



EVENT PERMIT

Ordinance 17-08

Stone Crab Festival

PERMIT NUMBER: TMP2024-00378

Date(s) of Event: January 26, 2025

Property Owner: SES GROUP PACKWOOD INTERMEDIAR

Applicant: Cynthia Welch
239-283-0888

Description: Fund Raiser with live music, sale of food and alcohol, crafts and business vendors
January 26, 2025 from 10:00AM until 8:00PM

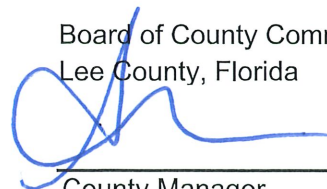
Location of event: 9940 STRINGFELLOW RD, SAINT JAMES CITY, FL 33956
9940 & 9920 Stringfellow Rd

Will the event be attended by 1000 or more people ?	Yes
Will the event be held on County Owned Property ?	No
Will there be alcohol consumed or sold at the event ?	Sold and Consumed
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

 12/11/24
County Manager Date



Lee County
Southwest Florida

Event Application

Special Event

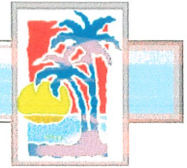
Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Stone Crab Festival

TMP2024-00378



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	StoneCrab Fest
Date(s) of Event / Production:	January 26, 2025
Location(s) of Event:	9940 & 9920Stringfellow Rd, St.James City, FI 33956
Name of Applicant:	Greater Pine Island Chamber of Commerce
Applicant Address:	10530 Stringfellow Rd, Unit 3 Bokeelia, FL 33922
Applicant Phone Number:	239-283-0888
Contact Person: (If different from applicant)	Cynthia Welch
Contact Phone Number: (If different from applicant)	
Email Address:	Info@PinelIslandChamber.org
Estimated Attendance:	1500
Event Description: Include each activity, when activities take place, etc.	Fund raiser, Live Music, Sale of Food and Alcohol beverages, Crafts/ Business vendors
Hours of Operation:	10 to 8
STRAP # of Parcel:	33-44-22-00-00008-0030 & 33-44-22-00008-0050
Owner of Premises*:	SES Group Packwood Intermediary & Robert C Jones Family Trust

*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? C-1A

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: Lloyds Syndicate 2623

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>
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Name & Address of Organization Providing Food: Blue Dog Restaurant, Ryans Smokehouse, Salty Girls Island Cafe

Type of Food being Served: Stonecrab, burgers, hot dogs,

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: GPICC, not on County property

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

SES Group - Miami Springs, Ltd.
Dba Pine Island Shopping Center
15880 Summerlin Road, Suite 300-428
Fort Myers FL 33908

October 25, 2024

To Whom it May Concern:

This letter serves to notify Lee County Building and Permitting Services that the Greater Pine Island Chamber of Commerce has been given permission to use our property, including the sale of alcohol provided the appropriate licenses and insurance are obtained, at the Pine Island Shopping Center, aka the Winn Dixie Plaza, on Stringfellow Rd, St. James City, FL 33956 for the Stone Crab Festival on January 26, 2025.

Said properties include the following three parcels:

Strap: 33-44-22-00-00008-0060, located at 9830 - 9872 Stringfellow Road, St. James City, FL 33956, the owner is SES Group - Miami Springs, Ltd. and

Strap: 33-44-22-00-00008-0030, located at 9940 Stringfellow Road, St. James City, FL 33956, the owner is SES Group Packwood Intermediary and

Strap: 33-44-22-00-00008.0050, located at 9920 Stringfellow Road, St. James City, FL 33956, the owner is Robert C Jones Family Trust

It is agreed and understood by all parties that all permitting requirements, including sanitary facilities, public liability insurance of \$1,000,000/ \$2,000,000 with an umbrella up to \$5,000,000, and site plans will be the responsibility of the Greater Pine Island Chamber of Commerce. Further it is agreed and understood that the Greater Pine Island Chamber of Commerce will list the property owners, M Rice Realty, LLC and all tenants as named insured on the liability policy for this event.

For Property Owner

Melissa Rice
Signature

Melissa Rice
Printed Name

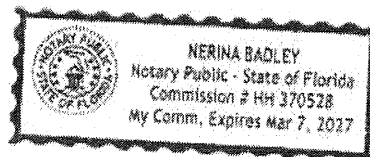
Partner of SES Group
Title

STATE OF FLORIDA
COUNTY OF Lee

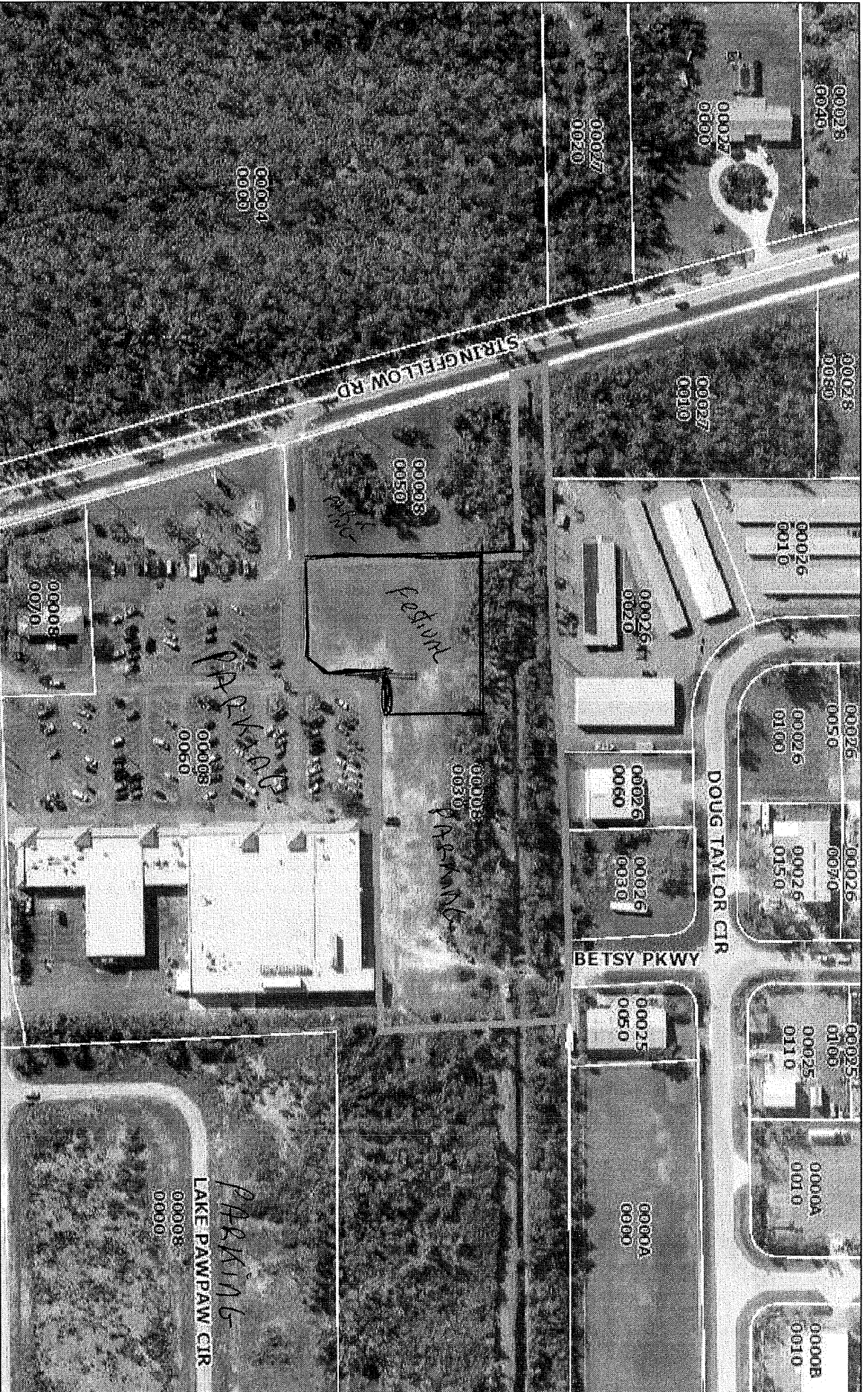
The foregoing instrument was acknowledged before me by means of physical presence this 4th day of November, 2024 by Melissa Rice Personally Known OR Produced Identification X
Type of Identification Produced Florida Driver License

Nerina Badley
Signature of Notary

Nerina Badley
Name of Notary



GeoView Map



August 28, 2024

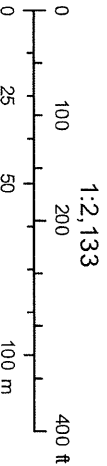
Air Photos: 2024 Hi-Res (3 inch)

Hospital Locations
 Library Locations

School Locations
 School Locations
 OCC_Parks

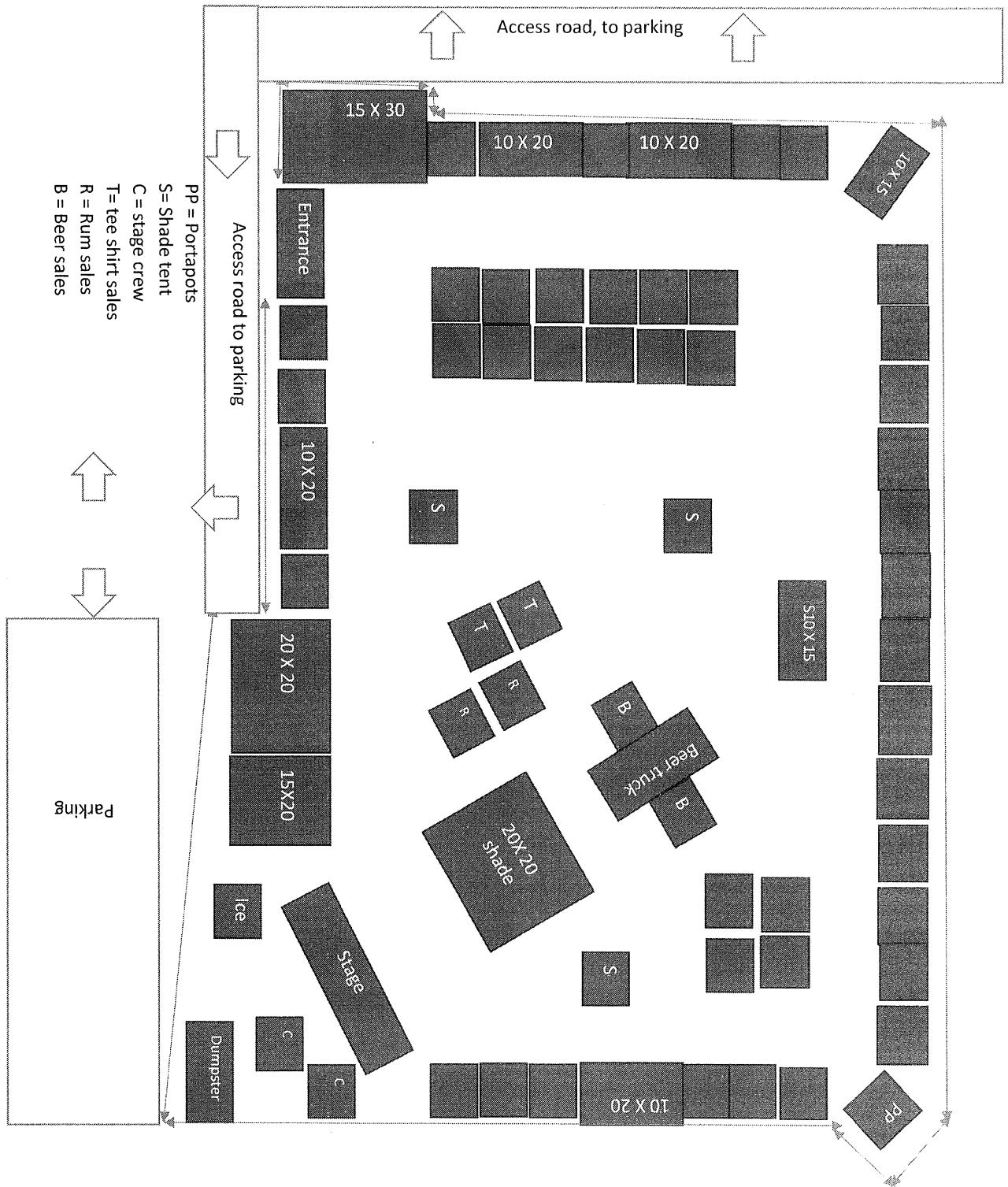
----- County Boundary
== US 41
== Other Highways
== Other Roads

Parcels Near
 Fenced Area



1:2,133

This map is NOT a legal land survey and should not be used or relied upon as such. No warranties, express or implied, are provided with the data. Use, accuracy or interpretation.



Fenced Area Layout.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/30/2024

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 Robertson Ryan & Associates, Inc. ADRI WUTKOWSKI 7251 W Lake Mead Blvd #300 Las Vegas NV 89128	CONTACT NAME: ADRI WUTKOWSKI PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: awutkowski@robertsonryan.com
	INSURER(S) AFFORDING COVERAGE INSURER A : Lloyds Syndicate 2623 INSURER B : Lloyds Syndicate 623 INSURER C : INSURER D : INSURER E : INSURER F :
INSURED Greater Pine Island Chamber of Commerce c/o Cynthia Welch PO Box 325 Matlacha FL 33993	

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	Y	N	EH-771324-L3117893	01/24/2025 12:01 AM	01/27/2025 12:01 AM	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES \$ 100,000
	Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Retail Liquor Liability						PERSONAL & ADV INJURY \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 5,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
OTHER:							Deductible \$ 1,000
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO							BODILY INJURY (Per person) \$
<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS							BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>							\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR							EACH OCCURRENCE \$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$
DED RETENTION \$							\$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE OTH-ER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A					E.L. EACH ACCIDENT \$
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed below is named as additional insured per attached CG 20 26 04 13. Attendance: 1500, Event Type: Country Festivals and Fairs - No Rides. Policy includes a 36 month Extended Reporting Period. Damage to Premises Rented (Other than Fire) included in the Each Occurrence Limit shown above.

CERTIFICATE HOLDER Lee County, A political subdivision and Charter County of the State of Florida, it's agents, employees, and public officials 2115 Second St Fort Myers FL 33901	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 ADRI WUTKOWSKI
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s):

Lee County, A political subdivision and
 Charter County of the State of Florida,
 it's agents, employees, and public
 officials
 2115 Second St
 Fort Myers, FL 33901

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

A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. in the performance of your ongoing operations; or
2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the 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.

DECLARATIONS
SPECIAL EVENTS LIABILITY CLAIMS MADE AND REPORTED INSURANCE

THIS IS A CLAIMS MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY APPLIES ONLY TO ANY CLAIM FIRST MADE AGAINST THE INSURED AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD (AS SET OUT IN CLAUSE V. OF THE POLICY), IF APPLICABLE. DAMAGES AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE DEDUCTIBLE. CLAIMS EXPENSES ARE WITHIN AND REDUCE THE LIMIT OF LIABILITY UNDER THIS POLICY. THE UNDERWRITERS SHALL NOT BE LIABLE FOR ANY DEFENSE COSTS OR FOR ANY JUDGEMENT OR SETTLEMENT AFTER THE LIMIT OF LIABILITY HAVE BEEN EXHAUSTED. PLEASE READ THIS POLICY CAREFULLY.

THESE DECLARATIONS ALONG WITH THE COMPLETED AND SIGNED APPLICATION AND THE POLICY WITH ENDORSEMENTS SHALL CONSTITUTE THE CONTRACT BETWEEN THE NAMED INSURED AND THE UNDERWRITERS.

UNDERWRITERS: CERTAIN UNDERWRITERS AT LLOYDS, LONDON

MASTER POLICY NUMBER: EH-771324**UNIQUE MARKET REFERENCE NUMBER:** B0572YF24ST21

CERTIFICATE NUMBER: 3117893

INSURED EVENT: Country Festivals and Fairs - No Rides

ITEM 1.

NAMED INSURED: HOSPITALITY AND ENTERTAINMENT TRADE ALLIANCE RPG

ADDRESS: ONE NORTH FRANKLIN, SUITE 3600, CHICAGO, IL 60606

CERTIFICATE HOLDER:

Greater Pine Island Chamber of Commerce , c/o Cynthia Welch

EVENT ADDRESS:

9830-9872 Stringfellow Rd, Saint James City, FL 33956

ITEM 2.

A) POLICY PERIOD:

FROM: 12/31/2023 **TO:** 03/31/2025
BOTH DATES AT 12:01 A.M. LOCAL TIME AT THE ADDRESS
STATED IN ITEM 1.

B) INSURED EVENT PERIOD:

FROM: 01/24/25 **TO:** 01/27/25
BOTH DATES AT 12:01 A.M. LOCAL TIME AT THE ADDRESS
STATED IN ITEM 1.

ITEM 3.

LIMIT OF LIABILITY

- A. BODILY INJURY, PROPERTY DAMAGE, PERSONAL INJURY AND ADVERTISING INJURY:
 - a. LIMIT OF LIABILITY EACH ACCIDENT OR/AND OFFENSE
INCLUDES CLAIMS EXPENSES DURING EACH INSURED
EVENT PERIOD \$ 2,000,000
 - b. AGGREGATE LIMIT OF LIABILITY INCLUDES CLAIMS
EXPENSES DURING EACH INSURED EVENT PERIOD \$ 5,000,000
 - B. MEDICAL PAYMENTS TO ANY ONE PERSON \$ 5,000
 - C. DAMAGE TO PREMISES RENTED TO YOU \$ 100,000
 - D. POLICY AGGREGATE LIMIT OF LIABILITY INCLUDES CLAIMS
EXPENSES FOR EACH INSURED EVENT \$ 5,000,000
 - E. HIRED AUTO AND NON-OWNED AUTO LIABILITY COVERAGE
INCLUDES CLAIMS EXPENSES DURING EACH INSURED
EVENT PERIOD \$ Excluded
-

ITEM 4.

EACH CLAIM DEDUCTIBLE INCLUDES CLAIMS EXPENSES: \$ 1,000

ITEM 5.

PREMIUM: (FULLY EARNED) \$ SEE RECEIPT
SURPLUS LINES TAX: \$ SEE RECEIPT
STAMPING FEE: \$ SEE RECEIPT
RPG FEE: \$ SEE RECEIPT
TOTAL: \$ SEE RECEIPT

ITEM 6. EXTENDED REPORTING PERIOD: 36 MONTHS - INCLUDED

ITEM 7. NOTIFICATION UNDER THIS POLICY:
BEAZLEY GROUP,
30 BATTERSON PARK ROAD,
FARMINGTON, CONNECTICUT, 06032, USA
EMAIL: CLAIMS@BEAZLEY.COM US FAX: (866) 910-1397
ATTENTION: CLAIMS DEPARTMENT

ITEM 8. TERRORISM COVERAGE: N/A

ITEM 9. SERVICE OF PROCESS FOR INSURED'S DOMICILED IN ALL STATES EXCLUDING IL, CA & KY:

LLOYD'S AMERICA, INC.
280 PARK AVENUE
EAST TOWER - ENTIRE 25TH FLOOR
NEW YORK, NY 10017

FOR INSURED'S DOMICILED IN IL:

LLOYD'S ILLINOIS, INC.,
181 WEST MADISON STREET,
SUITE 3870
CHICAGO, IL 60602-4541

FOR INSURED'S DOMICILED IN CA:

FLWA SERVICE CORP. C/O FOLEY & LARDNER LLP
555 CALIFORNIA ST., SUITE 1700
SAN FRANCISCO, CA 94107-1520

FOR INSURED'S DOMICILED IN KY:

LLOYD'S KENTUCKY, INC.
314 WEST MAIN STREET
FRANKFORT, KY 40601-1808

ITEM 10. CHOICE OF LAW: NEW YORK

ITEM 11. ENDORSEMENTS EFFECTIVE AT INCEPTION:

SLC-3	USA NMA 2868
EH 2001	COVERAGE PART DECLARATIONS
EH SEL 2022	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
IL 12 01 11 85	POLICY CHANGE - PROPERTY DAMAGE ENDORSEMENT
IL 00 17 11 98	COMMON POLICY CONDITIONS
EH1017	COMMON POLICY CONDITIONS AMENDMENT
ERP 1027 12 18	EXTENDED REPORTING PERIOD ENDORSEMENT
EH1015	DEDUCTIBLE LIABILITY INSURANCE
VDP01810 01 18	LIMITATION OF COVERAGE TO DESIGNATED PROJECT OR OPERATION
EH1016	BLANKET ADDITIONAL INSURED ENDORSEMENT
CG2026 04 13	ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION
CG2107 05 14	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL INFORMATION CLAUSE
EH 2005	EXCLUSION - DRUG LIABILITY
CG 84 81 04 14	EXCLUSION - ORGANIC PATHOGENS
CG 90 29 05 16	EXCLUSION OF INTELLECTUAL PROPERTY
CG 80 15 07 98	ABUSE, MOLESTATION, HARASSMENT OR SEXUAL CONDUCT EXCLUSION
EH 2006	EXCLUSION - AIRCRAFT PRODUCTS AND GROUNDING LIABILITY
IL 70 69 03 16	EXCLUSION - ASBESTOS
CG 84 70 01 10	ASSAULT & BATTERY EXCLUSION
CG21 01 11 85	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
EH2007	EXCLUSION - EMPLOYERS LIABILITY

CG 21 47 12 07	EMPLOYMENT RELATED PRACTICES EXCLUSION
CG 77 94 07 98	EXCLUSION - LIABILITY ARISING OUT OF LEAD
EH2008	EXCLUSION - METAL GAS, FUME AND METAL BY-PRODUCT
CG 83 66 06 05	NUCLEAR, BIOLOGICAL OR CHEMICAL EXCLUSION
EH2009	EXCLUSION - PRE-EXISTING DAMAGE
EH2010	EXCLUSION - PROFESSIONAL LIABILITY ERRORS AND OMISSIONS
EH1018	PUNITIVE, EXEMPLARY OR MULTIPLE DAMAGES EXCLUSION
EH1013	EXCLUSION - GOLF CART, UTV, ATV
EH1014	EXCLUSION - CHILD CARE
VWE 0310 12 18	WEAPONS EXCLUSION
CG21 49 09 99	TOTAL POLLUTION EXCLUSION
EH2011	EXCLUSION - UNMANNED AIRCRAFT PERSONAL AND ADVERTISING INJURY
CG 21 /1 01 15	EXCLUSION - CERTIFIED ACTS OF TERRORISM
CG 21 76 01 15	EXCLUSION - PUNITIVE DAMAGES RELATED TO CERTIFIED ACTS OF TERRORISM
EH2012	EXCLUSION - DESIGNATED OPERATIONS, PRODUCT OR WORK
LMA 2918	WAR AND TERRORISM EXCLUSION ENDORSEMENT
LMA5020	SERVICE OF SUIT CLAUSE
NMA 1256	NUCLEAR INCIDENT EXCLUSION CLAUSE
EH2004	SYNDICATE PERCENTAGE ENDORSEMENT
LMA3100	SANCTIONS AND LIMITATIONS CLAUSE
EH2020	COMMUNICABLE DISEASE, EPIDEMIC AND PANDEMIC EXCLUSION
EH2021	CYBER EXCLUSION ENDORSEMENT

ITEM 12. OPTIONAL FORMS

EH2002 12 18	LIQUOR LIABILITY COVERAGE ENDORSEMENT
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 AUTHORIZED REPRESENTATIVE

12/31/2023

 DATE

FL State Stamp Form

Insured Name: Greater Pine Island Chamber Certificate No. (Policy #): EH-771324-L3117893

Policy Effective From: 01/24/2025 To: 01/27/2025

Surplus Lines Agent's Name: Chris Van Leeuwen

Surplus Lines Agent's Address: 260 S 2500 W #303, Pleasant Grove, UT 84062

Surplus Lines Agent's License #: P179419

Producing Agent's Name: Chris Van Leeuwen

Producing Agent's Physical Address: 260 S 2500 W #303, Pleasant Grove, UT 84062

"THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT INSURER."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY."

Surplus Lines Agent's Countersignature: 

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.

Cynthia Pemberton-Welch

Signature of Applicant

Amanda Dvorak

Witness

CYNTHIA PEMBERTON-WELCH, ADMIN

Print Name of Applicant and Title

Amanda Dvorak

Print Name of Witness

Oct. 28, 2024

Date

Oct 28, 2024

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 in authorized areas only. Right-of-way should not be blocked.

Deputies (How Many?):

2 deputies for security and presence throughout the event area and 1 deputy to assist with traffic control at entrance.

Fee for Services:

Contact LCSO Details Unit

Special Arrangements:

Event should not impede the normal flow of traffic in any way. If it has been found to, vendor may be responsible for hiring an additional deputy for traffic control. Any amplified sounds should adhere to the Lee County Noise Ordinance. Vendor will be responsible for securing and placing barricades and cones at all points of access surrounding the event. Any alcohol must remain within the confines of the event area.

Print Name:

Dennis Peterson

Signature:

[Handwritten Signature]

Title:

IT

Date:

11-14-24

Stone Crab Event

Jan 26, 2025

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?)	
Fee for Services:	
Flammable Vegetation:	
First Aid Equipment:	The Fire Department will be providing one apparatus with staff to provide EMS/Rescue services.
Fire Extinguishing:	Fire extinguishers will be required for any tent exceeding 10 x 10 size.
Special Arrangements:	

Print Name: Courtney Mimbs

Signature: Courtney Mimbs

Title: Fire Inspector

Date: 11/5/2024

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
[] USE OF COUNTY PROPERTY PERMIT
[X] 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 for Treatment Facilities, Medical Personnel, Medical Supplies / Equipment, Safety Requirements, Fee for Services, and Special Arrangements.

Print Name: Douglas B. Higgins

Signature:

Handwritten signature of Douglas B. Higgins

Digitally signed by Captain Douglas B. Higgins
Date: 2024.11.11 16:27:48 -05'00'

Title:

Captain, EMS Operations

Date:

November 11, 2024

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL33901
(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: 2024.10.15 08:43:25 -04'00'

Title: Project Manager

Date: 10/15/2024

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:

- 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: Countywide Services Manager
Date: 11/4/2024

Norton Park Drop - Stone Crab Fest
1/26/2025

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.

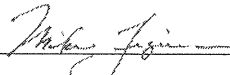
Certificate Must Read As:

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: November 4, 2024



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/30/2024

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 Robertson Ryan & Associates, Inc. ADRI WUTKOWSKI 7251 W Lake Mead Blvd #300 Las Vegas NV 89128		CONTACT NAME: ADRI WUTKOWSKI PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: awutkowski@robertsonryan.com	
INSURED Greater Pine Island Chamber of Commerce c/o Cynthia Welch PO Box 325 Matlacha FL 33993		INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds Syndicate 2623 INSURER B: Lloyds Syndicate 623 INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	NAIC # AA-1128623 AA-1126623

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			EH-771324-L3117893	01/24/2025 12:01 AM	01/27/2025 12:01 AM	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES \$ 100,000
	Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Retail Liquor Liability	Y	N				PERSONAL & ADV INJURY \$ 2,000,000
GENL AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						Deductible \$ 1,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed below is named as additional insured per attached CG 20 26 04 13. Attendance: 1500, Event Type: Country Festivals and Fairs - No Rides. Policy includes a 36 month Extended Reporting Period. Damage to Premises Rented (Other than Fire) included in the Each Occurrence Limit shown above.

OK 11/04/2024

CERTIFICATE HOLDER**CANCELLATION**

Lee County, A political subdivision and Charter County of the State of Florida, it's agents, employees, and public officials 2115 Second St 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 ADRI WUTKOWSKI
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

<p>Name of Additional Insured Person(s) or Organization(s):</p> <p>Lee County, A political subdivision and Charter County of the State of Florida, it's agents, employees, and public officials 2115 Second St Fort Myers, FL 33901</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

- A. **SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. in the performance of your ongoing operations; or
 2. in connection with your premises owned by or rented to you.

However:

1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these Additional Insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

1. required by the 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.