



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2023

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).

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| <b>PRODUCER</b><br>Keyes Coverage Insurance<br>5900 Hiatus Road<br>Tamarac FL 33321  | <b>CONTACT NAME:</b> Vanessa Marciano<br><b>PHONE (A/C. No. Ext):</b> 954-724-7000<br><b>E-MAIL ADDRESS:</b> vmarcano@keyescorverage.com<br><b>FAX (A/C. No):</b> 954-724-7024   |
| <b>INSURED</b><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 | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Associated Industries Ins. Co.<br><b>INSURER B:</b> Argonaut Insurance Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |

**COVERAGES**

CERTIFICATE NUMBER: 23069610

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 INSD                    | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|------------------------------|----------|---------------|-------------------------|-------------------------|---|
| B        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> \$1,000 Ded<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                              |          | 726OM3281-04  | 2/1/2023                | 2/1/2024                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                              |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>  |                              |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N <input type="checkbox"/> | N/A      | AWC1197965    | 8/10/2023               | 8/10/2024               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000   |
| B        | Marine Liability  |                              |          | 726OM3281-04  | 2/1/2023                | 2/1/2024                | P&I Limit 1,000,000<br>Liab-All Vessels 1,000,000<br>Hull TIV-Hull Damage 2,340,518   |

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

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, 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

\*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.

AUTHORIZED REPRESENTATIVE

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**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

|                                    |           |   |  |
|------------------------------------|-----------|---|--|
| AGENCY<br>Keyes Coverage Insurance |           | 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 |  |
| POLICY NUMBER                      |           | EFFECTIVE DATE:   |  |
| CARRIER                            | NAIC CODE |   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

\*FOR INFORMATIONAL PURPOSES ONLY\*

Chasin Rays - Hull # STR87503F324  
Sails Call - Hull # YSIW0135G324  
Coastal Distancing - Hull # CBADG015122  
Tight Lines - Hull # CBAEC004G122