

PSTEVENS



DATE (MM/DD/YYYY) 12/3/2021

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).

	nis certificate does not confer rights to				ıch end	lorsement(s)		require an endo	orsemen	i. A S	tatement on									
PRODUCER Vanner Insurance Agency 90A John Muir Dr, Suite 100 Amherst, NY 14228						CONTACT NAME: PHONE (A/C, No, Ext): (716) 688-8888 E-MAIL ADDRESS: info@vannerinsurance.com														
															INSURER(S) AFFORDING COVERAGE					NAIC#
															INSURER A : StarNet Insurance Company					
INSURED Cruisin Tikis Ft Lauderdale 3560 NW 53rd Street Ft Lauderdale, FL 33300						INSURER B:														
						INSURER C:														
						INSURER D:														
						INSURER E:														
	V=5.0=0	INSURER F:																		
				ENUMBER:		EEN ICCUED :		REVISION NUM		UE DO	LICY DEDICE									
	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY R																			
	ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH								JBJECT T	O ALL	THE TERMS,									
INSR		ADDL SUBR NSD WVD POLICY NUMBER			POLICY EFF POLICY EXP															
LTR A	`		WVD	POLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)				1 000 00									
	CLAIMS-MADE X OCCUR	X		CHA537856312		2/13/2021	2/13/2022	DAMAGE TO RENTE PREMISES (Ea occu	ED (\$										
	X P&I			011/4007000012		2/13/2021	Z/10/2022			\$	5,000									
								MED EXP (Any one person)		\$	•									
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY GENERAL AGGREGATE		\$ \$										
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG		\$ \$										
	OTHER:							PRODUCTS - COMP	70F AGG	\$										
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$										
	ANY AUTO							BODILY INJURY (Pe	er person)	\$										
	OWNED SCHEDULED AUTOS ONLY							BODILY INJURY (Pe												
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$										
	ACTOC SINE:									\$										
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$										
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$										
	DED RETENTION \$									\$										
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If you describe under							PER STATUTE	OTH- ER											
								E.L. EACH ACCIDEN	١T	\$										
								E.L. DISEASE - EA EMPLOYEE		\$										
If yes, describe under DESCRIPTION OF OPERATIONS below				CUA 527050240		0/40/0004	0/40/0000	E.L. DISEASE - POLICY LIMIT												
Α	Watercraft	X		CHA537856312		2/13/2021	2/13/2022	P&i			1,000,000									
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL isin' Tikis	ES (ACORI	D 101, Additional Remarks Schedu	ıle, may b	e attached if mor	re space is requi	red)												
C	iain! Tikia									The C	its of Fout									
l .	isin' Tikis derdale is named as an Additional Insur	ed.								i ne C	ity of Fort									
	DTIEICATE HOLDED	CANCELLATION																		
CERTIFICATE HOLDER City of Fort Lauderdale 100 N. Andrews Avenue						OANOLLLATION														
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.														
						Fort Lauderdale, FL 33301						AUTHORIZED REPRESENTATIVE								
						1241														
	1	1 to W Sty																		