



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 FAX (A/C, No): 866-204-5979 E-MAIL ADDRESS: Charleen_Sudholt@ajg.com PRODUCER CUSTOMER ID #:														
INSURED Water Taxi of Fort Lauderdale, LLC 1366 SE 17th Street Fort Lauderdale FL 33316	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Travelers Property Casualty Co of America</td><td>25674</td></tr><tr><td>INSURER B: Safe Harbor Pollution</td><td>12563</td></tr><tr><td>INSURER C: Travelers Indemnity Company</td><td>25658</td></tr><tr><td>INSURER D: Manufacturers Alliance Insurance Company</td><td>36897</td></tr><tr><td>INSURER E: American Longshore Mutual Association LTD</td><td></td></tr><tr><td>INSURER F: RLI Insurance Company</td><td>13056</td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Property Casualty Co of America	25674	INSURER B: Safe Harbor Pollution	12563	INSURER C: Travelers Indemnity Company	25658	INSURER D: Manufacturers Alliance Insurance Company	36897	INSURER E: American Longshore Mutual Association LTD		INSURER F: RLI Insurance Company	13056
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COVERAGES

CERTIFICATE NUMBER: 1201407930

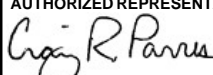
REVISION NUMBER:

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

CANCELLATION

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

CERTIFICATE NUMBER: 1201407930

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