



Contractor/Vendor Gate Access Document Registration Procedures

Uploading required registration documents:

1. Once you have informed Fisher Island Community Associations Public Safety Department of your intent to register, you will be issued a "User name and Password".
2. Log on to www.gateaccess.net
3. Use drop down box to select community code FICA
4. Enter your user name
5. Enter your password
6. Log on
7. Select browse to locate your document to be uploaded. (Please note, not all available sections apply to your project. If you are unsure please contact Public Safety Department)
8. Select Upload
9. If you would like to view your PDF upload to ensure it has uploaded properly, select view PDF
10. Additional uploads required are State license, Business Tax receipts, and project contracts and any other applicable items that may pertain to you. **(Please ask)**

Adding employees ID's:

1. Scroll to the bottom of your profile and select the box labeled "New"
2. Enter last name/company
3. Enter first name
4. Select browse to locate your employees Government issued ID to be uploaded (Must be Color copy)
5. Select browse to locate your employees Acknowledgment release of liability form to be uploaded
6. If you would like to view your PDF upload to ensure it has uploaded properly, select view PDF
7. Each time you add an employee, you must upload a revised employee roster

Deleting employees:

1. Next to the name you would like to remove, you will see a delete button



✓ CONTRACTORS/SUBCONTRACTORS CHECK LIST

ALL INFORMATION MUST BE SUBMITTED TO THE FISHER ISLAND PUBLIC SAFETY DEPARTMENT.
PLEASE SUBMIT ALL INFORMATION AHEAD OF SCHEDULE FOR REVIEW.

PLEASE SUBMIT ALL DOCUMENTS TO: bjoseph@fisherislandfica.com
cvalles@fisherislandfica.com

LICENSES & APPROVALS

- Copy of the Contractor/Qualified Business License.
- County Business Tax Receipt and or Occupational license, if no state license.
- Copy of the Business Certificate Of Competency (COC) (**if applicable**).
- Condominium Association Approval (**General Contractor only**).
- ACC Approval (**if applicable**).

INSURANCE

Fisher Island Community Association, Inc. (FICA) One Fisher Island Drive, Fisher Island, FL 33109 and the Condominium Association name where the work will be developed must be listed as "Additional Insured" on any project not on Club property. Any project on Club property requires that "Fisher Island Club" be listed as "Additional Insured", as well as FICA. **This rule applies to subcontractors also.** Please ensure the additional insured box is checked off and comments added in the description of operations section. See sample forms.

- General Liability insurance (minimum \$1,000,000).
- Workers Compensation insurance (minimum \$1,000,000 for General Contractor).
- Provide a **fully executed** copy of personnel leasing contract (**if applicable**).
- Automobile Liability insurance (\$100,000/\$300,000/\$100,000 per vehicle) or:
- Automobile Combined Single Limit \$1,000,000
- Workers Compensation insurance \$1,000,000 for General Contractors, \$100,000 for Subcontractors.
- Workers Compensation exemption certificate for company performing work (**if applicable**).

OTHERS

- Complete the FICA Public Safety Contractor/Subcontractor Registration Form. General Contractor will be issued a project number in order to request clearance for subcontractors/workers to the unit/job site if approved by the property owner.
- The name and contact information for the General Contractor/Subcontractor and all workers along with copies of vehicle registrations, driver licenses or valid identification.
- Use of Commercial Barge form must be signed by all employees.
- Acknowledgment, Release and Waiver of Liability must be signed by all employees.



CONTRACTOR / SUBCONTRACTOR REGISTRATION FORM

PLEASE PRINT

Company Name:		Unit Number:	
Contractor Name:	First: Last:	Password:	
Email Address:			
Contractor Lic. Number:			
Telephone Number:			
Cellular Number:			
Company Address:	Description of work to be performed:		
Does this representative have your authorization to clear other workers or vendors?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this contractor have your authorization to remove construction related items?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Representatives name authorized to clear:			
Property Owner's/Host Name (Print):			
Property Owner's/Host Signature:			
<p>This form must be completed by the appropriate parties for registration with the Public Safety Department and submitted with the registration package to bjoseph@fisherislandfica.com and copy cvalles@fisherislandfica.com. The registrant is responsible for keeping all documentation related to his/her project up to date.</p> <p>General contractors and subcontractors may be asked to park at the Fisher island terminal parking facility, Public Safety department will advise if approved and provide parking pass.</p> <p>For golf cart use on the island, carts must be properly registered and insured. For registration, please contact Nataly Garcia at ngarcia@fisherislandfica.com or 305-535-6063.</p> <p>Valid color copies of driver licenses must be provided to facilitate a nationwide background check. You will be notified when the employee is approved and added to your employee roster. DO NOT schedule your employees for access to Fisher Island until you have received acknowledgement that they are approved.</p>			
Contractors Signature:		Date:	



EMPLOYEE ROSTER

PLEASE PRINT

Company Name:		Unit #/Location:	
Employee Name:	First: Last:	Date of Birth:	
Driver License Number:		D. L. Exp. Date:	
Address:		City:	State:
Zip Code:		Telephone #:	
Vehicle Make:		Vehicle Model:	
Vehicle Color:		Vehicle Year:	
Vehicle License Plate #:		Vehicle Reg. Exp.:	
Employee Name:	First: Last:	Date of Birth:	
Driver License Number:		D. L. Exp. Date:	
Address:		City:	State:
Zip Code:		Telephone #:	
Vehicle Make:		Vehicle Model:	
Vehicle Color:		Vehicle Year:	
Vehicle License Plate #:		Vehicle Reg. Exp.:	
Employee Name:	First: Last:	Date of Birth:	
Driver License Number:		D.L. Exp. Date:	
Address:		City:	State:
Zip Code:		Telephone #:	
Vehicle Make:		Vehicle Model:	
Vehicle Color:		Vehicle Year:	
Vehicle License Plate #:		Vehicle Reg. Exp.:	
Employee Name:	First: Last:	Date of Birth:	
Driver License Number:		D.L. Exp. Date:	
Address:		City:	State:
Zip Code:		Telephone #:	
Vehicle Make:		Vehicle Model:	
Vehicle Color:		Vehicle Year:	
Vehicle License Plate #:		Vehicle Reg. Exp.:	



Acknowledgement, Release and Waiver of Liability (During COVID 19)

I hereby acknowledge the following:

1. Fisher Island has a speed limit of **19 miles per hour (5mph at the garage terminal)**. Violations will result in fines and, for habitual offenders, consideration of drive on privilege revocation. No smoking while in queue waiting for commercial ferry and must remain in vehicle.
2. Fisher Island Community Association reserves the right to conduct a criminal background check as part of my registration process.
3. Fisher Island Community Association reserves the right to deny access to Fisher Island property based on the results of a criminal background check.
4. I hereby release and forever discharge and hold harmless Fisher Island Community Association, Inc. and/or Fisher Island Holdings, LLC, and their respective officers, employees, board members, and agents, from any and all liability, claim, loss, judgment, settlement, damage, or expense of any kind with respect to any property damage or theft that may result from parking on property owned or controlled by Fisher Island Community Association, Inc. and/or Fisher Island Holdings, LLC.
5. Fisher Island Community Association reserves the right to search and inspect my vehicle and any personal property I may bring on Fisher Island property. Possession of any type of weapon, ammunition or explosive material is not permitted on Fisher Island property.
6. Possession and/or distribution of illegal drugs or alcohol is not permitted on Fisher Island property.
7. Engaging in verbal threats or physical altercations (fighting) is not permitted on Fisher Island property.
8. Contractor Company or manager is responsible for transporting personnel while on Fisher Island.
9. All workers must attest that they are not sick or exhibited symptoms for at least 14 days. Protective masks and gloves will be worn at all times while on Fisher Island.
10. Each project site must provide a bathroom plan for all visiting vendors as they will not be permitted to use Public bathrooms around the island.
11. The employee cafeteria and employee restrooms are for Fisher Island employees only and not to be utilized by contractors and their employees.
12. Employees will travel directly from the barge to the job site, and directly from the job site to the barge at the end of the workday, no stops in between(vendors will not be permitted walk around the island).

**FAILURE TO COMPLY WITH ANY OF THE FOREGOING
WILL RESULT IN DENIED OR REVOKED ACCESS TO FISHER ISLAND**

[Signature]

[Date]

[Print Name]

[Telephone Number]

[Company Name]

Vehicle make

Model

Tag#



Use of Commercial Ferry

All contractors must use the commercial Ferry located at 112 MacArthur Causeway Miami Beach, FL 33139.

Hours of access for contractors

Monday – Friday: 6:00 a.m. to 6:00 p.m.

No contractor work on weekends or Holidays (Unless written approval is provided by property manager and confirmed by Public Safety)

- All vehicles using the Ferry are subject to search.
- Contractors must present a valid form of photo identification to enter Fisher Island and maintain possession of identification while on Fisher Island property.
- Contractors are allowed to drive to the building where they are conducting work to drop off tools, materials and workers and must park at the job site or terminal garage (based on availability and approval by FICA). Covers are required on all vehicles hauling loads.
- No unauthorized parking or parking on grass.
- Please keep noise to a minimum; refrain from honking your horn, playing loud music, or yelling.
- Vehicles must be in good working condition.
- Contractors may not operate a unit owner's golf cart without written authorization from the unit owner. Contractors may contact the Public Safety Office to inquire about the registration process for contractor golf carts.

FAILURE TO COMPLY WITH ANY OF THE FOREGOING MAY RESULT IN DENIED OR REVOKED ACCESS TO FISHER ISLAND

I understand, acknowledge and agree to the foregoing.

[Signature]

[Date]

First: _____
[Print Name]

Last: _____

[Telephone Number]

[Company Name]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/15/2020

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Agent/ Broker Name Insurance Agent/ Broker Street Address Insurance Agent City, State, Zip	CONTACT NAME:	INSURER(S) AFFORDING COVERAGE	NAIC #	
	PHONE (A/C, No. Ext):			FAX (A/C, No):
	E-MAIL ADDRESS:			
INSURED Vendor Name Vendor Street Address Vendor City, State, Zip	INSURER A : Name of Insurance Company			
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			
	INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	X	X	Policy Number			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	Policy Number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	Policy Number			EACH OCCURRENCE \$ AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	Policy Number		WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Fisher Island Community Association, Inc, its partners, officers, shareholders, employees, agents, representatives, affiliates, subsidiaries, are included as additional insured for General Liability and Auto liability which includes ongoing and completed operations on a primary and noncontributory basis. Waiver of Subrogation applies to General Liability & Workers Comp. Umbrella is following form over the WC, Auto, & GL.

CERTIFICATE HOLDER **CANCELLATION**

Fisher Island Community Association, Inc One Fisher Island Drive Fisher Island, FL 33109	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
Insurance Agent/Broker Name		PHONE (A/C, No., Ext.):	
Insurance Agent/Broker Street Address or P.O. Box		FAX (A/C, No.):	
Insurance Agent/Broker City, State & Zip Code		E-MAIL ADDRESS:	
Contact City & Phone Number		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Name of Insurance Company	
		INSURER B : Name of Insurance Company (if applicable)	
		INSURER C : Name of Insurance Company (if applicable)	
		INSURER D :	
		INSURER E :	
		INSURER F :	
INSURED		NAIC #	
Vendor Name			
Vendor Street Address or P.O. Box			
Vendor City, State & Zip Code			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			Policy Number			EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> Y	<input type="checkbox"/>				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ N/A
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COM/OP AGG \$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
B	AUTOMOBILE LIABILITY		<input checked="" type="checkbox"/> Y	Policy Number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/>	<input type="checkbox"/>				\$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Policy Number			EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
		<input type="checkbox"/>	<input type="checkbox"/>				\$
DED		RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Policy Number			WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

SAMPLE

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

Certificate holder and (BUILDING ASSOCIATION NAME WHERE PROJECT IS LOCATED, SEE ATTACHED LIST) are listed as additional insured with regards to both general and automobile liability.

Workers compensation in the amount of \$1,000,000 applies to certified general contractors, sub-contractors are required to provide \$100,000.

CERTIFICATE HOLDER**CANCELLATION**

Fisher Island Community Association, Inc. One Fisher Island Drive Fisher Island, FL 33109	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	AUTHORIZED AGENT SIGNATURE/ENDORSEMENT

© 1988-2010 ACORD CORPORATION. All rights reserved.

If the unit where the work is being performed begins with the below numbers, the Association name to the right is how it should be displayed on the Certificate of Insurance

BUILDING #	ASSOCIATION NAME
20	Bayside Village East Condominium Association, Inc.
21	Bayside Village East Condominium Association, Inc.
22	Bayside Village Condominium Association, Inc.
23	Bayside Village Condominium Association, Inc.
24	Bayside Village Condominium Association, Inc.
25	Bayside Village Condominium Association, Inc.
40	Marina Village Gardens at Fisher Island Condominium No. Two Association, Inc.
41	Marina Village Condominium Association, Inc.
42	Marina Village at Fisher Island Condominium No. Three Association, Inc.
45-47	Harborview at Fisher Island Condominium Association, Inc.
48	Bayview at Fisher Island Condominium No. One Association, Inc.
49	Bayview at Fisher Island Condominium No. One Association, Inc.
50	5000 Bayview at Fisher Island Condominium Association, Inc.
51	5100 Bayview at Fisher Island Condominium Association, Inc.
52	Bayview at Fisher Island Condominium No. Three Association, Inc.
53	Bayview at Fisher Island Condominium No. Two Association, Inc.
69	Valencia Estates Homeowners' Association, Inc.
70	Palazzo del Sol / della Luna at Fisher Island Condominium Association, Inc.
71	Palazzo del Mare at Fisher Island Condominium No. One Association, Inc.
72	Oceanside at Fisher Island Condominium No. Five Association, Inc.
74	7400 Oceanside at Fisher Island Condominium Association, Inc.
76	7600 Oceanside at Fisher Island Condominium Association, Inc.
77	Oceanside at Fisher Island Condominium No. Four Association, Inc.
78	Oceanside at Fisher Island Condominium No. Three Association, Inc.
79	Oceanside at Fisher Island Condominium No. Two Association, Inc.
80	Oceanside at Fisher Island Condominium Association, Inc.
151-159	Seaside Villas Condominium Association, Inc.
191-192	Seaside at Fisher Island Condominium Association, Inc.



UNITED STATES COAST GUARD MANDATED SAFETY MEASURES

In February of this year, the United States Coast Guard (USCG) Commander issued a temporary suspension of the condition that previously granted our ferry operation the special consideration to maintain all vehicle engines on while aboard the ferry.

The USCG mandate requires all passengers to set their emergency brakes on and turn their vehicle engines off. Vehicle engines must remain off until the ferry lands and is tied up at the terminal.

The Captain of the vessel has the authority and obligation to either remove any vehicle that does not comply with the USCG mandate or he can decide not to leave the terminal until 100 percent compliance is achieved. Captains and Deckhands are continuously reminding all passengers to set their emergency brakes on and turn their vehicle engines off. Additionally, signs in all points of entries are in place to remind all drivers to set their emergency brakes on and shut off their engines.

Failure to comply with the USCG Mandate will result in denial of drive on access to the Transportation System.

Acknowledged By:

Signature

Employee Name

Date Signed

Company Name



Company Name: _____

Employee Name: _____

Phone Number _____

Host Unit/Building # _____

NoteTHIS PLACARD MUST REMAIN ON THE VEHICLE DASHBOARD WHILE PARKED
ON FISHER ISLAND OR IT MAY BE SUBJECT TO VEHICLE ACCESS DENIAL.