



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)
12/4/2024

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 12444 Powerscourt Drive, Suite 500 Saint Louis MO 63131	CONTACT NAME: Charleen Sudholt PHONE (A/C, No, Ext): 314-800-2210 E-MAIL ADDRESS: Charleen_Sudholt@ajg.com	FAX (A/C, No): 866-204-5979
	PRODUCER CUSTOMER ID #:	
INSURED Water Taxi of Fort Lauderdale, LLC 1366 SE 17th Street Fort Lauderdale FL 33316	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Property Casualty Co of America	NAIC # 25674
	INSURER B: Safe Harbor Pollution	NAIC # 12563
	INSURER C: Travelers Indemnity Company	NAIC # 25658
	INSURER D: Manufacturers Alliance Insurance Company	NAIC # 36897
	INSURER E: American Longshore Mutual Association LTD	NAIC # 13056
	INSURER F: RLI Insurance Company	NAIC # 13056

COVERAGES **CERTIFICATE NUMBER:** 1201407930 **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	
A	HULL AND MACHINERY			ZOH51N10321	2/1/2024	2/1/2025	<input checked="" type="checkbox"/>	PER SCHEDULE ON FILE
	<input type="checkbox"/> COLLISION LIABILITY							INSURED VALUE \$
	<input type="checkbox"/> TOWERS LIABILITY							COLLISION (Ea occurrence) \$
								TOWERS (Ea occurrence) \$
								\$
A	PROTECTION AND INDEMNITY			ZOH51N10321	2/1/2024	2/1/2025	<input checked="" type="checkbox"/>	PER CLUB RULES
	<input checked="" type="checkbox"/> CREW LIABILITY <input checked="" type="checkbox"/> JONES ACT						<input checked="" type="checkbox"/>	EA OCCURRENCE PER VESSEL, CSL \$ 1,000,000
	<input checked="" type="checkbox"/> COLLISION LIABILITY							COLLISION (Ea occ), CSL \$ 1,000,000
	<input type="checkbox"/> TOWERS LIABILITY							TOWERS (Ea occ), CSL \$
	<input checked="" type="checkbox"/> REMOVAL OF WRECK							REMOVAL OF WRECK (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> IN REM							\$
								\$
								\$
B	POLLUTION LIABILITY			V1571524	2/1/2024	2/1/2025		EA OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> OPA 90							\$
	<input checked="" type="checkbox"/> CERCLA							\$
	<input type="checkbox"/> NON-OPA / NON-CERCLA							\$
								\$
								\$
	MARITIME EMPLOYERS LIABILITY		N / A					ANY ONE PERSON \$
	<input type="checkbox"/> ALTERNATE EMPLOYER							ANY ONE ACCIDENT \$
	INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> EMPS							\$
	<input type="checkbox"/> JONES ACT							\$
	<input type="checkbox"/> DEATH ON THE HIGH SEAS							\$
	<input type="checkbox"/> IN REM ENDORSEMENT							\$
								\$
								\$
								\$

CERTIFICATE HOLDER Winterfest Inc. 512 NE 3rd Ave Fort Lauderdale FL 33301	CANCELLATION SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

COVERAGES

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> MARINE GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	ZOL91N09602	2/1/2024	2/1/2025	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS-COMP / OP AGG	\$ 2,000,000
								\$
								\$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS OWNED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			BA4W061953	2/1/2024	2/1/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> USL&H ENDORSEMENT <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N/A		20241059526Y	2/1/2024	2/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
								\$
								\$
								\$
E	<input checked="" type="checkbox"/> U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT <input checked="" type="checkbox"/> ALTERNATE EMPLOYER <input checked="" type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N/A		ALMA02142-06	2/1/2024	2/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. (Each accident)	\$ 1,000,000
							E.L. DISEASE (Ea employee)	\$ 1,000,000
							E.L. DISEASE - ANN AGG	\$ 1,000,000
								\$
	<input type="checkbox"/> AIRCRAFT LIABILITY <input type="checkbox"/> OWNED AIRCRAFT <input type="checkbox"/> NON-OWNED AIRCRAFT <input type="checkbox"/> PASSENGER LIABILITY						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
								\$
F	<input type="checkbox"/> UMBRELLA / EXCESS LIAB / BUMBERSHOOT <input type="checkbox"/> UMBRELLA <input type="checkbox"/> BUMBERSHOOT <input checked="" type="checkbox"/> EXCESS CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			MEX0200353	2/1/2024	2/1/2025	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
								\$
								\$
	<input type="checkbox"/> ENERGY CONTROL OF WELL / OPERATORS EXTRA EXPENSE <input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC) OFFSHORE OIL AND GAS PROPERTY <input type="checkbox"/> PLATFORMS <input type="checkbox"/> PIPELINES ONSHORE OIL AND GAS PROPERTY <input type="checkbox"/> OIL & GAS PROPERTY <input type="checkbox"/> CONTRACTORS EQUIPMENT NAMED WINDSTORM <input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						CSL, ANY ONE OCCURRENCE (100% interest)	\$
							ANY ONE OCCURRENCE (100% interest)	\$
							VALUES AS SCHEDULED	\$
							VALUES AS SCHEDULED	\$
								\$
								\$
							VALUES AS SCHEDULED	\$
							VALUES AS SCHEDULED	\$
								\$
							AGGREGATE	\$

VESSEL(S): AS PER ATTACHED SCHEDULE AS DETAILED IN THE DESCRIPTION OF OPERATIONS

DESCRIPTION OF OPERATIONS / LOCATIONS (ACORD 101, Additional Remarks Schedule, may be attached, if more space is required)
 Excess Liability - Carrier: Stratford Ins. Co. Policy #VMX8003067 and Carrier: Liberty Mutual Ins. Co. - Policy #ATACEEOL003
 RE: Island Expedition, Island Discovery, Island Adventure, Glades, Fiesta, Bio Bus, Bayview, Riverwalk, Dale R and Lauderdale. It is hereby understood and agreed that the certificate holder is named as an additional insured as their interest may appear as per written agreement.