| ACORD |  |
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## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/20/2023

| IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ex) must be endorsed. If SUBROATION IS WAVED, subject to the certificate holder in flue of sub-endorsement 4. Settlement on this certificate does not confer rights to the certificate holder in flue of sub-endorsement 4. Settlement on this certificate holder in flue of sub-endorsement 4. Settlement on this certificate holder in flue of sub-endorsement 4. Settlement on this certificate holder in flue of sub-endorsement 4. Settlement on this certificate holder in flue of sub-endorsement 4. Settlement on this certificate holder in flue of sub-endorsement 4. Settlement on this certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the settlement on the certificate holder in flue of sub-endorsement 4. Settlement on the settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder in the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the certificate holder is an ADDITONAL INSURED. Settlement on the settlement on the                         | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS<br>CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES<br>BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED<br>REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. |        |       |   |                |   |                            |   |              |  |  |
|--|--|--------|-------|---|----------------|---|----------------------------|---|--------------|--|--|
| Parameters<br>S200 Histura Road<br>Tomarao PL 33221         Parameters<br>Parameters<br>S200 Histura Road<br>Tomarao PL 33221         Parameters<br>Parameters<br>S200 Histura Road<br>Tomarao PL 33221         Parameters<br>Parameters<br>S200 History Road<br>Tomarao PL 32322         Parameters<br>S200 History Road<br>Tomarao PL 32332         Parameters<br>S200 History Road<br>Tomarao PL 323332         Parameters<br>S200 History Roa  | the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the   |        |       |   |                |   |                            |   |              |  |  |
| Keyes Lowerage Insurance<br>Tamarace L 33:21       If Comparison of the second insurance of the second insurance company       If Comparison of the second insurance compa   |  | Jenner | n(0). |   | CONTA          | CONTACT Vanessa Marcano                             |                            |   |              |  |  |
| Tamarano FL 33321  Newrence J. Amaranou (Bauranou Insurance Company 1980) Carefere Boat Club Holdings LLC Carefere Boat Club SF LLC THE NUMBER 2. Associated Industries Ins. Co. 23140  NUMBER 2. Instrument Company 19801  Second State S |  |        |       |   |                |   |                            |   |              |  |  |
| Image: Second Control of Control                        |  |        |       |   |                |   |                            |   |              |  |  |
| INSURED         1927         INSURE 0:         1901           Carding Boat Club SH LLC         Insure 0:         Insure 0:         Insure 0:           Indiana Status         Insure 0:         Insure 0:         Insure 0:           Pompano Beach FL 33062         CERTIFICATE NUMBER: 23006010         REVISION NUMBER:         Insure 0:           COVERAGES         CERTIFICATE NUMBER: 23006010         REVISION NUMBER:         Insure 0:           INSURE 0:         INSURE 0:         INSURE 0:         INSURE 0:         INSURE 0:           COVERAGES         CERTIFICATE NUMBER: 23006010         REVISION NUMBER:         Insure 0:         INSURE 0:           COVERAGES         CERTIFICATE NUMBER: 2300601         REVISION NUMBER:         INSURE 0:         INSUR 0:         INSUR 0:         INSUR 0:         INSUR 0:         INSUR 0:   |  |        |       |   |                |   |                            |   |              |  |  |
| The process of the second sec  |  |        |       | INSURER A : Associated Industries Ins. Co. 23140  |                |   |                            |   |              |  |  |
| Carefere Boat Club SP LLČ H90 N Federal Hwy Net of locations below Perpanen Beach FL 3302  CERTIFICATE NUMBER: 20096910  RUSINER ::  RUSIN | INCOLED  |        |       | INSURER B : Argonaut Insurance Company 19801  |                |   |                            |   |              |  |  |
|  |  |        |       | INSURER C :   |                |   |                            |   |              |  |  |
| Pompano Beach FL 33062         Instrume F:           COVERAGES         CERTIFICATE NUMBER: 2000010         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURANCE FOR THE POLICY PERIOD CERTIFICATE MAY BE ISSUED OF MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HALFEN IS SUBJECT TO ALL THE TERMS; EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWING WAY HAVE BEEN ISSUED OT THE INSURANCE AFFORDED BY THE POLICY PERIOD CAMAS.           RM         YPE OF NUMBER         ADDI SUBJECT TO ALL THE TERMS; EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWING WAY HAVE BEEN ISSUED CAMAS.           RM         TYPE OF NUMBER         ADDI SUBJECT TO ALL THE TERMS; EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. INITS SHOWING WAY HAVE BEEN ISSUED CAMAS.           RM         TYPE OF NUMBERAL LIABULTY         72004028-04         2110020         2100020         POLICY PURPERCISE         \$1.000.000           RM         X LOOMERCAL GEBERAL LIABULTY         72004028-04         2110020         2100020         PERSONAL AGUERANCE IS 1.000.000           RM         X LOOMERCAL GEBERAL LIABULTY         72004028-04         2110020         2100020         PERSONAL AGUERANCE IS 1.000.000           RM         AVECHTYPIC PERSONAL AGUERANCE IS 1.000.000         Statematic IS 1.000.000         PERSONAL AGUERANCE IS 1.000.000         PERSONAL AGUERANCE IS 1.000.000           RM         PARTICIP PERSONAL AGUERANCE IS 1.000.000         Statematic IS 1.00  |  |        |       |   | INSURE         | RD:   |                            |   |              |  |  |
| COVERAGES     CERTIFICATE NUMBER: 20069610     REVISION NUMBER:     THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NUMBER ADVE FOR THE POLICY PERIOD NDICATES. NUMBER: 20069610     THE INSURED TO ALL THE INSURED TO ALL THE TENDER     THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE DEEN ISSUED TO THE INSURED NOMED ABOVE FOR THE POLICY PERIOD NDICATES. NUMBER: 20069610     THE INSURED TO ALL THE TENDER     THIS OF ORDER TO ALL THE TENDER     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMBS.     THIS OF INSURANCE INTER SHOWN MAY HAVE BEEN REPLICED BY THIS OFTIME SHOWN MAY HAVE BEEN REPLICED BY PAD CLAMB      |  |        |       |   | INSURE         | RE:   |                            |   |              |  |  |
| THIS IS TO CERTIFY THAT THE POLICIS OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ON THE INSURANCE APRONE     NAMED ABOVE FOR THE POLICY PERIOD<br>INDICATE. NAV BEI SSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HARM IN HEREIN IS SUBJECT TO ALL THE TERMS.<br>EXCLUSIONS AND CONDITIONS OF SUCH POLICY SUMPLY AND THE POLICY IN THE REPORT TO ALL THE TERMS.<br>EXCLUSIONS MANDE CONTINUES INTO SHOWN WAY HAVE BEEN INFOLDED BY AND CLAMMS.       UNIT THE OF INSURANCE INTERNATION AND HARM INFORMATION AND HAR  | •  | TIFIO  |       |   | INSURE         | RF:   |                            |   |              |  |  |
| INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED ON ALL THE TERMS.         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         B       Image: Constraint of the condition of the condi   |  | -      |       |   |                |   |                            |   |              |  |  |
| LTRE         TYPE OF NBURANCE         INSD WUD         POLICY NUMBER         IMMODPYTYN         IMMODY  | INDICATED. NOTWITHSTANDING ANY RI<br>CERTIFICATE MAY BE ISSUED OR MAY  |        | EMEN  | NT, TERM OR CONDITION<br>THE INSURANCE AFFORD   | of an<br>Ed by | Y CONTRACT  | OR OTHER I                 | DOCUMENT WITH RESPECT TO<br>D HEREIN IS SUBJECT TO AL | O WHICH THIS |  |  |
| B       X       COMMERCIAL GENERAL LUBBLITY       72004321-04       21/023       21/024       EACH OCCURENCE S 100.000         X       CALMAS-MADE       X       COMMERCIAL SERVICE X       X       Monther Service X       S1.000.00         X       S1.000.00       S1.000.00       S1.000.00       S1.000.00       S1.000.00         GENL AGREGATE LIVE APPLIES PER.       Loc       S       S0.000       PERSONAL AJV NULVY       S1.000.00         GENL AGREGATE LIVE APPLIES PER.       Loc       S       S0.000       PERSONAL AJV NULVY       S1.000.00         GENL AGREGATE LIVE APPLIES PER.       Loc       S       S       S0.000       PERSONAL AJV NULVY       S1.000.00         AUTOMOBILE LIABLITY       Loc       S       S       S       S       S       S         AUTOMOBILE CARLING AND ALVINE VERTION S       SOLEDULED       S  | INSR<br>LTR TYPE OF INSURANCE  |        |       | POLICY NUMBER   |                | POLICY EFF<br>(MM/DD/YYYY)                          | POLICY EXP<br>(MM/DD/YYYY) | LIMITS  |              |  |  |
| CLARE-MADE     COLUR     CARE-MADE     COLUR     CO      | B X COMMERCIAL GENERAL LIABILITY   |        |       |   |                |   |                            |   | 00,000       |  |  |
| X       1:000 Ded       PERSONAL & ADV INULRY       \$ 1:000.000         GENI, AGGREGATE LIMIT APPLIES PER.       S0:000.000       PERSONAL & ADV INULRY       \$ 1:000.000         A       OTHER:       SCHEDULTS       S0:000       PERSONAL & ADV INULRY       \$ 1:000.000         AUTOMOBILE LIABILITY       Image: SCHEDULED and the person of the per   | CLAIMS-MADE X OCCUR  |        |       |   |                |   |                            |   | 00,000       |  |  |
| General construction       Lines down         General construction       General construction         General construction       General construction         General construction       Status         General construction       Status         Automobile Liability       Status         Here Autros       Status         Automobile Liability       Status         Here Autros       Status         Automobile Liability       Status         Deb       Recentions         None Senter Conversion       Status         Automobile Liability       Autros         Automobile Liability       VIN         Autonobility       VIN <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>MED EXP (Any one person) \$10</td> <td>000</td>  |  |        |       |   |                |   |                            | MED EXP (Any one person) \$10                         | 000          |  |  |
| X       POLICY       PEP:       LOC       PRODUCTS - COMPIOP AGE       \$ 1,000,000         OTHER:       AUTOMOBILE LABLELTY       S       S       S         AUTOMOBILE LABLETY       SCHEDULED       S       S       S         AUTOMOBILE LABLETY       SCHEDULED       BOOLY NULRY (Per person)       S       S         HRED AUTOS       AUTOS       AUTOS       S       S       S         HRED AUTOS       AUTOS       AUTOS       S       S       S         UMBRELA LAB       COCUR       CALING-MAADE       S       S       S         AUTOROBUSE LABLETY       AUTOS       AUTOS       S       S       S         UMBRELA LAB       COCUR       CALING-MAADE       S<  | X \$1,000 Ded  |        |       |   |                |   |                            | PERSONAL & ADV INJURY \$ 1,0                          | 00,000       |  |  |
| Automodule LabelLTY       S         Automodule LabelLTY       Automodule LabelLTY         Automodule LabeLabelLty       Automodule LabelLty </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |  |        |       |   |                |   |                            |   |              |  |  |
| AUTOMOBLE LIABILITY       AUTOMOBLE LIABILITY       Image: Control of the con  |  |        |       |   |                |   |                            |   | 00,000       |  |  |
| ANY AUTO       ALL OWNED       SCHEDULED         ALL OWNED       SCHEDULED         ALL OWNED       ACCOUNT         ALL OWNED       ACCOUNT </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>COMBINED SINGLE LIMIT @</td> <td></td>   |  |        |       |   |                |   |                            | COMBINED SINGLE LIMIT @                               |              |  |  |
| ALLOWNED       SCHEDULED       AUTOS       SCHEDULED       BODILY INJURY (Per acodem)       \$         HIRED AUTOS       AUTOS       NONGOWNED       \$       BODILY INJURY (Per acodem)       \$         UMBRELLA LIAB       OCCUR       \$       BODILY INJURY (Per acodem)       \$       BODILY INJURY (Per acodem)       \$         DED       RETENTION \$       BODILY INJURY (Per acodem)       \$       AGGREGATE       \$         A WORKERS COMPENSATION \$       DED       RETENTION \$       BIO2024       X       PER TENTION \$         A WORKERS COMPENSATION \$       ANVC1197065       8/10/2023       8/10/2024       X       PER TENTION \$         A WORKERS COMPENSATION \$       ANVC1197065       8/10/2023       8/10/2024       X       PER TENTION \$         Mandetory in N1       Invit Additional Remarks Schedule, may be attached if more space is required)       E.L. EACH ACCIDENT       \$         1.000.000       EL DISEASE - POLICY LIMIT \$       \$       \$       1.000.000         B Manne Lability       Invit Additional Remarks Schedule, may be attached if more space is required)       1.000.000         1.2315 NE 15h Street, Pompano Beach, FL 33062       2.340.813       1.3300       1.3300         2.2340 NE 16/Th Marker, FL 333050       5       1.1000.000       1.1000.000   |  |        |       |   |                |   |                            | (Ea accident)   |              |  |  |
| HIRED JUIGS     AUTOS     AUTOS     Per acedent)   | ALL OWNED SCHEDULED  |        |       |   |                |   |                            |   |              |  |  |
| Image: State in the intervent of the interv                                | HIRED AUTOS  |        |       |   |                |   |                            | PROPERTY DAMAGE \$                                    |              |  |  |
| Excess LAB     CLAIMS-MADE       DED     RETENTION \$       AWORKERS COMPENSATION<br>AND EMMOYERS LABINETION \$     AWC1197965       B     MORKERS COMPENSATION<br>AND EMMOYERS LABINETION \$       AWORKERS COMPENSATION<br>AND EMMOYERS LABINETION \$     AWC1197965       B     MORKERS COMPENSATION<br>AND EMMOYERS LABINETION OF OPERATIONS below     VIA       B     Marine Liability     AWC1197965       B     Marine Liability     7260M3281-04       CLAINS-MARCE     21/12023       21/12023     21/12024       PESCRIPTION OF OPERATIONS / LOCATIONS   |  |        |       |   |                |   |                            |   |              |  |  |
| Image: Control of the control of th                                | UMBRELLA LIAB OCCUR  |        |       |   |                |   |                            | EACH OCCURRENCE \$                                    |              |  |  |
| A       MORKERS COMPENSATION       AWORKERS COMPENSATION       AWORKERS COMPENSATION       AWORKERS COMPENSATION       ETH   | EXCESS LIAB CLAIMS-MADE  |        |       |   |                |   |                            | AGGREGATE \$  |              |  |  |
| And EMPLOYERS LABILITY<br>AND EMPLOYERS LABILITY<br>If yes, describe under<br>DESCRIPTION OF OPERATIONS below       Y / N / A       N / A         B       Marine Liability       1       7260M3281-04       2/1/2023       2/1/2024       LabiLability       1       1,000,000<br>Liab-AIV Sesies         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES       (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       1,000,000<br>Liab-AIV Sesies  |  |        |       |   |                |   |                            |   |              |  |  |
| ANY PROPRIETOR/PARTNER/EXECUTIVE       N/A       E.L. EACH ACCIDENT       \$ 500,000         OFFICEMENDER EXECUTIVE       N/A       E.L. DISEASE - EA EMPLOYEE       \$ 500,000         B       DESCRIPTION OF OFERATIONS below       2/1/2023       2/1/2024       Pail Limit       \$ 500,000         B       Marine Labitity       1       7260M3281-04       2/1/2023       2/1/2024       Pail Limit       \$ 500,000         Control       1<  |  |        |       | AWC1197965  |                | 8/10/2023   | 8/10/2024                  | X STATUTE ER  |              |  |  |
| It yes, describe under<br>DESCRIPTION OF OPERATIONS below       1000.000         B       Marine Liability       7260M3281-04       2/1/2023       2/1/2024       P81 Limit<br>Liab-AIV essels       1000.000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       1000.000       2,340,518         Locations:       1.2315 NE 15th Street, Pompano Beach, FL 33062       2.2890 NE 187th Street, Aventura, FL 33180       3.3400 Pan American Drive, Miami, FL 33103         2.2890 NE 187th Street, Aventura, FL 333060       5.2500 N. Federal Highway, Pompano Beach, FL 33062       5.2500 N. Federal Highway, Pompano Beach, FL 33062         See Attached       CANCELLATION 30 Days Notice / 10 Days for Non-Pay         Sthould any of The ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         *FOR INFORMATIONAL PURPOSES ONLY*  | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?  |        |       |   |                |   |                            | E.L. EACH ACCIDENT \$50                               | 0,000        |  |  |
| B       Marine Liability       7260M3281-04       2/1/2023       2/1/2024       P&I Limit.<br>Liab-All Yessels       1,000.000<br>1,000.000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       1,000.000         Locations:       1,2315 NE 15th Street, Pompano Beach, FL 33062       2,340,518         2.2890 NE 187th Street, Aventure, FL 33180       3,3400 Pan American Drive, Miami, FL 33133       4         4. 1599 N. Dixie Highway, FL Luderdale, FL 33060       5.2500 N. Federal Highway, FL Luderdale, FL 33062       5         See Attached         CANCELLATION 30 Days Notice / 10 Days for Non-Pay         Should Any OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         *FOR INFORMATIONAL PURPOSES ONLY*  | If yes, describe under   |        |       |   |                |   |                            |   |              |  |  |
| Liab-AI Vessels       1.000/000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       2.340.518         Locations:       1.2315 NE 15th Street, Pompano Beach, FL 33062       2.2890 NE 187th Street, Aventura, FL 33180         3.3400 Pan American Drive, Miami, FL 33133       4.1599 N. Dixie Highway, Pompano Beach, FL 33060       5.2500 N. Federal Highway, Pompano Beach, FL 33062         See Attached       CANCELLATION 30 Days Notice / 10 Days for Non-Pay         CERTIFICATE HOLDER       CANCELLATION 30 Days Notice / 10 Days for Non-Pay         *FOR INFORMATIONAL PURPOSES ONLY*       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         *FOR INFORMATIONAL PURPOSES ONLY*       AUTHORIZED REPRESENTATIVE  |  |        |       | 726OM3281_0/  |                | 2/1/2023  | 2/1/2024                   |   | ,            |  |  |
| Locations:       1. 2315 NE 15th Street, Pompano Beach, FL 33062         2. 2890 NE 187th Street, Aventura, FL 33130       3. 3400 Pan American Drive, Miami, FL 33133         4. 1599 N. Dixie Highway, Pompano Beach, FL 33060       5. 2500 N. Federal Highway, Ft. Lauderdale, FL 33305         6. 1490 N. Federal Highway, Pompano Beach, FL 33062       See Attached         CERTIFICATE HOLDER         CANCELLATION 30 Days Notice / 10 Days for Non-Pay         Should any of The Above Described Policies Be Cancelled BeFoRe THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         *FOR INFORMATIONAL PURPOSES ONLY*         Authorized Representative         Junthom Section Signature   |  |        |       | 1200M3201-04  |                | 2/1/2023  | 2/ 112024                  | Liab-All Vessels 1,0                                  | 00,000       |  |  |
| CERTIFICATE HOLDER       CANCELLATION 30 Days Notice / 10 Days for Non-Pay         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE<br>THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN<br>ACCORDANCE WITH THE POLICY PROVISIONS.         *FOR INFORMATIONAL PURPOSES ONLY*  | Locations:<br>1. 2315 NE 15th Street, Pompano Beach, FL 33062<br>2. 2890 NE 187th Street, Aventura, FL 33180<br>3. 3400 Pan American Drive, Miami, FL 33133<br>4. 1599 N. Dixie Highway, Pompano Beach, FL 33060<br>5. 2500 N. Federal Highway, Ft. Lauderdale, FL 33305<br>6. 1490 N. Federal Highway, Pompano Beach, FL 33062  |        |       |   |                |   |                            |   |              |  |  |
| *FOR INFORMATIONAL PURPOSES ONLY*  |  |        |       |   |                |   |                            |   |              |  |  |
| *FOR INFORMATIONAL PURPOSES ONLY*  |  |        |       |   | CAN            | ELLATION  | 30 Days Noti               | ce / 10 Days for Non-Pay                              |              |  |  |
| Dai Ban  | *FOR INFORMATIONAL PURPOSES ONLY*  |        |       | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |                |   |                            |   |              |  |  |
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AGENCY CUSTOMER ID: 13724

LOC #:



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

| AGENCY<br>Keyes Coverage Insurance<br>POLICY NUMBER |           | NAMED INSURED<br>Carefree Boat Club Holdings LLC<br>Carefree Boat Club SF LLC<br>1490 N Federal Hwy<br>*list of locations below<br>Pompano Beach FL 33062 |  |  |  |
|---|-----------|---|--|--|--|
| CARRIER   | NAIC CODE |   |  |  |  |
|   |           | EFFECTIVE DATE:   |  |  |  |

## ADDITIONAL REMARKS

## THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

\*FOR INFORMATIONAL PURPOSES ONLY\*

Chasin Rays - Hull # STR87503F324 Sails Call - Hull # YSIW0135G324 Coastal Distancing - Hull # CBADG015I122 Tight Lines - Hull # CBAEC004G122