

# **EVENT PERMIT**



Ordinance 17-08

# Boca Grande Woman's Club Dog Show

PERMIT NUMBER: TMP2024-00110

Date(s) of Event: April 6, 2024

Property Owner:

LEE COUNTY

Applicant:

Binney Fouts

16-225-0324

Description:

Dog show sponsored by the BG Woman's Club. There will be approximately 40-50 dogs

with their owners. A master of ceremonies will be awarding prizes for the dogs. on April

6, 2024 from 9:00AM until 1:00PM

Location of event:

131 - 135 1ST ST W, BOCA GRANDE, FL 33921

**Boca Grande Community Park** 

Will the event be attended by 1000 or more people?

Will the event be held on County Owned Property? Yes

Will there be alcohol consumed or sold at the event?

Will a bond be posted for this event?

#### 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

Boca Grande Woman's Club Dog Show

TMP2024-00110



# **Event Application**

# Check the appropriate box(es) below:

|  | $\overline{\mathbf{x}}$ | SP | ECI | AL | EV | 'EN | TF | ERN | Λľ |
|--|-------------------------|----|-----|----|----|-----|----|-----|----|
|--|-------------------------|----|-----|----|----|-----|----|-----|----|

USE OF COUNTY PROPERTY PERMIT

PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES

FILM PERMIT

| Section I - GENERAL INF  | ORMATION (All Permit Types)   |
|--|---|
| Title of Event / Name of Production  | Boca Grande Woman's Club Dog Show   |
| Date(s) of Event /<br>Production:  | Saturday, April 6th, 2024   |
| Location(s) of Event:  | Pavilion Stage and Community Center lawn  |
| Name of Applicant:   | Boca Grande Woman's Club  |
| Applicant Address:   | PO Box 65<br>Boca Grande, FL 33921  |
| Applicant Phone Number:  | 2162250324  |
| Contact Person:<br>(If different from applicant)                                 | Binney Fouts  |
| Contact Phone Number:<br>(If different from applicant)                           | 216-225-0324  |
| Email Address:   | binney.fouts3@gmail.com   |
| Estimated Attendance:  | 150   |
| Event Description:<br>Include each activity, when<br>activities take place, etc. | This is a dog show sponsored by the BG Woman's Club. There will be approximately 40-50 dogs with their owners. A master of ceremonies will be awarding prizes for the dogs. |
| Hours of Operation:  | 9:00am to 1PM   |
| STRAP # of Parcel:   | 14-43-20-01-00005.0010  |
| Owner of Premises*:  | Lee County  |

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



| What is the Zoning Classific   | cation of the premises              | POT ROW   |  |               |   |
|--|-------------------------------------|---|--|---------------|---|
| Are any temporary structur   | es to be installed for t            | he event?  ▼ Yes  | lo Type:   | Pop up        | tent  |
| Do you have the appropriat   | e permits for the tem               | porary structures?  | l⊠ ,   | 'es           | No  |
| * For a 'Special Event' and '<br>identified, including all parl              | Use of County Proper<br>king areas. | y' permit, submit a site pl   | an with all pro  | oposed fa     | cilities and activities                         |
| Insurance Company Insurir  | ng the Event: Italia                | no Insurance  |  |               |   |
| Note: Certificate of Insurance mu  | st be submitted at time of          | application   |  |               |   |
| Surety Company Bonding t   | his Event (Name and A               | Address):   |  |               |   |
| Will Vehicles be Used as I<br>Event?   | Part of This Will Fo                | od be Available at this Eve   |  |               | lic Beverages be<br>med at this Event?          |
| ┌ Yes ┌┬ 『   | lo                                  | ⊤ Yes     ▼ No  |  | ☐ Yes         | ▼ No  |
| If yes, automobile coverage included on the certificate of                   | 11 705,1                            | products liability coverage must<br>and on the certificate of insurance | ,  |               | ility coverage must be ertificate of insurance. |
| Name & Address of Organi<br>Providing Food:                                  | zation                              |   |  |               |   |
| Type of Food being Served  |                                     |   | m to the control of t |               |   |
| Section II - USE OF C Organization Sponsoring th                             |                                     |   | Club   |               |   |
| Section III - SALE/CO  | ONSUMPTION OF                       | ALCHOLIC BEVERAG  | SES PERIMI   | Т             |   |
| Is alcohol being sold/consu  |                                     | •   |  | es            | <br>No  |
| Non-profit certificate/regis<br>(Required if alcohol is to be <u>SOLD</u> at | 10.17                               | Д   |  |               |   |
| Please note: A permit from the S   | tate of Florida Division of A       | Icoholic Beverages and Tobacco  | may also be red  | quired; pleas | se call (239) 344-0885 for                      |

further details



| pe of Production (choose all that   | apply):  |   |   |   |         |
|---|--|---|---|---|---------|
| TV Movie or Special   | TV Series / Pilot  | TV Comme  | ercial                                  | Still Photos                            |         |
| Public Service Announcement   | Industrial / Documentary   | Other:  | *************************************** | *************************************** |         |
| ill any of the following be needed  | d or included*?  |   |   |   |         |
| Street Closure  |  | ☐ Yes   | ▼ No                                    |   |         |
| Traffic / Crowd Cont  | rol  | Yes   | ⊠ No                                    |   |         |
| Fire or Burning   |  | Yes   | ⊠ No                                    |   |         |
| Explosives or Pyrote  | chnics   | T Yes   | ⊠ No                                    |   |         |
| Animals, Large or Sn  | nall   | 🔀 Yes   | ☐ No                                    |   |         |
| Construction of Any   | Kind   | T Yes   | ⊠ No                                    |   |         |
| Large and/or Numer  | ous Vehicles   | Yes   | ⊠ No                                    |   |         |
| Helicopters, Boats, e   | tc.  | Yes   | ∏ No                                    |   |         |
| Stunts  |  | Yes   | ⊠ No                                    |   |         |
| Other   | •  | Yes   | ⊠ No                                    |   |         |
| * For any marked Yes, provide fu<br>As this is a dog show, th<br>be a master of ceremon<br>categories.  |  |   |   |   | re will |
| As this is a dog show, the bea master of ceremon categories.  Special Parking Requirements:   | er3e will be approximate   |   |   |   | re will |
| As this is a dog show, the bea master of ceremon categories.  | er3e will be approximate   |   |   |   | re will |
| As this is a dog show, the bea master of ceremon categories.  Special Parking Requirements:   | er3e will be approximate   | prizes to the                                   |   |   | re will |
| As this is a dog show, the bea master of ceremon categories.  Special Parking Requirements:   | er3e will be approximate   | prizes to the                                   |   |   | re will |
| As this is a dog show, the bea master of ceremon categories.  Special Parking Requirements:  N/A  City or County Services Required  N/A  The following information is required the industry. If exact figures are | er3e will be approximate lies who will be awarding decided and state records not available, please estimate a  | es, etc.) on production in s closely as possil  | Florida to tole.                        | r different                             |         |
| As this is a dog show, the be a master of ceremon categories.  Special Parking Requirements:  N/A  City or County Services Required  N/A  The following information is req  | er3e will be approximate lies who will be awarding dies will be awar | es, etc.)  on production in s closely as possil | e dogs fo                               | r different                             |         |
| As this is a dog show, the bea master of ceremon categories.  Special Parking Requirements:  N/A  City or County Services Required  N/A  The following information is required the industry. If exact figures are | er3e will be approximate lies who will be awarding decided and state records not available, please estimate a  | es, etc.)  on production in s closely as possil | Florida to tole.                        | r different                             |         |



#### SECTION 1 - 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

Binney Fouts, Dog Show

Print Name of Applicant and Title

January 19, 2024

Date

Dave Fouts

Print Name of Witness

January 19, 2024

Date

# DOG SHOW

sch

H 2 0

8' table Card table

judges



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

| Check the approprio   | ate box(es) belo                       | DW:   |
|-----------------------|--|---|
|                       | UNTY PROPERTY F<br>SELL AND CONSU      | PERMIT<br>IME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |
| AFTER REVIEWING THE   | APPLICATION, PL                        | EASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION<br>LY WITH FOR THEIR EVENT.                               |
| Parking:              | Parking for event                      | will be in authorized areas only & right-of-way must not be impeded.  |
| Deputies (How Many?): | None are require                       | d for this event.   |
| Fee for Services:     | None are require                       | d for this event.   |
| Special Arrangements: | According to the<br>All amplified soul | permit application no alcohol will be served during the event. nds must adhere to the Lee County Noise Ordinance. |
|                       | Print Name: Signature:                 | T. Cummins  |
|                       | Title:                                 | Commander   |
|                       | Date:                                  | 1 24 24   |



#### 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:

T SPECIAL EVENT PERMIT

**IX** USE OF COUNTY PROPERTY PERMIT

| FILM PERM                                  | IIT  |   |
|--|--|---|
| AFTER REVIEWING THE WILL REQUIRE THE APPLI | APPLICATION, F   | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| Fire Guards (How<br>Many?)                 | man ang kapang kabang salan salah  | None  |
| Fee for Services:                          |  | None  |
| Flammable Vegetation:                      |  | None  |
| First Aid Equipment:                       | energen state de state de state de professione en energe en en energe en   |   |
|  |  | None  |
| Fire Extinguishing:                        |  |   |
|  | MACON NEW TORS OF A STATE OF THE STATE OF TH | None  |
| Special Arrangements:                      |  | In case of emergency - Dial 911   |
|  | Print Name:<br>Signature:  | C.W. Blosser  |
|  | Title:   | Fire Chief  |
|  | Date:  | 1/16/2024   |



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

| Check the a | ppropriate | 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.

| None necessary.               |  |   |  |
|-------------------------------|--|---|--|
| None necessary.               |  |   |  |
| None necessary.               |  |   |  |
| Orders concerning             | health and safety, especially  |   |  |
| Not applicable.               |  |   |  |
|                               |  | To arrange special event co   | verage, contact our  |
| Print Name: Signature: Title: | Douglas B. Higgins  Captain, EMS Operations  | Digitally signed by Captain Douglas B.<br>Higgins<br>Date: 2024.01.27 13:14:19 -05'00'  |  |
|                               | None necessary.  None necessary.  Applicants shall fol Orders concerning people congregatir  Not applicable.  Please call 911 in toffice at EMSDetail  Print Name:  Signature: | None necessary.  Applicants shall follow all CDC and FDOH directly orders concerning health and safety, especially people congregating at the event.  Not applicable.  Please call 911 in the event of an emergency. office at EMSDetail@leegov.com.  Print Name: Douglas B. Higgins  Signature: Title: Captain, EMS Operations | None necessary.  Applicants shall follow all CDC and FDOH directives, and the Florida Governorm of the Covernorm of the Electron of the Covernorm of the Electron of the Covernorm of the Coverno |



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

| Check  | the  | annro | priate | hoxi | 105 | ) hel                                   | ow:  |
|--------|------|-------|--------|------|-----|---|------|
| CIICUN | LIIC | ирріс | prince |      | CJ, | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CVV. |

▼ SPECIAL EVENT PERMIT

| ,                     |                      | PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES   |
|-----------------------|----------------------|---|
|                       |                      | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION<br>LY WITH FOR THEIR EVENT.  |
| Parking:              | No event parking is  | s permitted in Lee County maintained road right of ways.  |
| Ingress and Egress:   | Please use all estab | olished means of ingress and egress.  |
| Special Arrangements: |                      | ty Sheriff's Office for assistance with traffic control as needed.<br>access and public vehicular access shall be maintained on all surrounding Lee<br>I roads. |
|                       | Print Name:          | Nathan Thoman   |
|                       | Signature:           | Nathaniel C. Thoman Digitally signed by Nathaniel C. Thoman Date: 2024.01.23 06:15:36 -05'00'   |
|                       | Title:               | Project Manager   |
|                       | Date:                | 01/23/24  |



# LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS, FLORIDA 33916 (239) 533-7275

| Check the appropria                          | ite box(es) belov  | w:   |   |
|--|--|--|---|
| ☐ SPECIAL EVI                                | ENT PERMIT<br>JNTY PROPERTY P<br>SELL AND CONSUI                 |  | ACILITIES                                 |
| AFTER REVIEWING THE<br>WILL REQUIRE THE APPI | APPLICATION, PL'<br>LICANT TO COMPL                              | EASE INDICATE BELOW WHAT ARRANGEMENTS Y<br>Y WITH FOR THEIR EVENT.   | OUR ORGANIZATION                          |
| Illumination:                                | N/A-This is a daytime  | e event.   |   |
|  |  |  |   |
| Parking Areas:                               | Confirm appropriate<br>parking attendance<br>clear for emergency | e parking areas with the site supervisor. Event organizer will<br>and traffic control devices and must ensure all emergency a<br>vehicles. | provide adequate<br>access and egress are |
| Special Arrangements:                        | Event organizer mu   | st clean up all debris from the event.   |   |
| Special Arrangements                         | 1  | ectators must disperse and leave the park area to seek safe s  | helter during lightning                   |
|  | Work with site supe  | ervisor for all event needs.   |   |
|  | Print Name:  | Colleen Via  |   |
|  | Signature:   | Collec Via   |   |
|  | Title:   | County Wide Services Manager   |   |
|  | Date:  | 1/25/2024  |   |
| Boca - Dos -<br>4/6                          | n Elwb<br>Show<br>Slowy  | 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: |
|-----------|-------------|--------|----------|
|-----------|-------------|--------|----------|

| circuit circ dipproprior |  |   |  |  |  |  |  |
|--------------------------|--|---|--|--|--|--|--|
| J⊠ SPECIAL EVE           | NT PERMIT  |   |  |  |  |  |  |
| ⋉ USE OF COU             | NTY PROPERTY   | PERMIT  |  |  |  |  |  |
| F PERMIT TO S            | ELL AND CONS   | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES  |  |  |  |  |  |
| FILM PERMI               | Γ  |   |  |  |  |  |  |
|                          |  | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATIO<br>LY 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 I   | Read As:  |  |  |  |  |  |
|                          | and public officia<br>with regard to ge  | litical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogatio 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, ion 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.  |  |  |  |  |  |
|                          | Subject to proof   | of insurance.   |  |  |  |  |  |
|                          |  |   |  |  |  |  |  |
|                          | Print Name:  | Mike Figueroa   |  |  |  |  |  |
|                          | Signature:   | This frim-  |  |  |  |  |  |
|                          | Title:   | Risk Program Manager  |  |  |  |  |  |
|                          | Date:  | March 5, 2024   |  |  |  |  |  |
|                          |  |   |  |  |  |  |  |



#### CERTIFICATE OF LIABILITY INSURANCE

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

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

| thi   | s certificate does not confer rights  | to the            | cert        | ificate holder in lieu of s | uch en  | dorsement(s                                | )                          | -                                   |              |         |            |  |
|---|---|-------------------|-------------|-----------------------------|---|--|----------------------------|-------------------------------------|--------------|---------|------------|--|
| PROD  | UCER  |                   |             |                             | CONTA-  | ст Will Mad                                |                            |                                     |              |         |            |  |
| East Main Street Insurance Services, Inc.   |   |                   |             |                             | PHONE (A/C, No, Ext): (530) 477-6521 FAX (A/C, No): |  |                            |                                     |              |         |            |  |
| Will Maddux   |   |                   |             |                             |   | E-MAIL<br>ADDRESS: info@theeventhelper.com |                            |                                     |              |         |            |  |
| PO Box 1298   |   |                   |             |                             |   | INSURER(S) AFFORDING COVERAGE NAI          |                            |                                     |              |         |            |  |
| Grass Valley CA 95945   |   |                   |             |                             | INSURER A: Evanston Insurance Company               |  |                            |                                     |              | 35378   |            |  |
| INSU  | ED  |                   |             |                             | INSURER B:  |  |                            |                                     |              |         |            |  |
|   | Boca Grande Woman's Club  | )                 |             |                             | INSURER C:  |  |                            |                                     |              |         |            |  |
|   | c/o Julie Newell, Treasurer   |                   |             |                             | INSURER D:  |  |                            |                                     |              |         |            |  |
| PO Box 65, PO Box 65  |   |                   |             |                             |   |  |                            |                                     |              |         |            |  |
| Boca Grande   |   |                   | FL 33921    |                             |   | INSURER E:                                 |                            |                                     |              |         |            |  |
| CO  |   | RTIFICATE NUMBER: |             |                             | INSURER F :   |  |                            |                                     |              |         |            |  |
| TH<br>INI<br>CE<br>EX   | 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<br>LTR   | TYPE OF INSURANCE   | ADDL              | SUBR<br>WVD | POLICY NUMBER               |   | POLICY EFF<br>(MM/DD/YYYY)                 | POLICY EXP<br>(MM/DD/YYYY) |                                     | LIMITS       | 3       |            |  |
|   | COMMERCIAL GENERAL LIABILITY  |                   |             |                             |   |  | \                          |                                     |              | \$ 1,00 | 00,000     |  |
|   | CLAIMS-MADE X OCCUR   |                   |             |                             |   |  |                            | DAMAGE TO RENTI<br>PREMISES (Ea occ |              | \$ 100  | ,000       |  |
|   | Host Liquor Liability   |                   |             |                             |   |  |                            | MED EXP (Any one                    |              | \$ 5,00 | 00         |  |
| Α   | Retail Liquor Liability   | Υ                 | N           | 3DS5475-M3294493            |   | 04/06/2024                                 | 04/07/2024                 | PERSONAL & ADV I                    | INJURY       | \$ 1,00 | 00,000     |  |
| Ì   | GEN'L AGGREGATE LIMIT APPLIES PER:  |                   |             |                             |   | 12:01 AM                                   | 12:01 AM                   | GENERAL AGGREG                      | SATE         | \$ 2,00 | 00,000     |  |
|   | PRO-<br>JECT LOC  |                   |             |                             |   |  |                            | PRODUCTS - COMP                     | P/OP AGG     | \$ 2,00 | 00,000     |  |
|   | OTHER:  |                   |             |                             |   |  |                            | Deductible                          | - 1          | \$ 1,00 | 00         |  |
|   | AUTOMOBILE LIABILITY  |                   |             |                             |   |  |                            | COMBINED SINGLE<br>(Ea accident)    | LIMIT        | \$      |            |  |
|   | ANY AUTO  |                   |             |                             |   |  |                            | BODILY INJURY (Pe                   | er person)   | \$      |            |  |
|   | OWNED SCHEDULED AUTOS ONLY AUTOS  |                   |             |                             |   |  |                            | BODILY INJURY (Pe                   | er accident) | \$      |            |  |
|   | HIRED NON-OWNED   |                   |             |                             |   |  |                            | PROPERTY DAMAG<br>(Per accident)    | SE SE        | \$      |            |  |
|   | AUTOS ONLY AUTOS ONLY   |                   |             |                             |   |  |                            | (Fer accident)                      |              | \$      |            |  |
|   | UMBRELLA LIAB OCCUR   |                   |             |                             |   |  |                            | EACH OCCURRENCE                     | CE.          | \$      |            |  |
|   | EXCESS LIAB CLAIMS-MADE   | -                 |             |                             |   |  |                            | AGGREGATE                           |              | \$      |            |  |
|   | DED   RETENTION\$   | 1                 |             |                             |   |  |                            | NOCKLONIE                           |              | \$      |            |  |
|   | WORKERS COMPENSATION  |                   |             |                             |   |  |                            | PER<br>STATUTE                      | OTH-<br>ER   | Ψ       |            |  |
| AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/PARTNER/EXECUTIVE  Y/N  |   |                   |             |                             |   |  |                            | E.L. EACH ACCIDE                    |              | \$      |            |  |
| OFFICER/MEMBEREXCLUDED? (Mandatory in NH)   |   | N/A               |             |                             |   |  |                            | E.L. DISEASE - EA                   |              | \$      |            |  |
| If yes, describe under DESCRIPTION OF OPERATIONS below  |   |                   |             |                             |   |  |                            | E.L. DISEASE - POL                  |              | \$      |            |  |
|   | DESCRIPTION OF OF ENAMONS BEIOW   |                   |             |                             |   |  |                            | E.E. BIOLAGE - 1 OF                 | JOT LIVIT    | Ψ       |            |  |
|   |   |                   |             |                             |   |  |                            |                                     |              |         |            |  |
| 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 MEGL 2217 01 19. Attendance: 150, Event Type: Dog Show. Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds. The certificate holder is an additional insured  OK 03/05/2024 |   |                   |             |                             |   |  |                            |                                     |              |         |            |  |
| CEF   | TIFICATE HOLDER   |                   |             |                             | CAN   | CELLATION                                  |                            |                                     |              |         |            |  |
| Lee County  |   |                   |             |                             |   |  |                            |                                     |              |         | ·          |  |
| a political subdivision and   |   |                   |             |                             |   |  |                            | ESCRIBED POLICE                     |              |         |            |  |
| Charter County of the   |   |                   |             |                             |   |  |                            | EREOF, NOTICE<br>Y PROVISIONS.      | WILL B       | E DEI   | LIVERED IN |  |
| State of Florida  |   |                   |             |                             |   | W  |                            |                                     |              |         |            |  |
| it's agents, employees, and public officials  AUTHORIZED REPRESENTATIVE   |   |                   |             |                             |   |  |                            |                                     |              |         |            |  |
| P.O. Box 398  |   |                   |             |                             |   | Will Maddings                              |                            |                                     |              |         |            |  |
| Fort Myors EL 33002   |   |                   |             |                             |   | I NM Madding                               |                            |                                     |              |         |            |  |

Fort Myers

FL 33902



#### **EVANSTON INSURANCE COMPANY**

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 FORM

#### **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 P.O. Box 398 Fort Myers, FL 33902 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |

- **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 of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph **1.** or **2.** of Section **II** Who Is An Insured:
  - 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.