

# EVENT PERMIT

Ordinance 17-08

## Vintage Market Days of South Gulf Coast Florida

**PERMIT NUMBER:** TMP2024-00279

**Date(s) of Event:** September 20, 2024 10:00AM-4:00PM  
September 21, 2024 10:00AM-4:00PM  
September 22, 2024 10:00AM-4:00PM

Property Owner: UNKNOWN

Applicant: Danny & Meridith Stoute  
337-501-9088

Description: September, 20-22nd, 2024 from 10:00AM-4:00PM. Upscale vintage inspired market with 100+ vendors, live music, and food trucks.

Location of event: 11831 BAYSHORE RD, NORTH FORT MYERS, FL 33917  
**11831 Bayshore Rd**

Will the event be attended by 1000 or more people ? Yes

Will the event be held on County Owned Property ? Yes

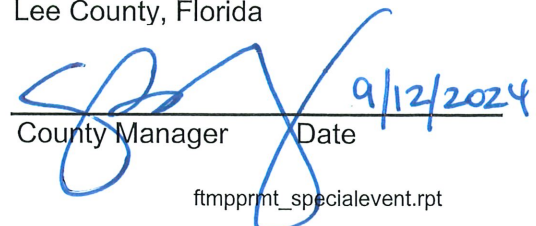
Will there be alcohol consumed or sold at the event ? No

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 9/12/2024



Lee County  
*Southwest Florida*

# Event Application

Special Event

Use of  
County  
Property

Alcohol  
within Lee  
County  
Facilities

Film, Video  
&  
Photography

VINTAGE MARKET DAYS OF  
SOUTH GULF COAST FLORIDA

TMP 2024-00279

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   | Vintage Market Days® of South Gulf Coast Florida                                     |
| Date(s) of Event / Production:  | September 20-22, 2024  |
| Location(s) of Event:   | Lee County Civic Center  |
| Name of Applicant:  | Danny/Meridith Stoute  |
| Applicant Address:  | 217 Fairwood Dr.<br>Broussard, LA 70518  |
| Applicant Phone Number:   | 337-501-9088   |
| Contact Person:<br>(If different from applicant)                              |  |
| Contact Phone Number:<br>(If different from applicant)                        |  |
| Email Address:  | sgulfcoastfl@vintagemarketdays.com   |
| Estimated Attendance:   | 8,000 over 3 days  |
| Event Description:<br>Include each activity, when activities take place, etc. | Upscale vintage, vintage-inspired market with 100+ vendors, live music, food trucks. |
| Hours of Operation:   | 10-4   |
| STRAP # of Parcel:  | 244 325 000 000 70000  |
| Owner of Premises*:   | Lee County   |

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



What is the Zoning Classification of the premises? Community Facilities

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: Acord

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

Surety Company Bonding this Event (Name and Address): William Jordan Ins. Agency Owasso, OK

Will Vehicles be Used as Part of This Event?

Yes  No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

Yes  No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

Yes  No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization Providing Food: various food trucks

Type of Food being Served: variety

**Section II - USE OF COUNTY PROPERTY PERMIT**

Organization Sponsoring the Event: \_\_\_\_\_

**Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT**

Is alcohol being sold/consumed on County Property?

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Yes  No

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):

- TV Movie or Special
- TV Series / Pilot
- TV Commercial
- Still Photos
- Public Service Announcement
- Industrial / Documentary
- Other: vendor market

Will any of the following be needed or included\*?

- Street Closure  Yes  No
- Traffic / Crowd Control  Yes  No
- Fire or Burning  Yes  No
- Explosives or Pyrotechnics  Yes  No
- Animals, Large or Small  Yes  No
- Construction of Any Kind  Yes  No
- Large and/or Numerous Vehicles  Yes  No
- Helicopters, Boats, etc.  Yes  No
- Stunts  Yes  No
- Other  Yes  No

\* For any marked Yes, provide further details below:

[Empty box for providing details for marked Yes items]

Special Parking Requirements:

[Empty box for Special Parking Requirements]

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

[Empty box for City or County Services Required]

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: 70

Total budget: 25,000 Estimate amount spent in Lee County: 25,000

Hotel room nights: 400 Number of shooting days: \_\_\_\_\_

number of rooms x number of nights

Lee County Event Permit Application



Type of Production (choose all that apply):

- TV Movie or Special       TV Series / Pilot       TV Commercial       Still Photos
- Public Service Announcement       Industrial / Documentary       Other: vendor market

Will any of the following be needed or included\*?

- Street Closure       Yes       No
- Traffic / Crowd Control       Yes       No
- Fire or Burning       Yes       No
- Explosives or Pyrotechnics       Yes       No
- Animals, Large or Small       Yes       No
- Construction of Any Kind       Yes       No
- Large and/or Numerous Vehicles       Yes       No
- Helicopters, Boats, etc.       Yes       No
- Stunts       Yes       No
- Other       Yes       No

\* For any marked Yes, provide further details below:

[Empty box for providing details for marked Yes items]

Special Parking Requirements:

[Empty box for Special Parking Requirements]

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

[Empty box for City or County Services Required]

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: 70

Total budget: 25,000 Estimate amount spent in Lee County: 25,000

Hotel room nights: 400 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.

Meridith Stoute  
Signature of Applicant

Danny Stoute  
Witness

Meridith Stoute/Owner  
Print Name of Applicant and Title

Danny Stoute  
Print Name of Witness

7/22/24  
Date

7/22/24  
Date



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 for the event will be in authorized areas only. Right of way must not be impeded.

Deputies (How Many?): None are required for this event.

Fee for Services: None

Special Arrangements: According to the vendor, alcohol will not be sold or consumed during the event. Traffic for the event should not impede the regular flow of traffic.

Print Name: SCOTT GRIFFITH  
Signature: *[Handwritten Signature]*  
Title: CAPTAIN  
Date: 8/9/24

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:

- 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.

|                         |   |
|-------------------------|---|
| Fire Guards (How Many?) | None  |
| Fee for Services:       | \$100 Permit/Inspection Fee                                       |
| Flammable Vegetation:   | Not Permitted   |
| First Aid Equipment:    | N/A   |
| Fire Extinguishing:     | On-Site   |
| Special Arrangements:   | Inspection required on all food trucks and event prior to opening |

Print Name: William Underwood  
Signature: \_\_\_\_\_  
Title: Fire Chief  
Date: 09/06/2024

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 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: 2024.01.12 10:41:41 -05'00'

Title: Project Manager

Date: 01/12/2024

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:

- [X] SPECIAL EVENT PERMIT
[X] 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.

Form with fields: Treatment Facilities: None necessary. Medical Personnel: None necessary. 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. Fee for Services: Not applicable. Special Arrangements: Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at EMSDetail@leegov.com.

Print Name: Douglas B. Higgins

Signature: [Handwritten Signature]

Digitally signed by Captain Douglas B. Higgins. Date: 2024.08.25 16:11:37 -04'00'

Title: Captain, EMS Operations

Date: August 25, 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:

- 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:         | The event organizer will need to provide supplemental safety and security lightning. The event organizer must provide their own temporary lights as needed for safety during event set up and breakdown.  |
| Parking Areas:        | The event organizer is responsible to direct patrons to the designated parking locations (as needed). The event organizer must work with onsite staff to ensure vehicles do not block driveways and private roadways, so emergency vehicles have clear access. Additionally, the event organizer must provide adequate staff/volunteers along with directional signage for the event (as needed). |
| Special Arrangements: | The event organizer is responsible for providing adequate staff/volunteers throughout the event for litter control and debris clean up during and after the event. The event organizer must work with onsite staff to designate the collection areas for debris/trash during and after the event. Additionally, the event organizer must adhere to all language written in the signed agreement.  |

Print Name: Colleen Via  
Signature: Colleen Via  
Title: County Wide Services Manager  
Date: 8/9/2024

Civic Center - Vintage Market  
9/10 - 9/22/2024

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT  
COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> 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.

Certificate Must Read As:

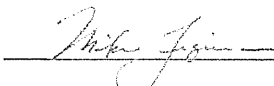
Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary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

Title: Risk Program Manager

Date: August 8, 2024



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/22/2024

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<br>918-272-2208<br>918-272-2209<br>William Jordan Insurance Agency<br>8418 N 123rd E Ave<br>Owasso, OK 74055  | CONTACT NAME: Bill Jordan 918-381-3685<br>PHONE (A/C, No, Ext): 918-272-2208<br>E-MAIL ADDRESS: billjordan93@gmail.com<br>FAX (A/C, No): 918-272-2209 |
| INSURED<br>Donald Stoute Consuting, Inc. dba: Vintage Market Days of South Gulf Coast Florida<br>Vintage Market Days, LLC<br>PO Box 140597<br>Broken Arrow, OK 74014 | INSURER(S) AFFORDING COVERAGE<br>INSURER A: Evanston Insurance Company<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F:          |

COVERAGES      CERTIFICATE NUMBER:      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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: \$5,000,000 Cap all Loc combined | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 3AA756832     | 02/21/2024              | 02/21/2025              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ Excluded<br>\$ |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY   |                                     |                                     |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |                                     |                                     |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |                                     | N/A                                 |               |                         |                         | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Event Location: Lee Civic Center, 11831 Bayshore Rd, Fort Myers, FL 33917  
 Event Dates: 09/17/2024-09/22/2024  
 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 per the terms and conditions of the attached Blanket Additional Insured endorsement MEGL 0009-01 09 18 and Blanket Waiver of Transfer of Rights Against Others to Us policy endorsement MEGL 0241-01 05 16.  
 Primary and Noncontributory applies to the Certificate Holder per attached Primary and Noncontributory policy endorsement CG 2001 04 13.

|   |   |
|---|---|
| CERTIFICATE HOLDER<br>Lee County, a political subdivision and Charter County of the State of Florida<br>PO Box 398<br>Fort Myers, Florida 33902 | CANCELLATION<br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>William C Jordan</i> William Jordan |
|---|---|

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

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

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

**Primary And Noncontributory Insurance**

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.





**EVANSTON INSURANCE COMPANY**  
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**BLANKET ADDITIONAL INSURED**

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE FORM
- LIQUOR LIABILITY COVERAGE FORM
- OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
- PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM

**SCHEDULE**

|   |
|---|
| Additional Premium:    \$Included (Check box if fully earned <input type="checkbox"/> ) |
|---|

Please refer to each Coverage Form to determine which terms are defined. Words shown in quotations on this endorsement may or may not be defined in all Coverage Forms.

**A.** Who Is An Insured is amended to include as an additional insured any person or entity to whom you are required by valid written contract or agreement to provide such coverage, but only with respect to "bodily injury", "property damage" (including "bodily injury" and "property damage" included in the "products-completed operations hazard"), and "personal and advertising injury" caused, in whole or in part, by the negligent acts or omissions of the Named Insured and only with respect to any coverage not otherwise excluded in the policy.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. The insurance afforded to such additional insured will not be broader than that which you are required by the valid written contract or agreement to provide for such additional insured.

Our agreement to accept an additional insured provision in a valid written contract or agreement is not an acceptance of any other provisions of such contract or agreement or the contract or agreement in total.

When coverage does not apply for the Named Insured, no coverage or defense will apply for the additional insured.

No coverage applies to such additional insured for injury or damage of any type to any "employee" of the Named Insured or to any obligation of the additional insured to indemnify another because of damages arising out of such injury or damage.

**B.** With respect to the insurance afforded to these additional insured, the following is added to limits of insurance:

The most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the valid written contract or agreement; or
  2. Available under the applicable limits of insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable limits of insurance shown in the Declarations.

All other terms and conditions remain unchanged.





## EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
**BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

### SCHEDULE

**Name Of Person Or Organization:**

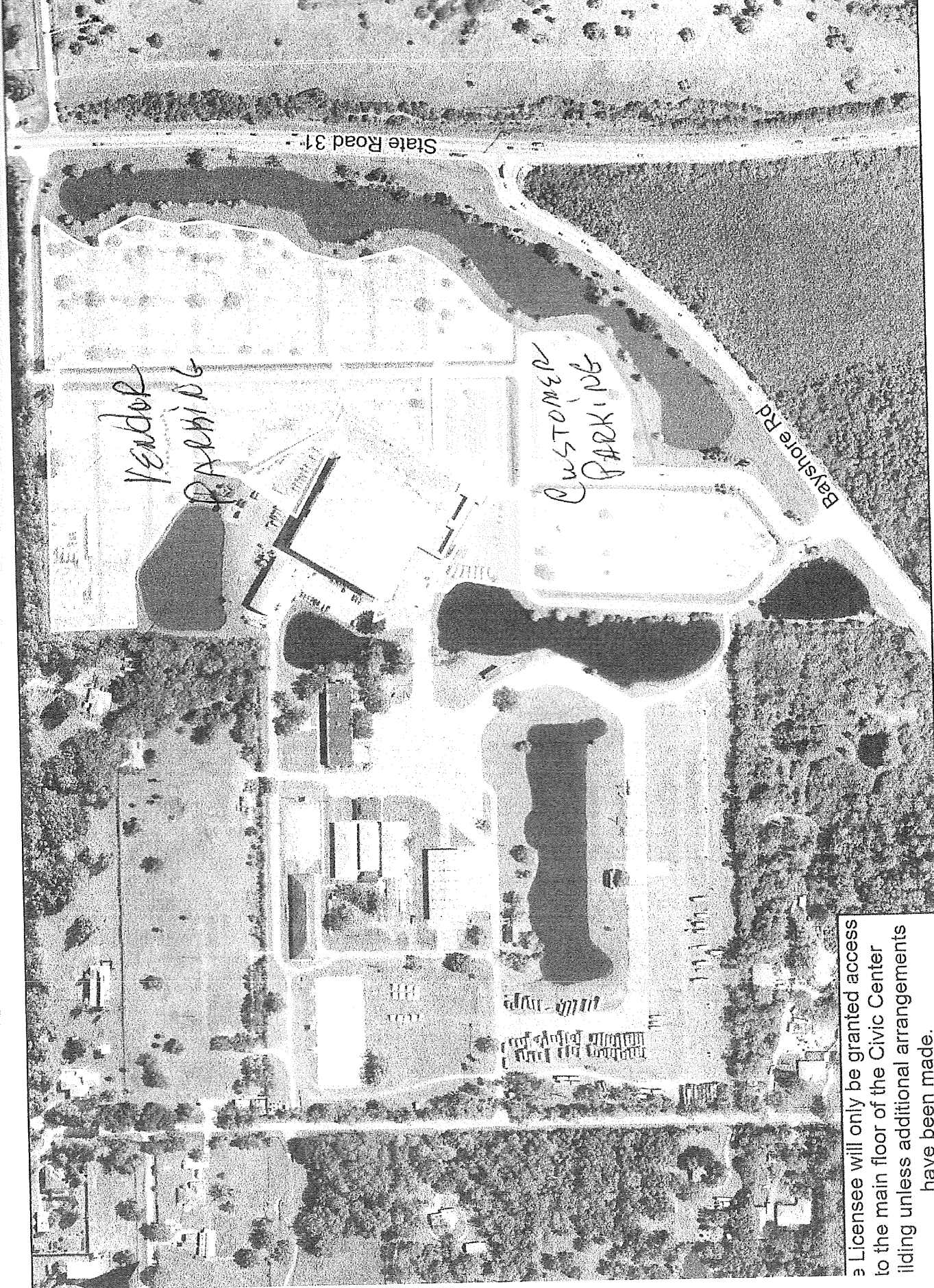
Any person(s) or organization(s) with whom the Named Insured agrees, in a written contract executed prior to the "occurrence", to waive rights of recovery.

**Additional Premium:** \$ Included

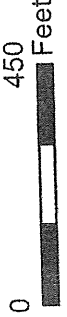
The following is added to Condition 8. Transfer Of Rights Of Recovery Against Others To Us under Section IV – Commercial General Liability Conditions:

We waive any right of recovery we may have against any person or organization shown in the Schedule of this endorsement. This waiver applies only to the person or organization shown in the Schedule of this endorsement.

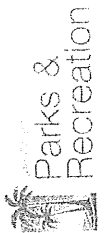
All other terms and conditions remain unchanged.



The Licensee will only be granted access to the main floor of the Civic Center building unless additional arrangements have been made.



# Exhibit A



Lee County Parks & Recreation | 11831 Bayshore Rd | North Fort Myers | FL | 33917