

#### **EVENT PERMIT**



Ordinance 17-08

#### Lighthouse Methodist Church of Boca Grande Strawberry Festival

PERMIT NUMBER:

TMP2025-00057

Date(s) of Event:

March 1, 2025

Property Owner:

LEE COUNTY ROW

Applicant:

Amy Mitchell 248-798-3236

Description:

Strawberry Festival March 1, 2025 from 9:00AM-2:00PM.

Location of event:

300 - 365 ROW 3RD ST

3rd Street Lee County Right of Way.

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

#### Permit Conditions:

- \* Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- \* The premises is to be left in the same condition as it was prior to the event.
- \* The permit is to be readily available for inspection during the entire event.
- \* If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date

ftmpprmt\_specialevent.rpt



### **Event Application**

**Special Event** 

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

LIGHTHOUSE METHODIST CHURCH OF BOCA GRANDE STRANBERRY FESTIVAL TmP2025-



#### **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   CENEDAL INI	CORMATION (All Demostr Towns)
Section I - GENERAL INF	ORMATION (All Permit Types)
Title of Event / Name of Production	Lighthouse Methodist Church of Boca Grande Strawberry Festial
Date(s) of Event / Production:	Saturday, March 1st
Location(s) of Event:	3rd Street between Gilchrest and Park Ave. Downtown Boca Grande
Name of Applicant:	Amy Mitchell
Applicant Address:	13085 Via Flaminia Placida, FL 33946
Applicant Phone Number:	2487090832
Contact Person: (If different from applicant)	Jason Wickman (husband)
Contact Phone Number: (If different from applicant)	248.798.3236
Email Address:	jasonwi@live.com
Estimated Attendance:	300-400
Event Description: Include each activity, when activities take place, etc.	The Strawberry Festival will open at 9am and run through 2pm. Setup will take place before (as early as Friday morning) and cleanup/take down will happen after(as late as Sunday)
Hours of Operation:	8am-4pm, Saturday (Friday Setup, Sunday Take down)
STRAP # of Parcel:	
Owner of Premises*:	Lee County Road

<sup>\*</sup>Notarized statement from the property owner specifically consenting to the proposed use required.



What is the Zoning Classification of the	premises? partiai residentia	il, partial commercial
Are any temporary structures to be insta	alled for the event? 🗵 Yes 🗀 No	Type: 2 Tents (20x200), (20x30)
Do you have the appropriate permits for	the temporary structures?	⊠ Yes  □ No
* For a 'Special Event' and 'Use of Countidentified, including all parking areas.		
	AON Risk Services, In	c. of Florida
Note: Certificate of Insurance must be submitted	at time of application	
Surety Company Bonding this Event (Na	me and Address): 356926 Boca Grande UN	MC PO Box 524 Boca Grande, FL 33921
Will Vehicles be Used as Part of This Event?	Will Food be Available at this Event?	Will Alcoholic Beverages be served/consumed at this Event?
☐ Yes	Yes No	Yes 🔀 No
If yes, automobile coverage must be included on the certificate of insurance.	If yes, products liability coverage must be included on the certificate of insurance.	If yes, liquor liability coverage must be included on the certificate of insurance.
Name & Address of Organization Lig Providing Food:	hthouse United Methodist Church, 325 V	/. 3rd St. Boca Grande, Fl
Type of Food being Served: Hot Dogs	Bratworst, Chips and Can Drinks	and Strawberry Shortcake
Section II - USE OF COUNTY PR	OPERTY PERMIT	
Organization Sponsoring the Event: Li	ghthouse United Metho	odist Church
Section III - SALE/CONSUMPTI	ON OF ALCHOLIC BEVERAGES P	ERMIT
Is alcohol being sold/consumed on Coun	tv Property?	Vee Ne
if Yes, then a "Lee County Alcohol Permit" is required. C		Yes No Property.
Non-profit certificate/registration numb (Required if alcohol is to be <u>SOLD</u> at the event)	er:	
Please note: A permit from the State of Florida Di	vision of Alcoholic Beverages and Tobacco may a	so be required; please call (239) 344-0885 for



Type of Production (choose all that apply):							
TV Movie or Special TV	Series / Pilot	Γ	TV Comme	rcial	Γ	Still Photos	
Public Service Announcement Indu	ustrial / Documentary	Γ	Other:				
Will any of the following be needed or inclu	ded*?						
Street Closure			X Yes	Г	No		
Traffic / Crowd Control			Yes	×	No		
Fire or Burning			Yes	X			
<b>Explosives or Pyrotechnics</b>			Yes		No		
Animals, Large or Small	* *		Yes	×	No		
Construction of Any Kind	20 1 20 1		Yes	区	No		
Large and/or Numerous Vehic	cles		Yes	IX	No		
Helicopters, Boats, etc.			Yes	X	No		
Stunts			Yes	X	No		
Other			☐ Yes	X	No		
Special Parking Requirements:							
N/A - normal parking downtown Bo City or County Services Required: (Person			.)				
The following information is required for to the industry. If exact figures are not availal	ocal and state records of ble, please estimate as	on pro	eduction in I ly as possibl	Florida e.	to tr	ack the econo	mic impact of
Number in Cast:	Number in Crew:		Num	ber of	locals	hired:	
Total budget:	Estimate amount spe	nt in Le	e County:				
Hotel room nights:	Number of shooting of	lays:	_				
number of reamen and be a first	1.4		_	-	-		



#### **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.



#### **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.

Signature of Applicant

Witness

Print Name of Applicant and Title

Print Name of Witness

2,7,2023

Date

Date



#### LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

Check the appropri	ate box(es) below:
SPECIAL EV	ENT PERMIT
USE OF CO	UNTY PROPERTY PERMIT
PERMIT TO	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	
	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LICANT TO COMPLY WITH FOR THEIR EVENT.
Parking:	All parking for event will be in authorized areas only & will not impede the normal flow of traffic.
Deputies (How Many?):	Two (2) extra duty detail deputies will be required to shut down both ends of 3rd street between Gilchrest and Park St.
Fee for Services:	Contact Details Unit 239-477-1171 for further information.
Special Arrangements:	Extra duty detail deputies will not only assist with road closures, but will also be present for pedestrian crossings and overall public safety. Deputies will be present just before the road closes and will remain on site until event concludes.
	Print Name: Pannins
	Signature:
	Title: Support Services
	Date: 2 13 25



#### **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

	DUNTY PROPERTY PERMIT
	SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ли
AFTER REVIEWING THE A ORGANIZATION WILL RE	APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.
Fire Guards (How Many?)	B
Fee for Services:	6
Flammable Vegetation:	$\not$
First Aid Equipment:	A second
Fire Extinguishing:	Ø
Special Arrangements:	all Ill if you have an emergence two would be great if we could have a firstruck to block off the 3rd st.
	hate entercement (LCSO) Shoul provide trustic control
	Print Name: Sosse
	Signature:
	Title: Fire Chief
	Date: 2/14/2005
Fire Guards (How Many?)  Fee for Services:  Flammable Vegetation:  First Aid Equipment:  Fire Extinguishing:	QUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.  All 911 if you have an emergency It would be great if we could have a firstruck to block off the 3rd st.  Late enforcement (LCSO) Shoul provide truther  Print Name:  Signature:  Title:  Fire Chief

Page |7



## EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

Check the appropria	rte box(es) belov	w:
SPECIAL EV	ENT PERMIT	
USE OF CO	UNTY PROPERTY P	PERMIT
PERMIT TO	SELL AND CONSU	ME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	1IT	
		ASE INDICATE BELOW WHAT ARRANGEMENTS YOUR CANT TO COMPLY WITH FOR THEIR EVENT.
Treatment Facilities:	None necessary.	
Medical Personnel:	None necessary.	
Medical Supplies / Equipment:	None necessary.	
Safety Requirements:		llow all CDC and FDOH directives, and the Florida Governor's Executive health and safety.
Fee for Services	Not applicable.	
Special Arrangements:	Please call 911 in to office at EMSDetail	the event of an emergency. To arrange special event coverage, contact our l@leegov.com.
	Print Name:	B. Scott Roy
	Signature:	T. ddb gy
	Title:	Captain, EMS Operations
	Date:	2-24-25



#### DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

Check the appropr	iate box(es) be	low:
SPECIAL E	VENT PERMIT	
USE OF CO	DUNTY PROPERTY	PERMIT
PERMIT TO	SELL AND CONS	UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
FILM PERM	ИIT	
AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATI		
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Parking:	No event parking i	s permitted in Lee County maintained road right of ways.
Ingress and Egress:	Please use all esta	plished means of ingress and egress.
Special Arrangements:		nty Sheriff's Office and Boca Grande FD for assistance with traffic control as needed.
	County maintained	access and public vehicular access shall be maintained on all surrounding Lee droads.
	1 - 11	
	Drint Name	Nathan Thoman
	Fillit Name.	
	Signature:	Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2025,02.24 06:11:27 -05'00'
	Title:	Project Manager
	Date:	02/24/2025



#### LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

Check the appropri	iate box(es) be	rlow:	
******	OUNTY PROPERT OSELL AND CONS	Y PERMIT SUME ALCOHOLIC BEVERAGES WITHIN LEE COUNT	Y FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS PLY WITH FOR THEIR EVENT.	YOUR ORGANIZATION
Illumination:	N/A		
Parking Areas:	N/A		
Special Arrangements:	N/A - Event is not o	on Parks and Rec property and will not affect county park o	perations or programs.
	Print Name: Signature:	Colleen Via	
	Title:	Countywide Services Manager	•
	Date:	2/10/2025	
Noton Park Prop	<b>&gt;</b> •		
Boca Stranber 3/1	o Fest		
3/1	12025	Page  10	



# LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4<sup>TH</sup> FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

Check the appropriate box(es) below:

⊠  SPECIAL EVE  ⊠  USE OF COU  □  PERMIT TO S  □  FILM PERMI	NTY PROPERTY ELL AND CONS	PERMIT  UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
		PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT.
Insurance Requirements:	occurrence to pr aforementioned Certificate Must Lee County, a po and public officia with regard to go	eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County.  Read As:  ditical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogation eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability.
Special Arrangements:	political subdivis	nsurance shall be submitted as evidence of the required coverage listing Lee County, a sion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above. of insurance.
	Print Name: Signature: Title: Date:	Mike Figueroa  This frame  Risk Program Manager  February 10, 2025



DATE(MM/DD/YYYY) 01/14/2025

CERTIFICATE OF LIABILITY INSURANCE 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 356926 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(les) must have ADDITIONAL INSURED provisions or be endorsed. Holder Identifier: 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 CONTACT Aon Risk Services, Inc of Florida AC. No. Exil: (866) 283-7122 (AC. No.): 800-363-0105 4010 W. Boy Scout Boulevard Suite 200 Tampa FL 33607 USA E-MAIL INSURER(S) AFFORDING COVERAGE MAURED INSURER A: The Princeton Excess & Surp Lines Ins Co 10786 356926 BOCA GRANDE UMC INSURER B PO BOX 524 Boca Grande FL 33921 USA INSURER C: INSURER D INSURER E INSURER F: 570110473646 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, Limits shown are as requested (MWDD/YYY) (MWDD/YYYY) 船級 INSR TYPE OF INSURANCE POLICY NUMBER LIMITS N2A3RL000001715 X CONNERCIAL GENERAL LIABILITY 12/31/2024 12/31/2025 \$1,000,000 EACH OCCURRENCE SIR applies per policy terms & conditions DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 X OCCUR CLAIMS-MADE \$10,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENT AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE \$5,000,000 X POLICY PRO-\$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 Sex Abuse/Molestation COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY ( Per person) ANY AUTO BODILY INJURY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE CLAIMS-MADE DED RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER (Mendelory In NH) E.L. EACH ACCIDENT NIA E.L. DISEASE-EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE-POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Lee county Board of county commissioners, A Political subdivision and charter county of the State of Florida, its agents, employees and public officials is included as Additional Insured in accordance with the policy provisions of the General Liability policy. OK 02/10/2025 CERTIFICATE HOLDER 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. Lee County Board of County Commissioners Attn: Christie Tvardek PO Box 398 Fort Myers FL 33902 USA AUTHORIZED REPRESENTATIVE Aon Piish Services Inc. of Florida

#### CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS

BE	RTIFICATE DOES NOT AFFIRMATIVE LOW. THIS CERTIFICATE OF INSU PRESENTATIVE OR PRODUCER, AND THE	RANCE	DOES NOT CONSTIT					
If	PORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to s certificate does not confer rights to the ce	the	terms and conditions	of the pol	icy, certain		IAL INSURED provisions require an endorsemen	
PRODL				SONIACT				
	Risk Services, Inc of Florida			PAISNE.		283-7122	FAX. No.3: 800-36	3_0105
	) W. Boy Scout Boulevard te 200					LOSTIEL	(AC. No.): 800-36	3-0103
	DA FL 33607 USA			EDANES	it			
					is.	(SURER(S) AFFO	RDING COVERAGE	NAIC#
NSUR				INSURER	a: The I	Princeton E	xcess & Surp Lines I	ns Co 10786
	926 BOCA GRANDE UMC BOX 524			INSURER	B;			
	Grande FL 33921 USA			INSURER	G:			
				INSURER	D:			
				INSURER	Ei			
				INSURER				
cov	ERAGES CERTI	FICATE N	UMBER: 570110473			DE	VISION NUMBER:	
CE	IS IS TO CERTIFY THAT THE POLICIES DICATED, NOTWITHSTANDING ANY REQU RTIFICATE MAY BE ISSUED OR MAY PERTAIN	IREMENT, I, THE INS	TERM OR CONDITION URANCE AFFORDED BY TO	OF ANY	CONTRACT B DESCRIBED	OR OTHER I HEREIN IS SUI	DOCUMENT WITH RESPEC BJECT TO ALL THE TERMS,	
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^	X COMMERCIAL GENERAL LIABILITY	Y	N2A3RL000001715 SIR applies per po	Jieu se		12/31/2025	W.011 0 0 0 W. 11 12 11 0 W	\$1,000,000
- 1	CLAIMS-MADE X OCCUR		STK Wbbiles ber bo	olicy ten	ns & conqi	Lions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
- [	_	- 1					MED EXP (Any one person)	\$10,000
		ļ	İ				PERSONAL & ADV INJURY	\$1,000,000
	GEN'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$1,000,000
	OTHER:						Sex Abuse/Molestation	\$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	
	AUTOROBILE ELADICS (						(Ea accident)	
	ANY AUTO						BODILY INJURY ( Per person)	
ı	OWNED AUTOS ONLY SCHEDULED						BODILY INJURY (Per socident)	<u> </u>
	HIRED AUTOS NULY						PROPERTY DAMAGE (Per accident)	
		_					EACH OCCURRENCE	
	UMBRELLA LIAB OCCUR							
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-	
	ANY PROPRIETOR / PARTNER /	N/A					E.L. EACH ACCIDENT	
	(Mandatory in NH)	- (					E.L. DISEASE-EA EMPLOYEE	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-POLICY LIMIT	
_						<u> </u>		
Lee emp]	RPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACOR COUNTY BOARD OF COUNTY COMMISSIC loyees and public officials is in pility policy.					ounty of the with the p	ne State of Florida, policy provisions of	its agents, the General  RE THE EXPIRATION VISIONS.
CER	TIFICATE HOLDER		C	ANCELLAT	ION			
						OVE DESCRIBED BE DELIVERED IN A	POLICIES BE CANCELLED BEFO ACCORDANCE WITH THE POLICY PRO	RE THE EXPIRATION VISIONS.
	Lee County Board of County Commissioners Attn: Christie Tvardek PO Box 398 Fort Myers FL 33902 USA				RESENTATIVE	حمر		
				Q	lon Pra	ish Sorv	ices Inc. of Fl	orida 💮



