuliy Fedoryshyn |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | yuliy@bghcfoundation.com |
| Estimated Attendance: | 300 |
| Event Description: Include each activity, when activities take place, etc. | Street party with food, beverages, and music, open to the public. Only requesting the road closure for the time of the event. Between 5:30 PM to 8:30 PM |
| Hours of Operation: | 5:30 PM to 8:30 PM |
| STRAP # of Parcel: | |
| Owner of Premises*: | Lee County |

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

Lee County Event Permit Application



What is the Zoning Classification of the premises? DOT Right of Way

Are any temporary structures to be installed for the event? Yes 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.

Insurance Company Insuring the Event: ITALIANO INSURANCE CO.

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): _____

| | | |
|---|--|---|
| <p>Will Vehicles be Used as Part of This Event?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, automobile coverage must be included on the certificate of insurance.</p> | <p>Will Food be Available at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, products liability coverage must be included on the certificate of insurance.</p> | <p>Will Alcoholic Beverages be served/consumed at this Event?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p> |
|---|--|---|

Name & Address of Organization Providing Food: Local Restaurants

Type of Food being Served: Tacos and Sliders

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Boca Grande Health Clinic Foundation, Inc.

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property? Yes No
If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: 57-1160149
(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

Lee County Event Permit Application



Type of Production (choose all that apply):

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> TV Movie or Special | <input type="checkbox"/> TV Series / Pilot | <input type="checkbox"/> TV Commercial | <input type="checkbox"/> Still Photos |
| <input type="checkbox"/> Public Service Announcement | <input type="checkbox"/> Industrial / Documentary | <input type="checkbox"/> Other: _____ | |

Will any of the following be needed or included*?

| | | |
|--------------------------------|------------------------------|-----------------------------|
| Street Closure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Traffic / Crowd Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fire or Burning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explosives or Pyrotechnics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Animals, Large or Small | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction of Any Kind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Large and/or Numerous Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Helicopters, Boats, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stunts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* For any marked Yes, provide further details below:

Special Parking Requirements:

City or County Services Required: (Personnel, equipment, facilities, etc.)

The following information is required for local and state records on production in Florida to track the economic impact of the industry. If exact figures are not available, please estimate as closely as possible.

Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting 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.

Lee County Event Permit Application



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.

Yuliy Fedoryshyn

Signature of Applicant

Cannon F. Wenzel

Witness

Yuliy Fedoryshyn

Print Name of Applicant and Title

Cannon Wenzel

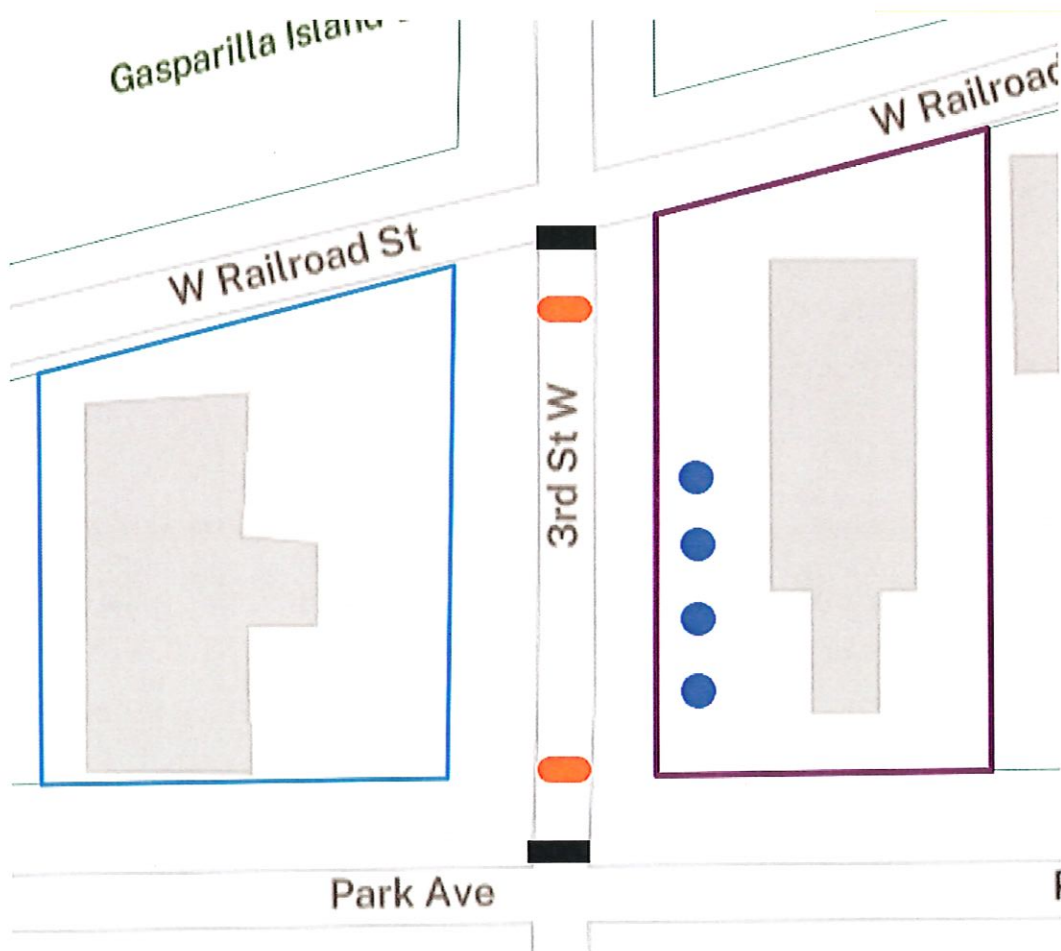
Print Name of Witness

January 31, 2022

Date

1/31/22

Date



- Blocked by the Police
- Food Trucks
- Tables

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate 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.

| | |
|-----------------------|--|
| Parking: | Parking in authorized areas only. Roadway and/or Right of Way should not be impeded. |
| Deputies (How Many?): | 2 deputies required for road closure. |
| Fee for Services: | Contact Detail Unit |
| Special Arrangements: | All alcohol must remain within the confines of the event area. Any amplified sounds must adhere to the Lee County Noise Ordinance. |

Print Name: Captain S. Brady
Signature: Capt. Steven T Brady
Title: Special Events, Permit and Details
Date: 2/3/22



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
- 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?) | None |
| Fee for Services: | None |
| Flammable Vegetation: | None |
| First Aid Equipment: | None |
| Fire Extinguishing: | None |
| Special Arrangements: | In case of emergency - Dial 911 |

Print Name: C.W. Blosser

Signature:

Title: Fire Chief

Date: 03/11/2020

Teeter, Pamela

From: Swiger, Melissa
Sent: Thursday, March 24, 2022 9:35 AM
To: Teeter, Pamela
Subject: FW: [EXTERNAL] RE: Special Events

Pam,
Please see the email below as confirmation from the Boca Fire Department for Alcohol approval. Will this email be sufficient for future approvals that do not have the check box? There may be a few that have been recently submitted without the check box.



Melissa Swiger | Customer Service Specialist

Department of Community Development

1500 Monroe St, Fort Myers, FL 33901

office: (239) 533-8329

email: mswiper@leegov.com

web: www.leegov.com/dcd

Connect With Us On Social Media



From: nancybocafire@comcast.net <nancybocafire@comcast.net>
Sent: Wednesday, March 23, 2022 4:11 PM
To: Swiger, Melissa <MSwiger@leegov.com>
Subject: [EXTERNAL] RE: Special Events

Good afternoon Melissa,
Please be advised that this email is to **serve as a blanket notification** that whether or not the 'Permit to Sell and Consume Alcoholic Beverages' form was included in any and all of the Lee County Special Event applications that have been completed/signed off by the Boca Grande Fire Dept, Boca Grande Fire Department has always considered alcohol consumption/sales within/on Lee County facilities when signing the application.

Regards,
Nancy
Administrative Assistant
Boca Grande Fire Dept

From: Swiger, Melissa <MSwiger@leegov.com>
Sent: Wednesday, March 23, 2022 12:27 PM
To: nancybocafire@comcast.net; Higgins, Douglas <DHiggins@leegov.com>
Subject: Special Events

Good Morning,



Lee County Event Permit Application

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

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

Form with fields for Treatment Facilities, Medical Personnel, Medical Supplies / Equipment, Safety Requirements, Fee for Services, and Special Arrangements.

Print Name: Douglas B. Higgins
Signature: Douglas B. Higgins
Title: Division Chief
Date: March 8, 2022

Swiger, Melissa

From: Higgins, Douglas
Sent: Friday, March 25, 2022 11:03 AM
To: Swiger, Melissa
Subject: Re: Boca Grande Health Clinic

The request for permission to sell and/or consume alcoholic beverages has been considered and approved.

Douglas B. Higgins
Division Chief, Special Operations and Support Services
Lee County Emergency Medical Services
2000 Main St., Suite #100
Fort Myers, FL 33901
Cell: 239-672-9651
Office: 239-533-3916
dhiggins@leegov.com

From: Swiger, Melissa
Sent: Friday, March 25, 2022 10:52 AM
To: Higgins, Douglas
Subject: Boca Grande Health Clinic

Good Morning
Could you please provide written confirmation that Alcohol being sold was considered when the review was done for the Boca Grande Health Clinic on April 7, 2022.



Melissa Swiger | Customer Service Specialist

Department of Community Development

1500 Monroe St, Fort Myers, FL 33901

office: (239) 533-8329

email: mswiper@leegov.com

web: www.leegov.com/dcd

Connect With Us On Social Media



Receive updates from Lee County Government by [subscribing to our newsletter](#)

Please note: Florida has a very broad public records law. Most written communications to or from County Employees and officials regarding County business are public records available to the public and media upon request. Your email communication may be subject to public disclosure.

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

Check the appropriate 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.

Parking:

No parking on-street where parking is prohibited.

Ingress and Egress:

Use all established means of ingress and egress.

Special Arrangements:

Use Lee County sheriff's Office for assistance with traffic control as needed. Barricades w/Road Closed signs shall be erected at both ends of the block with closures at the intersections. At a minimum an advance Road Closed Ahead sign should be placed for westbound 3rd Street approaching the road closure at West Railroad as this approach has no Stop control. Barricades and traffic control devices need to be suitable for nighttime applications as stipulated in FDOT Design Standards Index 102-600. Maintain emergency vehicle access at all times during the road closure. Road opening shall be done under the direction of the Lee County Sheriff's Office.

Print Name: Bryan Miller

Signature: Bryan Miller

Digitally signed by Bryan Miller
Date: 2022.02.07 09:11:39 -05'00'

Title: Senior Project Manager

Date: February 7, 2022

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate 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.

Illumination:

N/A

Parking Areas:

N/A

Special Arrangements:

N/A - Event is not on Parks and Rec property and will not affect county park operations or programs.

Print Name: Colleen Via

Signature:

Colleen Via

Title:

Operations Manager

Date:

2/1/22

*Boca - not on Parks Property
Health Clinic Area
4/7/22*

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

Check the appropriate 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.

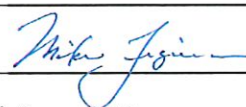
In addition, Host Liquor Liability insurance will be required with minimum limits of One Million Dollars (\$1,000,000) per occurrence. Should Host Liquor Liability coverage be afforded under the Commercial General Liability policy, minimum acceptable limits will be Two Million Dollars (\$2,000,000) aggregate.

Special Arrangements:

A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County Board of County Commissioners, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured.

Subject to proof of insurance.

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: March 16, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/15/2022

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).

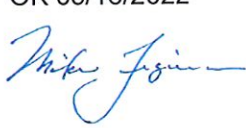
| | | |
|--|---|--|
| PRODUCER Italiano Insurance Svcs Inc 441 Palm Ave Boca Grande, FL 33921 | CONTACT NAME: PHONE (A/C, No, Ext): (941)-964-0400 FAX (A/C, No): (409) 722-2905 | |
| | E-MAIL ADDRESS: kathryn@italianoins.com | |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Boca Grande Health Clinic Foundation PO BOX 2340 BOCA GRANDE, FL 33921-0517 | INSURER(S) AFFORDING COVERAGE NAIC # | |
| | INSURER A: United States Fire Insurance 21113 | |
| | INSURER B: | |
| | INSURER C: | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** USS492741 **REVISION 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 LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|-----------------|-------------------|-------------------------|-------------------------|--|-------------|
| A | GENERAL LIABILITY | X | | SRPGAPML-101-0122 | 04/07/2022 12:00 AM | 04/08/2022 12:01 AM | EACH OCCURRENCE | \$1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | FIRE DAMAGE (Any one fire) | \$300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | | | | | | | GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | ALL OWNED AUTOS | | SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) | |
| | HIRED AUTO | | NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) | |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB | | | | | | AGGREGATE | |
| | DED | | RETENTION \$ | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Covered Activities: Business Anniversary
 The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period. Host liquor liability is included
Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage

OK 03/16/2022


| | |
|---|---|
| CERTIFICATE HOLDER Lee County Board of County Commissioners P.O. Box 398 Fort Myers, FL 33902 | CANCELLATION 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 <i>Italiano Insurance Svcs Inc</i> |



CRUM & FORSTER
A FAIRFAX COMPANY

**NAMED INSURED MEMBER
CERTIFICATE OF COVERAGE**

CERTIFICATE #: USS492741

MASTER POLICY #: SRPGAPML-101-0122

Policyholder:

Sports and Recreation Providers Association Purchasing Group
1776 South Naperville Road, Bldg-B
Wheaton, IL 60189

Named Insured Member:

Boca Grande Health Clinic Foundation
PO BOX 2340
BOCA GRANDE, FL 33921-0517

Certificate Coverage Period: 04/07/2022 to 04/08/2022 at 12:01 AM at the mailing address of the Named Insured Member shown above.

Master Policy Issued By: United States Fire Insurance Company

Certificate of Coverage Issued By:

Francis L. Dean & Associates, Inc.
12800 University Drive #125
Fort Myers, FL 33907
Telephone: (800) 745-2409

Location / Description of Operations: Business Anniversary

See Endorsement Schedule below for any exclusions or limitations

COVERAGE(S)

Insurance is provided only for those coverages for which a limit or the word "Included" is shown below.

General Liability

Limits of Insurance

| | |
|----------------|--|
| \$2,000,000.00 | General Aggregate Limit (Other Than Products-Completed Operations) |
| \$2,000,000.00 | Products-Completed Operations Aggregate Limit |
| \$1,000,000.00 | Personal And Advertising Injury Limit |
| \$1,000,000.00 | Each Occurrence Limit |
| \$300,000.00 | Damage To Premises Rented To You Limit |
| \$5,000.00 | Medical Expense Limit |

Limits of Insurance – Optional Coverages

| | |
|----------------|---|
| Excluded | Abuse & Molestation Coverage – Each Occurrence Limit |
| Excluded | Abuse & Molestation Coverage – Aggregate Limit |
| Excluded | Bodily Injury To Athletic Or Sports Participants |
| \$1,000,000.00 | Each Sports, Health, Fitness And Wellness Services Incident Limit |
| \$1,000,000.00 | Sports, Health, Fitness And Wellness Services Aggregate Limit |

Premium

\$430.00 Total Estimated Commercial General Liability Premium Due From Member

Hired / Non-Owned Automobile Liability

Limits of Insurance

| | |
|----------|-------------------------------|
| Excluded | Covered Autos Liability Limit |
|----------|-------------------------------|

Premium

\$0.00 Total Estimated Hired / Non-Owned Automobile Liability Premium Due From Member

Liquor Liability

Limits of Insurance (the applicable statutory limit or the limit as shown below, whichever is less)

| | |
|----------|-------------------|
| Excluded | Each Common Cause |
| Excluded | Aggregate Limit |

Premium

\$0.00 Total Estimated Liquor Liability Premium Due From Member



CRUM & FORSTER
EST. 1922 A FAIRFAX COMPANY

**NAMED INSURED MEMBER
CERTIFICATE OF COVERAGE**

This Certificate of Coverage evidences your coverage as a Named Insured Member under the Master Policy described herein.

United States Fire Insurance Company certifies that the Named Insured Member as shown herein is insured under the Sports & Recreation Providers Association Purchasing Group Master Policy. The Limits of Insurance, Premium and Effective Date of coverage applicable to the Named Insured Member are as specified above. This Certificate of Coverage, together with the Common Policy Conditions, Coverage Part(s), Coverage Form(s) and Endorsements attached to the Master Policy, complete the above numbered insurance contract.

The Master Policy, containing the terms and conditions of coverage, has been furnished to the Policyholder and a copy of that policy accompanies this Certificate of Coverage. All claims are paid according to the terms and conditions of the Master Policy.

Schedule of Additional Insureds

The entities shown below are added as Additional Insureds, but only in respect to liability caused by operations of the Named Insured Member during the certificate policy period.

| Form Number | Description |
|---|---|
| FSPG 101.0.0007 Designated Person/Org | <u>Name Of Additional Insured Person(s) Or Organization(s):</u> |
| FSPG 101.0.0008 Designated Person/Org (CA Govt) | <u>Name Of Additional Insured Governmental Entity(ies):</u> |
| FSPG 101.0.0009 State/Govt Agency/ Subdivision | <u>Name of Additional Insured State Or Governmental Agency Or Subdivision or Political Subdivision:</u> |
| FSPG 101.0.0010 Vendors | <u>Name Of Additional Insured Person(s) Or Organization(s):</u> |
| FSPG 101.0.0011 Managers or Lessors of Premises | <u>Name Of Additional Insured Person(s) Or Organization(s):</u> |
| FSPG 101.0.0012 Lessor of Leased Equipment | <u>Name Of Additional Insured Person(s) Or Organization(s):</u> |

Endorsement Schedule

| Form Number | Description |
|--|--|
| CG 21 44 Limitation To Designated Premises, Projects, Operations | <u>Premises: Limitation of Coverage Endorsement is Used for the Following Locations:</u> 280 & 320 Park Ave. Boca Grande, FL 33921 <u>Project Or Operation:</u> |
| CG 21 53 Exclusion – Designated Ongoing Operations | <u>Description of Designated Ongoing Operation(s):</u> Horse Vaulting/Jumping, Trick/Stunt Riding, Equine Racing Exposures, Leasing of Horses, Inflatable Amusement Devices, Corn Cannon, Jumping Pillow, Pumpkin Launching Devices, Carnival Rides, Knockerball/Bubble Soccer, Bungee Devices, Fireworks Sales & Displays, Mechanical Bucking Devices: including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Rock Climbing, Security Services Other Than Contracted Law Enforcement Officers, Trampolines, Zip Lines, Ropes Course, Tackle Football, Surfing, Zippy Pets, White Water Rafting, Water Skiing, ATV/UTV, Trackless Trains, Participants of Aerial Activities. <u>Specified Location (If Applicable):</u> |

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIMITATION OF COVERAGE TO DESIGNATED PREMISES OR PROJECT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Premises:

Limitation of Coverage Endorsement is Used for the Following Locations: 280 & 320 Park Ave. Boca Grande, FL 33921

Project:

With Respects to certificate number USS492741

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

This insurance applies only to "bodily injury", "property damage", "personal and advertising injury" and medical expenses arising out of:

1. The ownership, maintenance or use of the premises shown in the Schedule and operations necessary or incidental to those premises; or
2. The project shown in the Schedule.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION – DESIGNATED ONGOING OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Description of Designated Ongoing Operation(s):

Horse Vaulting/Jumping, Trick/Stunt Riding, Equine Racing Exposures, Leasing of Horses, Inflatable Amusement Devices, Corn Cannon, Jumping Pillow, Pumpkin Launching Devices, Carnival Rides, Knockerball/Bubble Soccer, Bungee Devices, Fireworks Sales & Displays, Mechanical Bucking Devices: including Multi Ride Attachments, Permanent & Mobile Rock Wall Structures, Rock Climbing, Security Services Other Than Contracted Law Enforcement Officers, Trampolines, Zip Lines, Ropes Course, Tackle Football, Surfing, Zippy Pets, White Water Rafting, Water Skiing, ATV/UTV, Trackless Trains, Participants of Aerial Activities.

With Respects to certificate number USS492741

Specified Location (If Applicable):

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

The following exclusion is added to paragraph 2., Exclusions of COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY (Section I – Coverages):

This insurance does not apply to "bodily injury" or "property damage" arising out of the ongoing operations described in the Schedule of this endorsement, regardless of whether such operations are conducted by you or on your behalf or whether the operations are conducted for yourself or for others.

Unless a "location" is specified in the Schedule, this exclusion applies regardless of where such operations are conducted by you or on your behalf. If a specific "location" is designated in the Schedule of this endorsement, this exclusion applies only to the described ongoing 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2022

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 441 Palm Ave Boca Grande, FL 33921 | CONTACT NAME: PHONE (A/C, No, Ext): (941)-964-0400 FAX (A/C, No): (409) 722-2905 E-MAIL ADDRESS: kathryn@italianoins.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A: United States Fire Insurance | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| INSURER E: | | |
| INSURER F: | | |
| INSURER NAIC # | | |

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:
Boca Grande Health Clinic Foundation
 PO BOX 2340
 BOCA GRANDE, FL 33921-0517

COVERAGES **CERTIFICATE NUMBER:** USS492741 **REVISION 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 LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|-------------------|-------------------------|-------------------------|-------------------------------------|-------------|
| A | GENERAL LIABILITY | | | SRPGAPML-101-0122 | 04/07/2022 12:00 AM | 04/08/2022 12:01 AM | EACH OCCURRENCE | \$1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | FIRE DAMAGE (Any one fire) | \$300,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) | \$5,000 |
| | GENL AGGREGATE LIMIT APPLIES PER: | | | | | | | |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| | <input type="checkbox"/> ANY AUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | |
| | <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | <input type="checkbox"/> PROPERTY DAMAGE (Per accident) | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE | |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | |
| | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | | |

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

Covered Activities: Business Anniversary

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

CERTIFICATE HOLDER

Boca Grande Health Clinic
 PO BOX 2340
 BOCA GRANDE, FL 33921-0517

CANCELLATION

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



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
03/10/2022

| | | | | |
|--|--|---|---|--------------------|
| AGENCY | | CARRIER United States Fire Insurance Company | | NAIC CODE 21113 |
| POLICY NUMBER USS492741/SRPGAPML-101-0122 | | EFFECTIVE DATE 04/07/2022 12:00 AM | NAMED INSURED(S) Boca Grande Health Clinic | |

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

| INTEREST | NAME AND ADDRESS | RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
|--|--|-------|-----------|----------------------|--------|-----------|-------------------------|-----------|
| | | | | | | | LOCATION: | BUILDING: |
| <input checked="" type="checkbox"/> ADDITIONAL INSURED | Lee County Board of County Commissioners PO Box 398 Fort Myers, FL 33912 | | | | | | VEHICLE: | BOAT: |
| <input type="checkbox"/> BEACH OF WARRANTY | | | | | | | AIRPORT: | AIRCRAFT: |
| <input type="checkbox"/> CO-OWNER | | | | | | | ITEM CLASS: | ITEM: |
| <input type="checkbox"/> EMPLOYEE AS LESSOR | | | | | | | ITEM DESCRIPTION | |
| <input type="checkbox"/> LEASEBACK OWNER | | | | | | | | |
| <input type="checkbox"/> LIENHOLDER | | | | | | | | |
| | REFERENCE / LOAN #: | | | INTEREST END DATE: | | | | |
| | LIEN AMOUNT: | | | PHONE (A/C, No, Ex): | | | FAX (A/C, No): | |
| REASON FOR INTEREST: | | | | E-MAIL ADDRESS: | | | | |

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



The Leader in Sports, Leisure and Entertainment Insurance

POLICY CHANGE REQUEST

This form is to be completed and e-mailed to info@fdean.com or via fax to (630) 665-7294. Corrected policy documents will be provided within 48 hours. Please note that changes may be subject to remittance of additional premium.

Name of policyholder _____

Liability certificate number _____

Accident policy number _____

Name of policyholder *and* the general liability certificate number or accident insurance policy number are required to process a change. Failure to include this information will create delays.

General information

Name correction

Correct the policyholder name to _____

Date correction

Correct the effective and termination date to: _____ through _____
month day year month day year

Adjust Number of Participants, Teams or Other Exposure Base

| Add | Remove | Change To | |
|--------------------------|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Coverage Addition / Removal

The following coverages should be added / removed:

General Liability Insurance

| Add | Remove | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | \$5,000.00 Medical Payments |
| <input type="checkbox"/> | <input type="checkbox"/> | \$150,000.00 Hired and Non-Owned Automobile Liability Coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | \$500,000.00 Hired and Non-Owned Automobile Liability Coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | \$100,000.00 Sexual Abuse and Molestation Liability Coverage |
| <input type="checkbox"/> | <input type="checkbox"/> | \$2,000,000.00 General Aggregate |
| <input type="checkbox"/> | <input type="checkbox"/> | \$3,000,000.00 General Aggregate |
| <input type="checkbox"/> | <input type="checkbox"/> | \$4,000,000.00 General Aggregate |
| <input type="checkbox"/> | <input type="checkbox"/> | \$5,000,000.00 General Aggregate |
| <input type="checkbox"/> | <input type="checkbox"/> | \$1,000,000.00 Liquor Liability Coverage |

Accident Insurance

| Add | Remove | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | \$25,000.00 Maximum Medical Expense Benefit |
| <input type="checkbox"/> | <input type="checkbox"/> | \$50,000.00 Maximum Medical Expense Benefit |
| <input type="checkbox"/> | <input type="checkbox"/> | \$100,000.00 Maximum Medical Expense Benefit |

Other or Additional Details of Policy Change Request

Policyholder Signature _____

E-Mail Address _____

FAX Number _____



REQUEST FOR ADDITIONAL INSURED

Name, full address and relationship are required to add additional insureds.

Additional Insured Entity #1

Name: _____

Address: _____

- Relationship:
- Landlord Venue Event Operator Franchisor/Franchise Owner
 - Independent Contractor Other (specify) _____
 - Add Primary and Non-Contributory Clause (requires \$100.00 additional premium)
 - Add Waiver of Subrogation (requires \$100.00 additional premium)

Additional Insured Entity #2

Name: _____

Address: _____

- Relationship:
- Landlord Venue Event Operator Franchisor/Franchise Owner
 - Independent Contractor Other (specify) _____
 - Add Primary and Non-Contributory Clause (requires \$100.00 additional premium)
 - Add Waiver of Subrogation (requires \$100.00 additional premium)

Additional Insured Entity #3

Name: _____

Address: _____

- Relationship:
- Landlord Venue Event Operator Franchisor/Franchise Owner
 - Independent Contractor Other (specify) _____
 - Add Primary and Non-Contributory Clause (requires \$100.00 additional premium)
 - Add Waiver of Subrogation (requires \$100.00 additional premium)

Additional Insured Entity #4

Name: _____

Address: _____

- Relationship:
- Landlord Venue Event Operator Franchisor/Franchise Owner
 - Independent Contractor Other (specify) _____
 - Add Primary and Non-Contributory Clause (requires \$100.00 additional premium)
 - Add Waiver of Subrogation (requires \$100.00 additional premium)

Fraud Warning Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime.

Applicant's Acknowledgement I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.