



BASS
UNDERWRITERS

**176 Croghan Spur
Charleston, SC 29407
Ph: Fax:**

Date: April 6, 2021

To: Richard Gibbs III - Lauderdale Marine Underwriters Inc

Fax: (954) 678-2646

From: Dominic Monda

Phone: (843) 867-7713

Email: dmonda@bassuw.com Fax: (954) 316-3146

Re: Insured: The Ice Cream Float Inc.
Effective Date: 3/31/2021

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 843-867-7730 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 2834887C

Bass Underwriters, Inc.

INSURANCE BINDER

THE TERMS AND CONDITIONS OF THIS CONFIRMATION OF INSURANCE MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS CONFIRMATION CAREFULLY AND COMPARE IT WITH ANY QUOTE AND SUBMISSION DOCUMENTS AND REVIEW THE POLICY FORMS FOR THE ACTUAL COVERAGES PROVIDED.

IN ACCORDANCE WITH YOUR INSTRUCTIONS, AND IN RELIANCE UPON THE STATEMENTS MADE BY THE RETAIL BROKER IN THE INSURED'S APPLICATION/SUBMISSION, WE HAVE OBTAINED INSURANCE AT YOUR REQUEST AS FOLLOWS:

DATE ISSUED: April 6, 2021

PRODUCER: Lauderdale Marine Underwriters Inc
P.O. Box 460275,
Fort Lauderdale, FL 33346

INSURED MAILING ADDRESS: The Ice Cream Float Inc.
1341 SE 7th Ave
Pompano Beach, FL 33060

POLICY NO.: CCP961076

INSURER: Century Surety Company
Non-Admitted A-(Excellent) AM Best Rating

COVERAGE: BRK-Marine Hull-Protection & Indemnity Pkg-Century

POLICY PERIOD: 3/31/2021 TO 3/19/2022

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE BINDER WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

BINDER AS PER QUOTE: 2834887C

LIMITS: see attached

PREMIUM: \$1,200.00
TRIA: INCLUDED
FEES: Policy Fee \$125.00

SURPLUS LINES TAX:
SERVICE OFFICE FEE: \$0.80
MISC STATE TAX:
FHCF: (Florida)
CPIE: (Florida)

TOTAL: \$1,325.80

TERMS / CONDITIONS:

(a) **MINIMUM EARNED PREMIUM AT INCEPTION - See attached.**

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **SUBJECT TO:**

See attached terms & conditions

(c) **ENDORSEMENTS:**

"Favorable Inspection and compliance with any/all recommendations."

See attached endorsements/exclusions

(d) **ALL OTHER TERMS AND CONDITIONS APPLY PER FORM**

CANCELLATION: THIS POLICY IS SUBJECT TO THE CANCELLATION PROVISIONS AS FOUND IN THE POLICY(IES) OR CERTIFICATE(S) CURRENTLY IN USE BY THE INSURER. THE INSURANCE EFFECTED UNDER THE INSURER'S BINDER CAN BE CANCELLED BY THE INSURER (SUBJECT TO STATUTORY REGULATIONS) BY MAILING, TO THE INSURED AT THE ADDRESS STATED ON THE FACE OF THIS CONFIRMATION OF INSURANCE, WRITTEN NOTICE STATING WHEN SUCH CANCELLATION SHALL BE EFFECTIVE. IN THE EVENT OF CANCELLATION BY THE INSURED, THE EARNED PREMIUM WOULD BE SUBJECT TO THE MINIMUM PREMIUM IF APPLICABLE.

THIS CONFIRMATION OF INSURANCE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO BIND AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER.

INSURED: , The Ice Cream Float Inc.

DATE ISSUED: April 6, 2021

Account Executive: Dominic Monda

Team: Charleston

Reference #: 2834887C

State of Florida
Surplus Lines Binder Stamp

"This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent insurer."

"SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY REGULATORY AGENCY."

COMMERCIAL MARINE DIVISION BINDER

Account: Ice Cream Float Inc
1808 SW 4th Ave, Pompano Beach , Florida 33060

Policy Number: CCP961076
Date: April 6, 2021
(Non-Admitted)

Issuing Company: **Century Surety Company**
A.M. Best Rated: A- (Excellent) X
550 Polaris Parkway, Suite 300
Westerville, OH 43082

PREMIUM SUMMARY

POLICY PERIOD: FROM 3/31/2021 TO 3/19/2022 AT 12:01 A.M. STANDARD

Binder is valid until 12:01 AM on : 5/6/2021

Coverage	Premium
Protection and Indemnity (WCT)	\$1,200
Total Quoted Premium:	\$1,200
<u>Home State</u> Florida	TRIA (Optional): Included
Total:	\$1,200

No Subjectives

NOTICE

<input checked="" type="checkbox"/>	Coverage cannot be bound without the written authorization of an employee of the Marine Department or officer of Century Insurance Group. We reserve the right to refuse a request to bind due to current or future weather conditions, change in acceptable underwriting criteria, or material change of risk since the time our quote was issued.
<input checked="" type="checkbox"/>	This quote was based on the underwriting information presented to us in the applications, inspections, and/or other correspondence submitted and/or on file with us and may be different from the terms and/or limits of the expiring policy and/or requested in the renewal submission. Please review our quote carefully.
<input checked="" type="checkbox"/>	<p>We do not required copies of Certificates of Insurance issued by an agent or broker representing an AmeriTrust Group policy. Such agent or broker has the responsibility of accurately issuing Certificates of Insurance based upon the coverage provided in a bound policy. Certificates of Insurance may be issued only as a matter of information in evidencing coverage and confers no rights to the certificate holder. Certificates of Insurance may not, and will not, alter coverage and the terms of the insured policy contract prevail over any language inserted into a Certificate of Insurance. No agent or broker has any authority to alter, amend, or endorse coverage terms or conditions on an AmeriTrust Group policy. It is the agent or broker's responsibility to request coverage changes from the company. A Certificate of Insurance representing terms and conditions different than the policy does not constitute a request to modify coverage.</p> <p>If a third-party contract requires a Named Insured to provide a Certificate of Insurance signed by an authorized AmeriTrust employee, your underwriter will require a complete copy of the contract and a draft of the certificate for consideration.</p> <p>If a certificate request requires an alteration to the terms and conditions of coverage, your underwriter will require a formal endorsement request along with a complete copy of the contract requiring the change, including the scope of work, estimated revenues associated with the work, and the length of the contract.</p> <p>These procedures are designed to streamline the certificate process for everyone involved. Please do not submit Certificates of Insurance, except as noted above. However, we do reserve the right to audit any Certificates of Insurance for policies issued by AmeriTrust Group.</p>

VESSEL COVERAGE (WCT)

VESSEL PROTECTION & INDEMNITY COVERAGE (WCT)

Hull/Group#	Year	Length	Make	Hull Description Model	Other	Hull ID#/VIN #
1	2001	20	Fiesta Marina Products inc	FVP	Pontoon	FVP4175BL001

Vessel / Group #	P&I (CSL)	Medical Payments	Uninsured Watercraft	Pollution Liability	Other	VESSEL COVERAGE		
						Deductible Each Vessel	Rate Per Vessel	Vessel Premium
1	\$500,000	\$5,000	\$500,000	\$500,000		\$1,000	\$1,200	\$1,200

ADDITIONAL VESSEL INFORMATION

Hull/Vessel	Year	Make	Model	Engine Description		Fuel Type	Horsepower	Serial Number
				Inboard/ Outboard				
1	2010	Mercury	0	Outboard		Gas	115	1B817496

IMPORTANT NOTICE

If no deductible shown for crew, pollution or other coverages where such coverages are afforded the Protection & Indemnity deductible will apply.
 *This does not apply to med pay or uninsured watercraft when such coverage is afforded.

VESSEL PROTECTION & INDEMNITY COVERAGE (Supplemental Coverages)

Removal of Wrecked or Sunken Property			Premium Included
Limit:	\$25,000		

Minimum Earned Premium:
 25% -- No Flat Cancellations

Deposit Premium for this Coverage Part:	\$1,200
TRIA Premium:	Included
Total Premium for this Coverage Part:	\$1,200

VESSEL COVERAGE GENERAL INFORMATION (WCT)

Vessel / Group / Item #	Vessel / Item Usage
1	Prepackaged Snack Sales

Vessel / Group / Item #	Navigation Warranty(s)
1	Intracoastal Waters of Florida

Vessel / Group / Item #	Mooring / Storage Location(s)
1	1808 SW 4th Ave Pompano Beach, FL

GENERAL TERMS AND CONDITIONS

*(**refer to subsequent page(s) for coverage specific terms and conditions**)*

POLICY FORMS

Form Number	Edition	Form Name
CIL 1500B	(02/02)	Schedule of Forms and Endorsements
SEA 1000	(05/19)	Century Surety Company - Commercial Ocean Marine Policy Jacket
CSCP 1001	(05/18)	Century Surety Company - Commercial Lines Policy - Common Policy Declarations
PNCC 0001a	(04/20)	Century Surety Claims Reporting Notice to Policyholders
PRIV 0001	(05/19)	Privacy Statement
CCP 2010	(05/08)	Service of Suit
SEA 2001	(02/20)	Commercial Marine Conditions
IL P001	(01/04)	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

TERRORISM FORMS

Form Number	Edition	Form Name
WCT 0172	(01/15)	Amendatory Endorsement - Certified Acts of Terrorism
WCT 0174	(01/15)	Conditional Exclusion of Terrorism Relating To The Disposition Of The Federal Terrorism Risk Insurance Act

SPECIFIC VESSEL PHYSICAL DAMAGE / PROTECTION & INDEMNITY TERMS AND CONDITIONS

Form Number	Edition	Form Name	
WCT 1200	(04/15)	Century Surety Company - Commercial Ocean Marine Protection and Indemnity Declarations	
WCT 0001	(10/16)	Protection and Indemnity Coverage Form	
WCT 0103	(08/14)	Amendatory Endorsement - Cancellation Premium Returns	
WCT 0110	(08/14)	Amendatory Endorsement - Electrical Equipment and Wiring Warranty	
WCT 0113	(11/19)	Amendatory Endorsement - No Navigation Sunset Through Sunrise Warranty	
WCT 0123	(08/14)	Amendatory Endorsement - Vessel Named Operator	
		Named Operator(s):	TBA upon company review & approval of MVR & captain resume on each person to be considered for designated operator status
WCT 0127	(08/14)	Exclusion - Pollutants	
WCT 0129	(05/16)	Exclusion - Firearms or Archery Equipment	
WCT 0203	(03/16)	Absolute Exclusion - Cyber Multi-Media or Internet	
WCT 0212	(07/16)	Exclusion - Liquor Liability	
WCT 0215	(08/14)	Medical Payments Coverage	
WCT 0216	(05/20)	Pollution Liability Coverage	
WCT 0217	(08/14)	Uninsured Watercraft Coverage	