



EVENT PERMIT

Ordinance 17-08



Gateway Fest

PERMIT NUMBER: TMP2025-00038

Date(s) of Event: March 2, 2025

Property Owner: GATEWAY SERVICES CDD

Applicant: Kerry Runyon
231-561-1313

Description: March 2, 2025 from 4:30PM-7:30PM. Colm Keegan, Irish Musician and Entertainer concert on the soccer field. Community event in Gateway with Food trucks(3-4), small activities for families, market vendors.

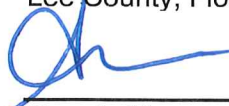
Location of event: 13260 GRIFFIN DR, FORT MYERS, FL 33913
Sherman Soccer Complex.

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


County Manager 2/24/25
Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

GATEWAY FEST

TMP 2025-00038

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	Gatewayfest
Date(s) of Event / Production:	03/02/2025
Location(s) of Event:	Sherman Soccer Complex, 13260 Griffin Drive, Fort Myers, FL 33913
Name of Applicant:	Gateway Services Community Development District
Applicant Address:	11922 Fairway Lakes Drive, Suite 1, Fort Myers, FL 33913
Applicant Phone Number:	231-561-1313/239-994-0346
Contact Person: (If different from applicant)	Kerry Runyon
Contact Phone Number: (If different from applicant)	239-994-0346
Email Address:	kerryrunyon@gatewaydistrict.org
Estimated Attendance:	350-500
Event Description: Include each activity, when activities take place, etc.	Colm Keegan, Irish Musician and Entertainer concert on the soccer field. Community event in Gateway with Food trucks (3-4), small activities for families, market vendors. 5:30-7 pm
Hours of Operation:	4:30 - 7:30 pm
STRAP # of Parcel:	
Owner of Premises*:	Gateway Services CDD

*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? Park

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: Preferred Government Insurance Trust, PO Box 958455, Lake Mary, FL 32795

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

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

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: 3-4 food trucks; each individual food truck sets up around the field

Type of Food being Served: American, Irish

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: Gateway Services Community Development District

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: EIN 59-2707408 Rotary Club of Fort Myers South Foundation Inc
(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

☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☒ Other: None apply

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

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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

Lee County Event Permit Application



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.

Kerry Runyon

Signature of Applicant

Kerry Runyon

Print Name of Applicant and Title

02/03/2025

Date

Logan Banks

Witness

Logan Banks

Print Name of Witness

02/03/2025

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 this event will be on-site as well as off-site at Gateway Elementary School. Event coordinator will be responsible for directing participants towards off-site parking areas through use of signage. The right-of-way must remain clear for emergency vehicle traffic. Off-site parking permission being sought.

Deputies (How Many?):

Two deputies will be required for overall law enforcement presence and public safety and security.

Fee for Services:

Contact Details Unit 239-477-1171 for further information.

Special Arrangements:

All amplified sound must adhere to the Lee County noise ordinances. It is understood that alcohol will be made available for consumption as this event and it will be the responsibility of the vendors to ensure that ID's are checked and that no one is over-served.

Print Name:

P. Commis

Signature:

[Handwritten Signature]

Title:

Support Services

Date:

2.11.25

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
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☐ 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?)	N/A
Fee for Services:	PAID
Flammable Vegetation:	NOTHING WITHIN 10' OF FOOD TRUCK
First Aid Equipment:	CALL 911 IF NEEDED
Fire Extinguishing:	FOOD TRUCKS TO BE NFPA 96 COMPLIANT
Special Arrangements:	INSPECTION WILL BE REQUIRED A MINIMUM 2 HOURS PRIOR TO EVENT OPENING TO PUBLIC. IF TRUCK IS NOT SET UP COMPLETELY AND READY FOR INSPECTION BY 2PM ON DAY OF EVENT THEY CANNOT PARTICIPATE. FOOD TRUCK CHECKLIST WILL BE SENT TO APPLICANT AND MUST BE PROVIDED TO EACH FOOD TRUCK VENDOR.

Print Name: Nate Burley

Signature: Nate Burley

Digitally signed by Nate Burley
Date: 2025.02.12 08:50:11 -05'00'

Title: Division Chief - Fire & Life Safety

Date: 02/12/2025

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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FILM PERMIT

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

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: B. Scott Roy

Signature:



Captain, EMS Operations

Title:

Date:

2-6-25

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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☐ 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: 2025.02.07 13:19:15 -05'00'

Title: Project Manager

Date: 02-07-2025

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
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☐ 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:

2/4/2025

Not on Park Prop - Gateway Fest
3/2/2025

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:

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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.

Insurance Requirements:	<p>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.</p> <p>Certificate Must Read As:</p> <p>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.</p>
Special Arrangements:	<p>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.</p> <p>Subject to proof of insurance.</p>

Print Name: Mike Figueroa
Signature: 
Title: Risk Program Manager
Date: February 5, 2025



Public
Risk
Underwriters

Insurance Solutions for Public Entities

Public Risk Underwriters of Florida, Inc.
P O Box 958455, Lake Mary, FL 32795
321-832-1450

Risk Management Associates, Inc.

WC FL1 0364440 24-06

Gateway Services Community Development District

10/15/2024

Public Risk Underwriters of Florida, Inc. is pleased to provide you with the Coverage Agreement for Gateway Services Community Development District

Please review the document for accuracy and advise if you have any corrections or need further information.

As a reminder, you do not have any binding authority and any changes must be requested in writing. No coverage or change in coverage is bound without written confirmation from a representative of Public Risk Underwriters of Florida, Inc. This Coverage Agreement replaces and supersedes any previously issued Coverage confirmation.

Certificates of Insurance for the Preferred program may only be issued via the web-based OneShield portal. The web address is <https://oms.oneshield.com>. Certificates may not be used to request changes of coverage. The retail agent is solely responsible for any information listed in the description section of the certificates. If you need assistance logging into OneShield, please contact your underwriter for support.

We appreciate the opportunity to offer this coverage to your client and if you have any questions or need further assistance please feel free to contact us.

***THIS PAGE IS FOR INFORMATIONAL PURPOSES ONLY
AND IS NOT PART OF THE COVERAGE AGREEMENT***



PUBLIC ENTITY

WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE AGREEMENT INFORMATION PAGE

Coverage Provider:	Producer:
Preferred Governmental Insurance Trust	Risk Management Associates, Inc.
P.O. Box 958455	300 North Beach Street
Lake Mary, FL 32795-8455 (Carrier Code: 38849)	Daytona Beach, FL, 32114
Agreement No.: WC FL1 0364440 24-06 Prior Agreement No.: WC FL1 0364440 23-05	
Named Covered Party: Gateway Services Community Development District	FEIN: 592708548
Mailing Address: 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Risk ID:
Other workplaces not shown above: SEE SCHEDULE OF OPERATIONS	Type of Business: Community Development District
2. The agreement period is from 12:01 am on <u>10/01/2024</u> to 12:01 am on <u>10/01/2025</u> at the insured's mailing address.	
3. A. Workers Compensation Coverage: Part one of the Coverage Agreement applies to the workers compensation law of the states listed here: FL B. Employers Liability Coverage: Part Two of the Coverage Agreement applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are: Bodily Injury by Accident <u>1,000,000</u> each accident Bodily Injury by Disease <u>1,000,000</u> policy limit Bodily Injury by Disease <u>1,000,000</u> each employee C. Other States Coverage: D. This Coverage Agreement includes these endorsements and schedules: See PGIT WC 002	
4. The premium for this Coverage Agreement will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit. SEE SCHEDULE OF OPERATIONS	
Total Estimated Annual Premium \$38,998 Expense Constant \$160	

Countersigned by 



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE AGREEMENT
FORMS LIST**

Named Covered Party: Gateway Services Community Development District 11922 Fairway Lakes Dr., Suite #1, Fort Myers FL, 33913	Coverage Provider Preferred Governmental Insurance Trust P.O. Box 958455 Lake Mary, FL 32795-8455
Agreement No.: WC FL1 0364440 24-06	
Carrier No.: 38849	
Form Name PGIT WC-001-Information Page Public Entity Coverage Agreement Forms List Schedule of Ops - Coverage Agreement PGIT WC-004-Coverage Terms PGIT WC-005-Schedule of Operations- Other Workplaces PGIT WC-006-Premium Discount Endorsement PGIT WC-007-Contingent Experience rating Modification Factor Endorsement PGIT WC-008-Notification of Change in Ownership Endorsement PGIT WC-009-Florida Employment and Wage Information Release Endorsement PGIT WC - 013 - Cancellation and Nonrenewal Endorsement WC Claim Notice Informational Contact	Form Number PGIT WC-001 (10 06) PGIT WC-002 (07 17) SchedOp_Cov_Agr PGIT WC-004 (07 24) PGIT WC-005 (10 06) PGIT WC-006 (10 06) PGIT WC-007 (10 06) PGIT WC-008 (10 06) PGIT WC-009 (10 06) PGIT WC-013 (07 24)



**Standard Workers' Compensation
and Employers' Liability Policy**

Agreement Number: WC FL1 0364440 24-06
 Agreement Period: 10/01/2024 to 10/01/2025
 Emp. Liability Limits: 1,000,000/1,000,000/1,000,000
 Coverage By: Preferred Governmental Insurance Trust
 Producer ID: Risk Management Associates, Inc.
 Previous Coverage: WC FL1 0364440 23-05
 Carrier ID: 38849

NAME AND ADDRESS OF MEMBER	AGENT
1. Gateway Services Community Development District 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Risk Management Associates, Inc. 300 North Beach Street Daytona Beach, FL 32114
FEIN: 592708548	Risk ID Number:

Locations - All usual work places of the insured at or from which operations covered by this policy are conducted at the above address unless otherwise stated herein:
 See Attached Schedule.

Schedule Page 1 of 2

SCHEDULE OF OPERATIONS

Policy Loc	Insured Loc	Code	Classifications	Premium Basis	Rate	Estimated Premium
Endorsement Term : 10/01/2024 - 10/01/2025						
State: FL		<u>Experience Mod</u> 1.12	<u>Status</u> FINAL	<u>Effective Date</u> 10/01/2024		
0000	N/A	7520	WATERWORKS OPERATION & DRIVERS <i>Class Code: 7520 Effective: 10/01/2024 Expired:</i>	\$961,362	1.88	\$18,074
0000	N/A	8810	CLERICAL OFFICE EMPLOYEES NOC <i>Class Code: 8810 Effective: 10/01/2024 Expired:</i>	\$482,806	0.13	\$628
0000	N/A	9102	PARK NOC- All EMPLOYEES & DRIVERS <i>Class Code: 9102 Effective: 10/01/2024 Expired:</i>	\$474,876	2.81	\$13,344
				\$1,919,044		\$32,045



**Standard Workers' Compensation
and Employers' Liability Policy**

Agreement Number: WC FL1 0364440 24-06
Agreement Period: 10/01/2024 to 10/01/2025
Emp. Liability Limits: 1,000,000/1,000,000/1,000,000
Coverage By: Preferred Governmental Insurance Trust
Producer ID: Risk Management Associates, Inc.
Previous Coverage: WC FL1 0364440 23-05
Carrier ID: 38849

NAME AND ADDRESS OF MEMBER	AGENT
1. Gateway Services Community Development District 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Risk Management Associates, Inc. 300 North Beach Street Daytona Beach, FL 32114
FEIN: 592708548	Risk ID Number:

Locations - All usual work places of the insured at or from which operations covered by this policy are conducted at the above address unless otherwise stated herein:
See Attached Schedule.

Schedule Page 2 of 2

SCHEDULE OF OPERATIONS

Policy	Insured		Premium		Estimated
<u>Loc</u>	<u>Loc</u>	<u>Code</u> <u>Classifications</u>	<u>Basis</u>	<u>Rate</u>	<u>Premium</u>
		Manual Premium			\$32,045
		Total Manual Premium			\$32,045
		AR Adjustment Premium			\$10,254
		Subject Premium			\$42,299
		Safety Program		2	\$(846)
		Drug-Free Workplace		5	\$(2,073)
		Total Subject Premium			\$39,380
		Experience Mod		1.12	\$4,726
		Total Modified Premium			\$44,106
		Schedule Rating Factor			\$(2,205)
		Total Standard Premium			\$41,901
FL		Premium Discount			\$(2,903)
Subtotal (State Level) for FL Period Effective: 10/1/2024					\$38,998
Total Estimated Premium for FL for Period Effective: 10/1/2024					\$41,901
		Premium Discount			\$(2,903)
		Expense Constant			\$160
Policy Charges / Credits for the Period Effective: 10/1/2024					\$(2,743)
Total Estimated Standard Premium for the Period Effective: 10/1/2024					\$39,158



Standard Workers' Compensation
and Employers' Liability Policy

Agreement Number: WC FL1 0364440 24-06
Agreement Period: 10/01/2024 to 10/01/2025
Coverage By: Preferred Governmental Insurance Trust
Producer ID: Risk Management Associates, Inc.
Previous Coverage: WC FL1 0364440 23-05 01
Carrier ID: 38849

NAME AND ADDRESS OF MEMBER	AGENT
1. Gateway Services Community Development District 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Risk Management Associates, Inc. 300 North Beach Street Daytona Beach, FL 32114
FEIN: 592708548	Risk ID Number:

Locations - All usual work places of the insured at or from which operations covered by this policy are conducted at the above address unless otherwise stated herein:
See Attached Schedule.

Summary Page 1 of 1

SCHEDULE OF OPERATIONS

Policy Loc	Insured Loc	Code	Classifications	Premium Basis	Rate	Estimated Premium
POLICY SUMMARY						

Estimated Premium All Locations Excluding Policy Charges / Credits	\$41,901
Premium Discount	(2,903)
Expense Constant	160
Estimated Policy Charges / Credits	\$(2,743)
Estimated Policy Period Premium	\$39,158



WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE AGREEMENT COVERAGE TERMS

Named Covered Party:	Coverage Provider
Gateway Services Community Development District 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Preferred Governmental Insurance Trust P.O. Box 958455 Lake Mary, FL 32795-8455
Agreement No.: WC FL1 0364440 24-06	Carrier No.: 38849

COVERAGE TERMS

1. Rights and Duties of the Fund

The Fund has the right and duty to defend, at the Fund's expense, any claim, legal proceeding or suit against a Member for benefits payable under this Agreement, and the Fund has the right to investigate and settle such claims, legal proceedings or suits. The Fund, however, has no duty to defend a claim, legal proceedings or suit that is not covered by this Agreement and its excess carriers, nor to defend or continue to defend the Fund or its Members after the Fund have paid its applicable limit of liability under the coverages involved.

2. Expenses Payable by the Fund

In addition to other amounts payable under this Agreement, the Fund will pay, as part of any claim, proceeding or suit the Fund defends:

- a) reasonable expenses incurred at the Fund's requests, exclusive of loss of earnings;
- b) premiums for bonds to release attachments and for appeal bonds in amounts up to the amounts payable under this Agreement;
- c) all litigation costs taxed against a Member;
- d) interest on a judgment as required by law until the Fund offers the amount due under this Agreement; and
- e) any other reasonable and necessary expenses the Fund incurs.

3. The Fund's Right of Subrogation

- a) In the event of payment under this Agreement, the Member shall be subrogated to all of the Fund's rights of recovery therefore against any person or organization, and the Member shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights.
- b) The Member shall not act (or fail to act, as the case may be) in any manner that will prejudice the Fund's subrogation rights.

4. Workers' Compensation Coverage Provided by the Fund

The workers' compensation statutory coverages provided by the Fund cover bodily injury, including death by accident or disease, subject to the Florida Workers' Compensation Law and as follows:

- a) **Time of Occurrence-** A bodily injury is covered only if such injury occurs during the coverage period. A bodily injury by disease must be directly caused by the conditions of an Employee's employment, and the Employee's last date of last exposure to the conditions causing or aggravating such injury and/or disability by disease must occur during the coverage period.
- b) **Payment-** The Fund will promptly pay when due the benefits required by the Florida Workers' Compensation Law.
- c) **Conditions-** Bodily injury, including death, is covered only if
 1. it arises out of, and in the course and scope of, the Employee's employment by a Member; and
 2. the employment is necessary or incidental to the Employee's work within the State of Florida.

5. Employer's Liability Coverage Provided by the Fund

This employer's liability coverage applies to bodily injury, including death, by accident or disease subject to the following:

- a) **Time of Occurrence-** A bodily injury is covered only if such injury occurs during the coverage period. A bodily injury by disease must be directly caused by the conditions of an Employee's employment, and the Employee's last date of last exposure to the conditions causing or aggravating such injury and/or disability by disease must occur during the coverage period.
- b) **Payment-** The Fund will pay all sums a Member legally must pay as damages because of bodily injury to a Member's Employees, provided the injury is covered by this Employer's liability coverage.
- c) **Conditions-** Bodily injury, including death, is covered only if
 1. it arises out of, and in the course and scope of, the Employee's employment by a Member; and
 2. the employment is necessary or incidental to Employee's work within the State of Florida.
- d) **Damages-** The damages the Fund will pay, where recovery is permitted by law, include damages:
 1. for which a Member is liable to a third party by reason of a claim or suit against a Member by that third party to recover the damages claimed against such Member as a result of injury to an Employee;
 2. for care and loss of services;
 3. for consequential injury to a spouse, child, parent, brother or sister of the injured Employee, provided that these damages arise out of and in the course and scope of the injured Employee's employment by a Member; and
 4. claims against a Member in a capacity other than as employer resulting from injury to a Member's Employee that arises out of and in the course and scope of employment.
- e) **Limitation of Liability-** The Fund's liability to pay for damages is limited to the amounts shown on the Information Page. They apply as follows:
 1. Bodily Injury by Accident. The limit shown for "Bodily Injury by Accident-each accident" is the most the Fund will pay for all damages covered by this Agreement because of bodily injury to one or more Employees in any one accident.
 2. Bodily Injury by Disease. The limit shown for "Bodily Injury by disease-policy limit" is the most the Fund will pay for all damages covered by this Agreement and arising out of bodily injury by disease regardless of the number of Employees who sustain bodily injury by disease. The limit shown for "Bodily Injury by disease-each employee" is the most the Fund will pay for all damages because of bodily injury by disease to any one Employee. Bodily injury by disease does not include disease that results directly from bodily injury by accident.
 3. The Fund will not pay any claims for damages after the Fund has paid the applicable limit of its liability under this Agreement.

6. Exclusions, this coverage does not apply to:

- a) liability assumed under a contract, except with regard to a warranty that a Member's work will be done in a workmanlike manner;
- b) punitive or exemplary damages;
- c) bodily injury to an Employee while employed in violation of law by a Member's executive officers;
- d) any obligation imposed by workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
- e) bodily injury intentionally caused or aggravated by a Member, its officers, directors, or other persons serving in a supervisory capacity or which is the result of your engaging in conduct equivalent to an intentional tort; however defined, or other tortuous conduct, such that you lose your immunity from civil liability under the workers compensation laws;
- f) bodily injury, including death, occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to, or death of, a citizen or resident of the United States of America or Canada who is temporarily outside these countries if such death or injury arises out of, and in the course and scope of, the employee's employment by a Member;
- g) damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any Employee or any personnel practices, policies, acts or omissions;
- h) bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Nonappropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Health and Safety Act of 1969 (30 USC Sections 901-942), any other federal works or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;

- i) bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60) any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course and scope of employment, or any amendments to those laws;
- j) bodily injury to a master or member of the crew of any vessel;
- k) fines or penalties imposed for violation of federal or state law; and
- l) damages payable under the Migrant and Seasonal Agricultural Workers' Compensation Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulation issued there under, and any amendments to those laws.

7. Conditions. There will be no right of action against the Fund under this Agreement unless:

- a) the Member has complied with all the terms of this Agreement; and
- b) the amount the Member owes has been determined with the Fund's consent or by actual trial and final judgment. This coverage does not give anyone the right to add the Fund as a defendant in an action against a Member to determine the Member's liability.

8. Duties of Members

Each Member is obligated to:

- a) pay premiums when due and as determined by the Fund including allowing the Fund or its designated agents access to information necessary to determine the final premium;
- b) allow the Fund or the Administrator to visit its workplace(s) for purposes of assisting Members in operating in a manner which has the potential to result in lower premium rates; and
- c) to provide a safe workplace as defined by applicable law or the Fund.

Each Member is responsible for any payments in excess of the benefits regularly required by the Florida Workers' Compensation Law, including those required as a result of:

- a) a Member's willful or grossly negligent misconduct;
- b) a Member's employing an Employee whose employment is in violation of any local, state or federal law;
- c) a Member failing to comply with a health or safety law or regulation; or
- d) a Member discharging, threatening to discharge, coercing or otherwise discriminating against any Employee in violation of the Florida Workers' Compensation Law, or any other local, state or federal law. A Member shall promptly reimburse the Fund for any payments made on a Member's behalf, in excess of the benefits regularly provided by such law.

If injury occurs to one of the Member's Employees entitled, or potentially entitled, to benefits under this Agreement, the Member shall:

- a) provide for immediate medical and other services required by applicable law;
- b) promptly provide the Fund, the Administrator or its agents with the names and addresses of the injured persons and witnesses, and other information the Fund may need or require;
- c) provide the Fund the Administrator or its agents with all notices, demands and legal papers related to the injury, claim, proceeding or suit;
- d) cooperate with the Fund and assist the Fund, as the Fund may reasonably request, in the investigation, settlement or defense of any claim, proceeding or suit. No Member shall interfere with the Fund's right to recover payments from others nor shall any Member voluntarily make payments, assume obligations or incur expenses, except at the Member's own cost.

9. Workplace Access

The Fund has the right, but is not obligated, to inspect a Member's workplace at any time. The Fund's inspections are not safety inspections and they relate only to the insurability of the workplaces and the premiums to be charged for workers' compensation. The Fund may provide a Member with reports on the findings of such inspections, and the Fund may also recommend changes that are calculated to reduce risk and which reduce premium. The Fund does not undertake to perform the duty of any person to provide for the health or safety of a Member's Employees or the public. The Fund does not warrant that a Member's workplace is safe or healthful or that it complies with law, regulations, codes or standards. Consequently, neither the Fund nor the Administrator shall be held liable to any person as a direct or indirect result of safety reviews or inspections conducted under this provision. If the coverage period is longer than one year, all provisions regarding coverage will apply as though a new agreement were entered into on each annual anniversary that this Agreement is in force.

10. Coverage Definitions

- a) **Claims Expense** means the litigation cost, interest required by law on awards or judgments and claims investigation or legal expense which can be directly allocated to a specific claim. Claim expenses excludes: salaries and travel expenses of employees, annual retainers, overhead and any fees paid for claims administration.
- b) **Loss** means the amount actually paid by the Fund for regular benefits provided under the workers' compensation law in effect upon the date the accident or diseases exposure occurs. Loss includes:
 - (i) The amount paid by the Fund in settlement of claims for regular benefits under the workers' compensation law;
 - (ii) The amount paid by the Fund in satisfaction of awards or judgments for regular benefits under the workers' compensation law;
 - (iii) Court Costs, interest upon awards and judgments, and allocated investigation, adjustment and legal expenses pertaining to workers' compensation claims. This subparagraph 3 does not include:
 - (1) salaries paid to the Member's employees;
 - (2) service company fees;
 - (3) claims administrator fees.
- c) **Occurrence**
 - (i) Means each occurrence or series of occurrences arising out of any one event.
 - (ii) An occurrence is deemed to end 72 hours after the event commences. Each subsequent 72 hours is deemed to be a separate occurrence.
- d) **Workers' Compensation Law** includes occupational disease law. It includes any amendments to that law which are in effect during the term of the coverage agreement. It does not include the provisions of any law that provides non-occupational disability benefits.

11. **Cancellation** – Cancellation terms and conditions are in accordance with PGIT WC-013.

PREMIUM CONTRIBUTION

Each Member shall be individually responsible for paying premiums as provided herein. All premiums for the coverage described in this Agreement will be determined by the Fund's rules, rates, rating plans and classifications. The Fund may change its rules, rates, rating plans and classifications and apply the changes to this coverage.

1. Classifications

The Information Page shows the rate and premium basis for applicable work classifications. A Member's classification is assigned based on an estimate of the exposures of the Member during the coverage period. If the Member's actual exposures are not properly described by those classifications, the Fund will assign proper classifications, rates and premium basis with notification to the Member.

2. Premium

Premium for each classification is determined by multiplying a rate by a premium basis. Remuneration is the most common premium basis. This premium basis includes a payroll and all other remuneration, as defined by applicable Florida Workers' Compensation Law, paid or payable during the applicable period for the services of:

- a) all the Member's Employees engaged in work coverage by this Agreement; and
- b) all other persons engaged in work that could make the Fund liable for the workers' compensation coverage provided by this Agreement. If the Member does not have the payroll records for these persons, the contract price may be used as a premium basis. This paragraph (b) will not apply if the Member gives the Fund proof that the employers of these persons lawfully secured their workers' compensation obligations.

3. Payment

Members shall pay all premiums when due. Failure to properly and timely pay premiums will result in appropriate legal action by the Fund. Should a legal cause of action be filed to collect premiums due, it is agreed that proper venue is the county in which the office of the Administrator is located.

4. Final Premium Determination

The premium shown on the Information page, premium summary, schedules, and endorsements is an estimate. The final premium will be determined after each coverage period ends by using the actual premium basis, proper classifications, experience modifications and rates that lawfully apply to the Member covered by this Agreement. If the final premium is more than the premium a Member has paid to the Fund, the Member must pay the Fund the balance. If the final premium is less than the premium a Member has paid to the Fund, the Fund will refund or credit the balance to the Member. The final premiums will not be less than the highest minimum premium for the governing classification covered by this Agreement. If this Agreement is canceled, final premium will be determined subject to the applicable Florida Workers' Compensation Law.

5. Records

The Member will keep records needed to compute premium and will provide the Fund with copies of those records upon request. Additionally, the Member will permit the Fund to examine and audit all of the Member's records that relate to this Agreement, including ledgers, journals, payroll and disbursement records, and programs for storing and retrieving data. The Fund may conduct the audits during regular business hours during the coverage period and within three years after the coverage period ends. Information developed by audit will be used to determine the final premium. The Administrator as well as insurance rate service organizations have the same rights as the Fund under this provision.

6. Member's Continuing Obligation to Pay Premiums

A Member's failure to pay the full amount of a premium that is due shall be default of their obligation under this Agreement. The default of any Member, or group of Members, shall not relieve any other Member of its obligation to pay premiums as they become due.

In the event of a Member's default, the Board of Trustees or the Administrator may take any lawful action to protect the Fund from loss. If suit is brought against the defaulting Member, the defaulting Member shall be liable to the Fund for the costs of collection, including but not limited to audit costs, court costs and attorneys' fees. The Board of Trustees, or the Administrator acting under the Administrative Agreement, may terminate a defaulting Member.



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE AGREEMENT
SCHEDULE OF OPERATIONS**

Named Covered Party: Gateway Services Community Development District 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Coverage Provider Preferred Governmental Insurance Trust P.O. Box 958455 Lake Mary, FL 32795-8455
Agreement No.: WC FL1 0364440 24-06	Carrier No.: 38849
OTHER WORKPLACES	
Gateway Services Community Development District 11922 Fairway Lakes Dr., Suite #1 Fort Myers, FL 33913	



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE AGREEMENT
PREMIUM DISCOUNT ENDORSEMENT**

Named Covered Party:

Gateway Services Community Development District

11922 Fairway Lakes Dr. Suite #1

Fort Myers, FL 33913

Coverage Provider

Preferred Governmental Insurance Trust

P.O. Box 958455

Lake Mary, FL 32795-8455

Agreement No.: WC FL1 0364440 24-06

Carrier No.: 38849

The premium for this Coverage Agreement and the Agreements, if any, listed in item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in item 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

Schedule

Estimated Eligible Premium

1.

State	First	Next	Next	Balance
FL	\$10,000	\$190,000	\$1,550,000	
	-	9.1%	11.3%	12.3%

2. Average percentage discount:

3. Other coverage agreements:

4. If there are no entries in items 1,2, and 3, of the schedule see the Premium Discount Endorsement Attached to your agreement number:

This endorsement changes the agreement to which it is attached and is effective on the date issued unless otherwise stated. **(The information below is required only when this endorsement is issued subsequent to preparation of the agreement)**

Countersigned by : 



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE AGREEMENT
CONTINGENT EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT**

Named Covered Party: Gateway Services Community Development District 11922 Fairway Lakes Dr. Suite #1 Fort Myers, FL 33913	Coverage Provider Preferred Governmental Insurance Trust P.O. Box 958455 Lake Mary, FL 32795-8455
Agreement No.: WC FL1 0364440 24-06	Carrier No.: 38849

The premium for this coverage agreement will be adjusted by an experience rating modification factor. The factor shown in the schedule is a Contingent Experience Rating Modification Factor based on the appropriate experience data available and replaces any prior experience modification factor. We will issue an endorsement to show a revised factor if appropriate additional experience data becomes available. The contingent factor will apply unless a revised factor is subsequently issued.

Schedule

Experience Rating Modification Factor: 1.12

Experience Rating Effective Date: 10/01/2024

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy)

Countersigned by : 



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE AGREEMENT
NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

Named Covered Party:

Gateway Services Community Development District
11922 Fairway Lakes Dr. Suite #1
Fort Myers, FL 33913

Coverage Provider

Preferred Governmental Insurance Trust
P.O. Box 958455
Lake Mary, FL 32795-8455

Agreement No.: WC FL1 0364440 24-06

Carrier No.: 38849

Experience rating is mandatory for all eligible covered parties. The experience rating modification factor, if any, applicable to this coverage agreement, may change if there is a change in your ownership or in that one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the agreement to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the agreement)

Countersigned by : Margaret E. Jones



**WORKERS COMPENSATION AND EMPLOYERS LIABILITY
COVERAGE AGREEMENT
FLORIDA EMPLOYMENT AND WAGE INFORMATION RELEASE ENDORSEMENT**

Named Covered Party:

Gateway Services Community Development District
11922 Fairway Lakes Dr. Suite #1
Fort Myers, FL 33913

Coverage Provider

Preferred Governmental Insurance Trust
P.O. Box 958455
Lake Mary, FL 32795-8455

Agreement No.: WC FL1 0364440 24-06

Carrier No.: 38849

This coverage agreement requires you to release certain employment and wage information maintained by the State of Florida pursuant to federal and state unemployment compensation laws except to the extent prohibited or limited under federal law. By entering into this coverage agreement, you consent to the release of the information. We will safeguard the information and maintain its confidentiality. We will limit use of the information to verifying compliance with the terms of the agreement.

This endorsement changes the agreement to which it is attached and is effective on the date issued unless otherwise stated. **(The information below is required only when this endorsement is issued subsequent to preparation of the agreement)**

Countersigned by : 



WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE AGREEMENT

Florida Cancellation and Nonrenewal Endorsement

1. Cancellation

- a) You may cancel this policy by giving a written request to us stating when the cancellation is to take effect. If you do not specify the cancellation effective date in your written request, the cancellation is effective on the date of your written request. The Fund is not required to send notice of cancellation to you if you requested the cancellation in writing. Any retroactive assumption of coverage and liabilities under this policy may not exceed 21 days.
- b) The Fund may cancel this policy by giving the Member written notice of cancellation, including in the written notice the reason or reasons for the cancellation.
 - (i) The Fund must give at least 10 days' written notice prior to the effective date of cancellation when the cancellation is for nonpayment of premium.
 - (ii) The Fund must give at least 30 days' written notice prior to the effective date of cancellation when the policy has been in effect for 60 days or less, and the policy is cancelled for reasons other than nonpayment of premium, except where there has been a material misstatement or misrepresentation or failure to comply with our underwriting requirements, then at least 45 days' written notice is required.
 - (iii) The Fund must give at least 45 days' written notice prior to the effective date of cancellation when the policy has been in effect for 61 days or more. The Fund may cancel the policy only when there is
 - (1) a material misstatement
 - (2) a nonpayment of premium
 - (3) a failure to comply with our underwriting requirements that the Fund established within 60 days of the effective date of coverage
 - (4) a substantial change in the risk covered by the policy, or
 - (5) a cancellation for all members under such policies for a given class of members
- c) If The Fund decides not to renew this policy, The Fund must give the Member written notice of nonrenewal at least 45 days prior to the expiration date of the policy. The written notice will state the reasons for the nonrenewal.
- d) If The Fund fails to provide written notice of cancellation or nonrenewal to the Member within the required time frame, the coverage provided to the Member under this policy will remain in effect until 45 days after the notice is given or until the effective date of replacement coverage obtained by the Member, whichever occurs first. The premium for the coverage will remain the same during any such extension period except that, in the event of failure to provide notice of nonrenewal, if the rate filing then in effect would have resulted in a premium reduction, the premium during such extension of coverage must be calculated based upon the later rate filing.
- e) The policy period will end on the day and hour stated in the cancellation notice.
- f) Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

This endorsement changes the policy to which it is attached and is effective on the date issues unless otherwise stated.

Countersigned by



CLAIM NOTICE

Please notify:

Preferred Governmental Claim Solutions

P.O. Box 614004

Orlando, FL 32861-4004

Toll Free: 1-800-237-6617

Local: 321-832-1400

Fax : 1-321-832-1717

www.pgcs-tpa.com

There are four ways to report a claim:

- **24/7 Online @ www.pgcs-tpa.com , you must register for this service on the website**
- **Call 800-237-6617 - during office hours of 8am to 5pm Monday through Friday**
- **Fax 321-832-1448**
- **Email to wcclaims@pgcs-tpa.com**



Professionally administered by Public Risk Underwriters of Florida



Insurance Solutions for Public Entities



Public Risk Underwriters of Florida

PRU of FL is the administrator for Preferred and oversees the day to day operations of the Trust. PRU of FL provides underwriting, loss control, marketing and accounting services.

Contact:

- Underwriting - Margaret Gross 321-832-1506
- Operations – Sarah Fugate 321-832-1451
- Marketing – Kurt Heyman 321-832-1455

AmeriSys

AmeriSys provides superior medical management programs which focus on getting employees back to work and reducing costs. AmeriSys works closely with PGCS from the onset of the claim for a seamless claim process.

AmeriSys Services:

- Field Nurse Case Management
- Telephonic Nurse Case Management
- Cost Containment/ Medical Bill Review
- Provider Network Access
- Pharmacy Benefit Management Services
- Cardiac Care Badge Program

Contact: Jon Barro Salas, Program Manager
321-832-1709/ jbarrosalas@pgcs-tpa.com

Preferred Governmental Claims Services

Preferred's claims administrator is PGCS. With more than 25 years of claims experience, PGCS is Florida's foremost governmental third-party administration company. The cornerstones of our claims administration are communication, quick access and sound return-to-work policies.

Report a Preferred Claim

Workers' Compensation:

- Phone: 800-237-6617 (24/7 claim reporting)
- Fax: 321-832-1448
- Online: www.pgcs-tpa.com (registration required)
- Email: WCclaims@pgcs-tpa.com

Liability & Property:

- Phone: 800-237-6617
- Fax: 321-832-1448
- Online: www.pgcs-tpa.com (registration required)
- Email: Liabilityclaims@pgcs-tpa.com
- Hurricane claims: Hurricane@pgcs-tpa.com

Engle Martin works closely with PGCS to provide field adjusting services on all property claims.

Report Worker's Compensation Fraud: PGCS maintains a Special Investigative Unit (SIU) to pursue fraudulent claims. All calls are strictly confidential.

- Phone: 833-FRAUD74 (833-372-8374)

Deadly Weapon Event: 24 hr. Crisis Management Response

860-677-3790 – CrisisRisk Strategies LLC

Loss Control Services Provided by Public Risk Underwriters of Florida

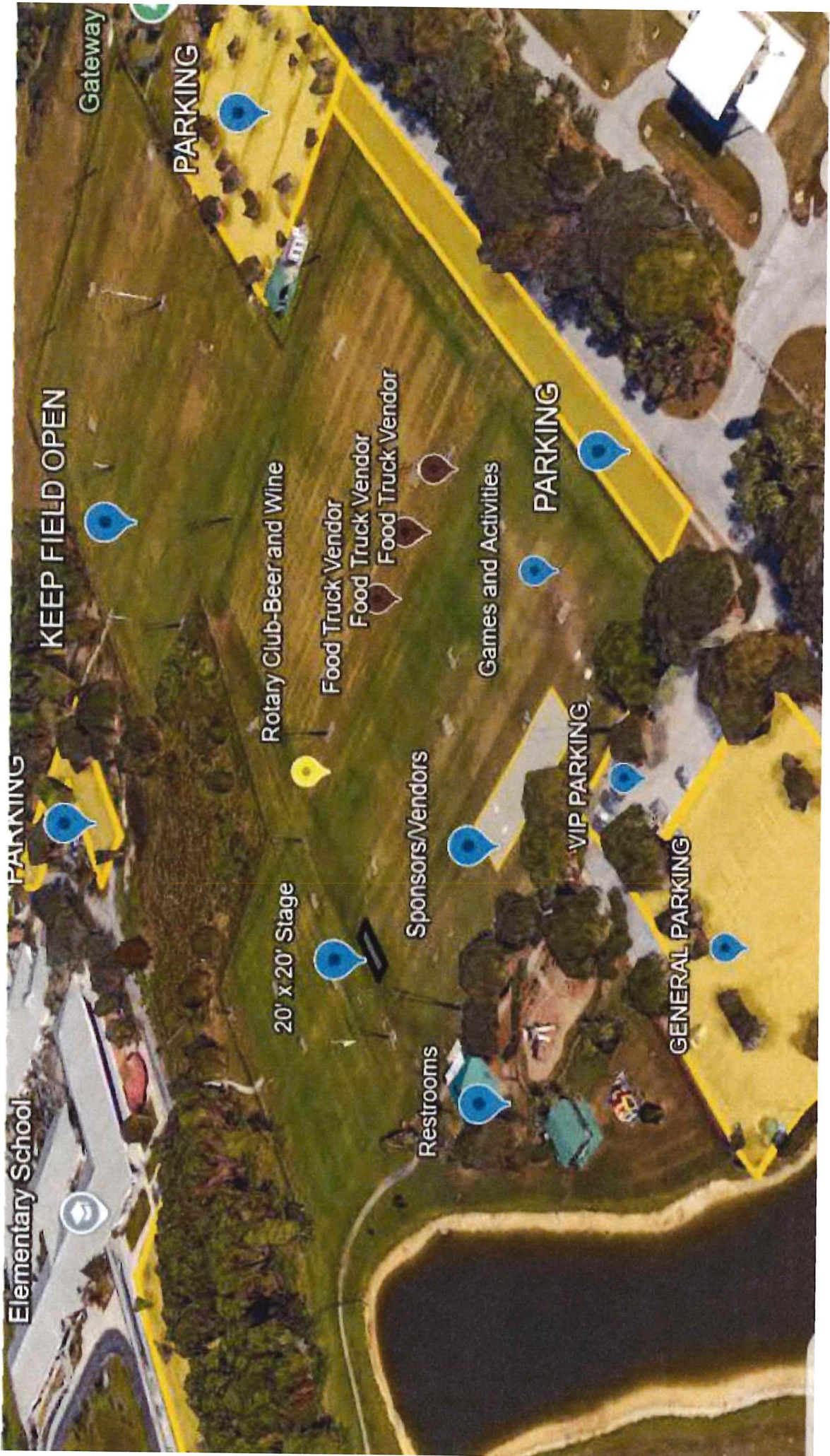
As a Member of Preferred you are encouraged to take advantage of the many Loss Control and Risk Management services available to you at no cost. We provide onsite consultations, onsite training, the Preferred TIPS Matching Grant program, an online training platform with over 600 courses available and a streaming video library with over 600 easy to access training videos. If you have any questions regarding any kind of safety, loss control and/ or risk management issue, please do not hesitate to contact your Preferred Loss Control Consultant.

Southeast Region: Chris Kittleson, Director of Loss Control Technical Services / Cell: 321-525-0353 / email: ckittleson@publicrisk.com

Southwest Region: Pam Hancock, Senior Safety & Risk Management Consultant/ Cell: 321-960-3432/ email: phancock@publicrisk.com

Panhandle & Central Region: Mike Marinar, Director of Member Services/ Cell: 407-725-6858/ Office: 321-832-1473/ email: mmarinar@publicrisk.com

Support: Mike Stephens, Senior Loss Control Specialist/ Office: 321-832-1658/ email: mstephens@publicrisk.com



Elementary School

PARKING

KEEP FIELD OPEN

Gateway

PARKING

Rotary Club-Beer and Wine

20' x 20' Stage

Food Truck Vendor

Food Truck Vendor

Food Truck Vendor

Sponsors/Vendors

Restrooms

Games and Activities

PARKING

VIP PARKING

GENERAL PARKING

