

<b>CERTIFICATE OF LIABILITY INSURANCE</b>							DATE (MM/DD/YYYY) 10/26/2021																					
<b>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.</b>																												
<b>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).</b>																												
<b>PRODUCER</b>  Sea Insure 70 Essex Road West Brook, CT 06498				<b>CONTACT NAME:</b> Chris McKinnon <b>PHONE (A/C, No, Ext):</b> 860-399-3673 <b>FAX (A/C, No):</b> 860-399-2893 <b>E-MAIL ADDRESS:</b> chrism@seainsure.com																								
<b>INSURED</b>  Lauderdale Towing & Salvage Inc. DBA Sea Tow Fort Lauderdale 3001 W. State Road 84 Fort Lauderdale, FL 33312				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Navigators Insurance Company</td> <td>42307</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>				INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Navigators Insurance Company	42307	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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. AGGREGATE 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CLAIMS-MADE    <input checked="" type="checkbox"/> OCCUR               </div> </div>	X		NY21MPK722601	2/1/2021	2/1/2022	EACH OCCURRENCE \$ 2,000,000																					
	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> POLICY    <input type="checkbox"/> PROJEC    <input type="checkbox"/> LOC               </div> </div>						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000																					
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> OTHER:						MED EXP (Any one person) \$ 5,000																					
							PERSONAL & ADV INJURY \$ 2,000,000																					
							GENERAL AGGREGATE \$ 4,000,000																					
							PRODUCTS - COMP/OP AGG \$ 2,000,000																					
							\$																					
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$																					
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED <input type="checkbox"/> SCHEDULED <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED							BODILY INJURY (Per person) \$																					
							BODILY INJURY (Per accident) \$																					
							PROPERTY DAMAGE (Per accident) \$																					
							\$																					
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$																					
							AGGREGATE \$																					
							\$																					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							<div style="display: flex; justify-content: space-between;"> <div>PER STATUTE</div> <div>OTH-ER</div> </div>																					
							E.L. EACH ACCIDENT \$																					
							E.L. DISEASE - EA EMPLOYEE \$																					
							E.L. DISEASE - POLICY LIMIT \$																					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																												
<b>CERTIFICATE HOLDER</b>					<b>CANCELLATION</b>  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																							