

CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY) 3/30/2022

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						CONTACT Charleen Sudholt					
Arthur J. Gallagher Risk Management Services, Inc. 12444 Powerscourt Drive Saint Louis MO 63131					PHONE (A/C, No, Ext): 314-800-2210 FAX (A/C, No): 866-20					4-5979	
					ADDRESS: Charleen_Sudholt@ajg.com						
						PRODUCER CUSTOMER ID #:					
License#: BR-724491						INSURER(S) AFFORDING COVERAGE					NAIC#
INSURED					INSURER A: Great American Insurance Company					16691	
Summerwind Yacht Charters 9225 SE10th Street Pompano Beach FL 33060					INSURER B:						
					INSURER C:						
					INSURER D:						
					INSURER E :						
					INSURER F:						
	COVERAGES CERTIFICATE NUMBER: 1690275972 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,							HE TERMS,				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
NSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY) LIMITS			s		
Α	HULL AND MACHINERY			OMH801292812	3/3/2022 3/3/2023 X PER SCHEDULE ON FILE						
									INSURED VALUE	\$	
	COLLISION LIABILITY							COI	LISION (Ea occurrence)	\$	
	TOWERS LIABILITY							TOV	VERS (Ea occurrence)	\$	
										\$	
Α	PROTECTION AND INDEMNITY			OMH801292812	0.0.2020		PER CLUB RULES				
	X CREW LIABILITY X JONES ACT							Χ	EA OCCURRENCE PER VESSEL, CSL	\$1,000	,000
	X COLLISION LIABILITY							COL	LISION (Ea occ), CSL	¢ 1 000	000

\$1,000,000 TOWERS LIABILITY TOWERS (Ea occ), CSL \$ REMOVAL OF WRECK (Ea occurrence) REMOVAL OF WRECK \$ IN REM \$ \$ \$ POLLUTION LIABILITY EA OCCURRENCE \$ OPA 90 \$ CERCLA \$ NON-OPA / NON-CERCLA \$ \$ MARITIME EMPLOYERS LIABILITY ANY ONE PERSON N/A \$ ANY ONE ACCIDENT ALTERNATE EMPLOYER \$ **EMPS** INCLUDES CREW \$ JONES ACT \$ DEATH ON THE HIGH SEAS \$ IN REM ENDORSEMENT \$ \$ \$ \$

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Proof of Insurance	Can R Parus

COVERAGES CERTIFICATE NUMBER: 1690275972

INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	·s
	COMMERCIAL GENERAL LIABILITY				((EACH OCCURRENCE	\$
	MARINE GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
I ⊢							GENERAL AGGREGATE	
	 EN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP / OP AGG	\$
Ι F							TRODUCTO-GOIMI 7 OF AGG	\$
<u> </u>	JECI=							\$
—	OTHER:						COMBINED SINGLE LIMIT	\$
	UTOMOBILE LIABILITY ANY AUTO SCHEDULED						(Ea accident)	\$
-	ANY AUTO SCHEDULED AUTOS NON-OWNED						BODILY INJURY (Per person)	\$
I	AUTOS ONLY AUTOS ONLY HIRED						PROPERTY DAMAGE	\$
	AUTOS ONLY						(Per accident)	\$
	ORKERS COMPENSATION ND EMPLOYERS LIABILITY Y/N	N/A					☐ PER ☐ OTH- STATUTE ☐ ER	
A	NYPROPRIETOR/PARTNER/EXECUTIVE						E.L. (Each accident)	\$
(1	FFICER/MEMBER EXCLUDED? Mandatory in NH)						E.L. DISEASE (Ea employee)	\$
	yes, describe under DESCRIPTION F OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
	ALTERNATE EMPLOYER							\$
	USL&H ENDORSEMENT							\$
	MARITIME EMPLOYERS LIABILITY							\$
	OCSL ACT							\$
	.S. LONGSHORE & HARBOR WORKERS	N/A					□ PER □ OTH- STATUTE □ ER	Ψ
	OMPENSATION ACT ALTERNATE EMPLOYER	N/A					E.L. (Each accident)	Φ.
	MARITIME EMPLOYERS LIABILITY						E.L. DISEASE (Ea employee)	\$
I -	 						E.L. DISEASE - ANN AGG	\$
<u> </u>	OCSL ACT						E.L. DISEASE - AINN AGG	\$
H-	1000155111011151						EAGU GOOLIDDENGE	\$
	IRCRAFT LIABILITY						EACH OCCURRENCE	\$
I	OWNED AIRCRAFT						AGGREGATE	\$
I ⊢	NON-OWNED AIRCRAFT							\$
	PASSENGER LIABILITY							\$
								\$
U	MBRELLA / EXCESS LIAB / BUMBERSHOOT						EACH OCCURRENCE	\$
	UMBRELLA BUMBERSHOOT						AGGREGATE	\$
	EXCESS							\$
	CLAIMS MADE OCCUR							\$
	DED RETENTION \$							\$
	NERGY						CSL, ANY ONE	
	ONTROL OF WELL / OPERATORS XTRA EXPENSE						OCCURRENCE (100% interest)	\$
	CARE, CUSTODY AND CONTROL (CCC)						ANY ONE OCCURRENCE (100% interest)	\$
	 FFSHORE OIL AND GAS PROPERTY						(100 % Interest)	1
	PLATFORMS						VALUES AS SCHEDULED	\$
	PIPELINES						VALUES AS SCHEDULED	\$
I								
 	_							\$
	LINGUID CAS PROPERTY							\$
	NSHORE OIL AND GAS PROPERTY						VALUES AS SOUED!!! ED	
I ⊢	OIL & GAS PROPERTY						VALUES AS SCHEDULED	\$
	CONTRACTORS EQUIPMENT						VALUES AS SCHEDULED	\$
I								\$
	AMED WINDSTORM OFF- ON-							
	SHORE 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) Proof of Insurance								