



EVENT PERMIT

Ordinance 17-08

American Veterans Traveling Tribute

PERMIT NUMBER: TMP2024-00146

Date(s) of Event: April 24, 2024 through April 28, 2024.

Property Owner: LEE COUNTY

Applicant: Bob Sheehan
239-258-2686

Description: The American Veterans Traveling Tribute is an 80% replica of the Vietnam Memorial Wall and also includes memorial plaques honoring our fallen military and first responder Hero's.

Location of event: April 24, 2024 through April 28, 2024 from 7:00AM until 7:00PM.
7330 GLADIOLUS DR, FORT MYERS, FL 33908
Lakes Park

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

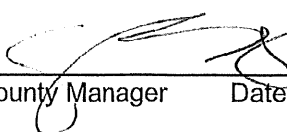
Will there be alcohol consumed or sold at the event ? No

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 4/18/2024



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Board of County Commissioners
Lee County, Florida

County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

AMERICAN VETERANS
TRAVELING TRIBUTE

Temp 2024-00146

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	American Veterans Traveling Tribute
Date(s) of Event / Production:	4/24/2024 thru 4/28/2024
Location(s) of Event:	Lakes Park
Name of Applicant:	Hope Hospice and Community Services
Applicant Address:	9470 HealthPark Circle Fort Myers, FL 33908
Applicant Phone Number:	239-489-9188
Contact Person: (If different from applicant)	Bob Sheehan
Contact Phone Number: (If different from applicant)	cell phone= 239-258-2686
Email Address:	bob.sheehan@hopehcs.org
Estimated Attendance:	500 over 4 days
Event Description: Include each activity, when activities take place, etc.	The American Veterans Traveling Tribute is an 80% replica of the Vietnam Memorial Wall and also includes memorial plaques honoring our fallen military and first responder Heroes.
Hours of Operation:	Park Hours 7am to 7pm
STRAP # of Parcel:	26-45-24-00-00008.0000
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? Lee County Parks/Government Property

Are any temporary structures to be installed for the event? Yes No Type: replica wall panels

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: Brown & Brown Insurance Services, INC.

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

Surety Company Bonding this Event (Name and Address): Coverys Specialty Insurance Company; American Guarantee & Liability Ins. Company

<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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, liquor liability coverage must be included on the certificate of insurance.</p>
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Name & Address of Organization Providing Food: n/a

Type of Food being Served: n/a

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Hope Hospice & Community Services, 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: _____
(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: <u>Public Exhibit</u>	

Will any of the following be needed or included*?

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

* For any marked Yes, provide further details below:

Special Parking Requirements:

n/a

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

Use of Lakes Park restroom facilities and field for display of memorial wall exhibit.

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: <u>\$15K</u>	Estimate amount spent in Lee County: <u>\$5K</u>	
Hotel room nights: <u>15</u> <small>number of rooms x number of nights</small>	Number of shooting days: _____	<u>exhibit is 4 days</u>



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.

[Handwritten Signature]

Signature of Applicant

[Handwritten Signature]

Witness

Bob Shehan, Director of Community Engagement

Print Name of Applicant and Title

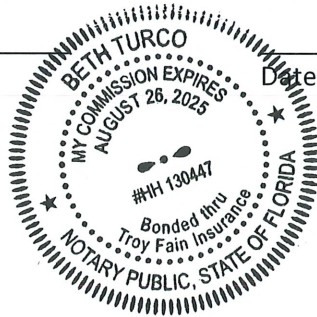
Benturo

Print Name of Witness

April 8, 2024

Date

418124



Legend

Rental shelters*	Boat launch**	Bike rental
Playground	Restrooms	① Water features
Amphitheater	Volleyball courts	② Maintenance compound
Parking pay stations	Rental boats	③ Fragrance garden
Parking areas	Concessions	④ Gazebo
		⑤ Children's Garden

Trails
 Boardwalk

Orange loop
1 3/4 Mile

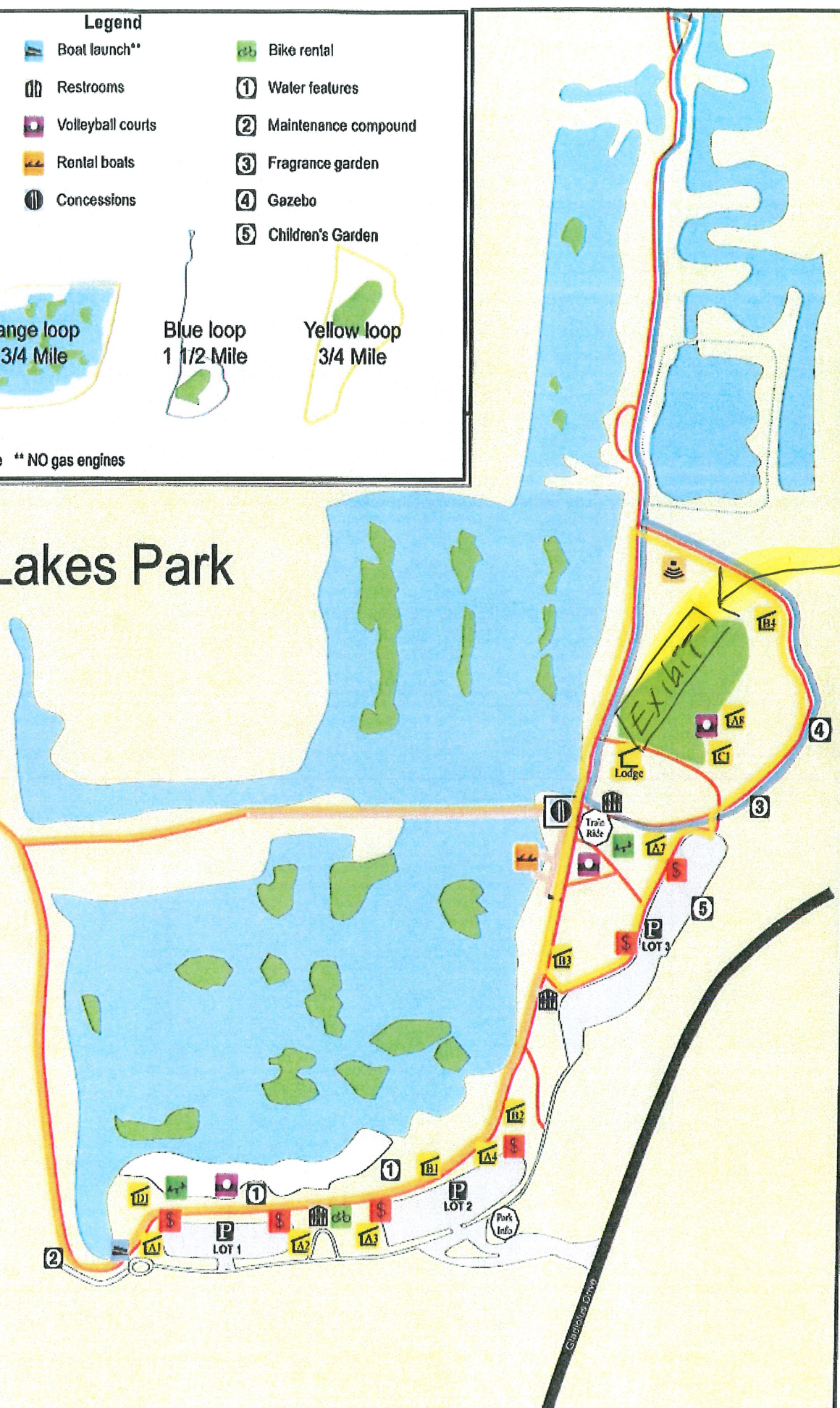
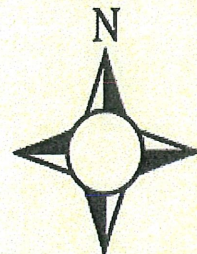
Blue loop
1 1/2 Mile

Yellow loop
3/4 Mile

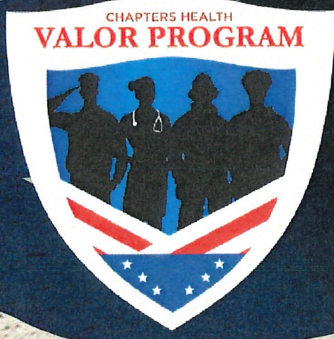
* A-Small B-Medium C,D-Large ** NO gas engines

Lakes Park

Footpath from Summer Rd.



Summer Drive



AMERICAN VETERANS TRAVELING TRIBUTE



APRIL 25 - 28, 2024

LAKES PARK

7330 GLADIOLUS DRIVE, FORT MYERS | OPEN 7AM-DUSK

A FREE 4-day Celebration of Service!



Daily viewing open to the public



Visit the north field in Lakes Park

View an 80% scale replica of the Vietnam Veterans Memorial in Washington D.C., plus individual tributes for every U.S.-involved conflict since WWI including a special 9/11 memorial.

Field trips and large groups welcome



Sponsorship opportunities available



Support our mission as a volunteer



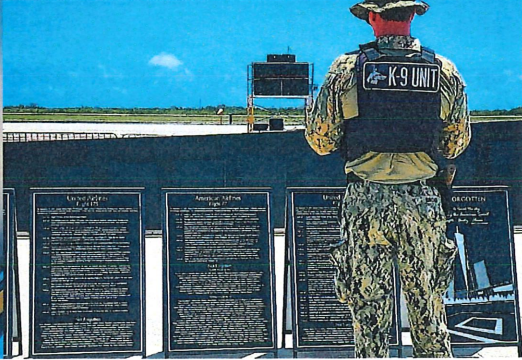
Scan this QR code for more information!



CHAPTERS HEALTH® Foundation
In Support of Hope Hospice



Hope HOSPICE
A Chapters Health® Affiliate



For detailed information contact Bob Sheehan (239) 489-9188 | SheehanB@chaptershealth.org

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 of the park only. Right of Ways will not be impeded at any time.

Deputies (How Many?):

None are required for this event.

Fee for Services:

None

Special Arrangements:

Any amplified sounds must adhere to the Lee County noise ordinance.

Print Name:

P. Cummins

Signature:

[Handwritten Signature]

Title:

Commander

Date:

4 12 24

Lee County Event Permit Application



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:

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Fire Guards (How Many?)	N/A
Fee for Services:	N/A
Flammable Vegetation:	N/A
First Aid Equipment:	N/A
Fire Extinguishing:	N/A
Special Arrangements:	N/A

Print Name: Nate Burley

Signature: Nate Burley Digitally signed by Nate Burley
Date: 2024.04.12 12:03:51 -04'00'

Title: Division Chief - Fire & Life Safety

Date: April 12, 2024

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:

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Treatment Facilities:	None necessary.
Medical Personnel:	No dedicated on-site EMS required. Call 9-1-1 in the event of an emergency.
Medical Supplies / Equipment:	None necessary
Safety Requirements:	Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety, especially with regards to COVID-19 and the number of people congregating at the event.
Fee for Services	No EMS dedicated coverage is required.
Special Arrangements:	Please call 9-1-1 in the event of an emergency.

Print Name: Nichole Hansen
Signature: *Nichole Hansen*
Title: Captain
Date: 4/18/24

Lee County Event Permit Application



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

Check the appropriate box(es) below:

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

Parking: No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress: Please use all established means of ingress and egress.

Special Arrangements: Shall use Lee County Sheriff's Office for assistance with traffic control as needed. Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman
Date: 2024.04.15 08:02:30 -04'00'

Title: Project Manager

Date: 04/15/2024

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:

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Illumination:	Facility does not have any additional lighting. Any lighting needs would be the responsibility of the event organizer.
Parking Areas:	Parking is designated parking areas only. Event organizer is responsible for providing any ADA needs to patrons attending the exhibit.
Special Arrangements:	Work with on site supervisor and staff for setup and breakdown of the exhibit. Participants must disperse and leave the park area to seek safe shelter during lightning alerts or threatening weather.

Print Name: Colleen Via
Signature: Colleen Via
Title: Countywide Service Manager
Date: 4/15/2024

Lakes PK - American Veterans Traveling Tribute
4/24 - 4/28/2024

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
1825 HENDRY STREET, 3RD FLOOR
FORT MYERS, FL 33901
(239) 533-0835

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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.

Print Name: Valerie Miller
Signature: *Valerie Miller*
Title: Risk Management Analyst
Date: 4.15.24



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/03/2024

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 have ADDITIONAL INSURED provisions or 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 Brown & Brown Insurance Services, Inc. 6611 Orion Drive, Suite 201 Fl. Myers FL 33912		CONTACT NAME: Lorie Frost PHONE (A/C, No, Ext): (239) 274-1400 E-MAIL ADDRESS: Lorie.Frost@bbrown.com		FAX (A/C, No): (239) 278-5306	
INSURED Hope Hospice and Community Services, Inc. 9470 Healthpark Cir Fort Myers FL 33908		INSURER(S) AFFORDING COVERAGE		NAIC #	
		INSURER A: Coverys Specialty Insurance Company			
		INSURER B: American Guarantee and Liability Insurance Company		26247	
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** 24-25 Master **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			005FL000030392	02/17/2024	02/17/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Damage to Premises \$ 50,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input type="checkbox"/> AUTOS ONLY HIRED <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> AUTOS ONLY			PRA-5947782-10	02/17/2024	02/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			005FL000030392	02/17/2024	02/17/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability			005FL000030392	02/17/2024	02/17/2025	Excess Medical \$5,000,000 Umbrella Liability \$5,000,000 Sexual Misconduct Legal \$250,000

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

Hospice Care; Additional Coverage Lines: ; Directors & Officers Liability (Primary): Federal Insurance Company, policy #8209-6977, 02/17/2021 - 2/17/2022; \$5,000,000 Per Claim / \$5,000,000 Aggregate; ; Directors & Officers Liability (Excess): Allied World Insurance Company, policy #0310-5647, 02/17/2021 - 02/17/2022; \$5,000,000 Excess Coverage; ; Crime/Employee Theft Coverage: Federal Insurance Company, policy #8209-6977, 02/17/2021 - 02/17/2022; \$1,000,000 limit; \$10,000 retention. No Retention or Deductible shall apply to loss sustained by an ERISA Plan. ; Auto Coverage (Scheduled Autos): American Guarantee and Liability Insurance Company, policy #PRA594778205 02/17/21 - 02/17/22; \$1,000,000 Combined Single Limit, PIP \$10,000; ; Hope Connections Locations; 1200 SW C Owen Ave. Clewiston, FL 33440; 475 E. Cowboy Way Labelle, FL 33935; 215 Avenue 1 Moore Haven, FL 33471; RE: Estero Recreation Center, North Fort Myers Recreation Center, Wa-Ke Hatchee Recreation Center, Veterans Recreation Center,

OK 4.15.24

Vickie Mill

CERTIFICATE HOLDER

CANCELLATION

Lee County Board of County Commissioner 2115 Second Street 2115 Second Street Fort Myers FL 33901	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>[Signature]</i>
---	---

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AGENCY CUSTOMER ID: 00017150

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Hope Hospice and Community Services, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Lehigh Senior Center. ; Certificate holder is additional insured in regards to the general Liability.

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

AGENCY Brown & Brown Insurance Services, Inc.		NAMED INSURED Hope Hospice and Community Services, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

Cyber Liability ATB661887302 2/17/2024 - 2/17/2024 \$1,000,000

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