

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/19/2022

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).

BRODUCER						CONTACT Relivesther Incurance Group						
PRODUCER					NAME: Beliwether insurance Group							
Bellwether Insurance Group, LLC						PHONE (954) 800-6400 FAX (A/C, No, Ext): (954) 935-7597  E-MAIL Certificates@bigriskmanagement.com						
225 SE 15th Terrace						ADDRESS: Certificates@bigriskmanagement.com						
Deerfield Beach FI 33441						INSURER(S) AFFORDING COVERAGE						
INSUR				FL 33441	INSURER A: RLI INSURANCE COMPANY					13056		
INSOR					INSURI							
Carfi Enterprises Inc.  14990 Palm Beach Point Boulevard						INSURER C:						
	14000 Falm Beach Form Boule	valu			INSURI	ER D :	* ***					
Wellington FL 33414						INSURER E :						
COV		TIFIC		FL 33414	INSURER F:							
-			NUMBER: CL221190356	INCADION MONDELY.								
CEI	ICATED. NOTWITHSTANDING ANY REQU	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THI IITS SHOWN MAY HAVE BEEN										
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$			
l	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$			
I . H	Ocean Marine Liability Protection & Indemnity			LILII 0400407				MED EXP (Any one person)	\$			
l F				HUL0100407		01/23/2022	01/23/2023	PERSONAL & ADV INJURY	\$			
1 .	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$			
-	POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$			
	OTHER:	-	-					Combined Single Limit		00,000		
ľ	ANY AUTO							(Ea accident)	\$			
-	OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
-	AUTOS ONLY AUTOS NON-OWNED							BODILY INJURY (Per accident) PROPERTY DAMAGE	\$			
-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$			
	HARDELLALIAR								\$			
<u> </u>	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$			
-	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$			
DED RETENTION \$ WORKERS COMPENSATION		-						I DED 1 1 OTH	\$	- 624		
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under								PER OTH- STATUTE ER				
								E.L. EACH ACCIDENT	\$			
								E.L. DISEASE - EA EMPLOYEE	\$			
	ÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	200.000		
A	Hull Physical Damage			HUL0100407		01/23/2022	04/02/2022	Hull Phyiscal Damage	\$1,0	90,000		
'				11010100407		01/23/2022	01/23/2023					
DESCR	IPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	OPP 4	04 Additional December Calculate								
88993	Is Musette & Musette II	-5 (AC	יני עאט זו	JT, Additional Remarks Schedule,	may be a	ttached if more sp	pace is required)					
V0000	io muscito di muscito ii											
CERT	TEICATE HOLDED		0.1110									
CERTIFICATE HOLDER						ELLATION						
**Proof of Insurance**					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						
						fh-Nd-						



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PRO	DUCER				CONTACT NAME: Bellwether Insurance Group						
Bellwether Insurance Group, LLC						PHONE (A/C, No, Ext): (954) 800-6400 (A/C, No): (954) 935-7597					
225 SE 15th Terrace						PHONE (A/C, No, Ext): (954) 800-6400 FAX (A/C, No): (954) 935-7597  E-MAIL ADDRESS: Certificates@bigriskmanagement.com					
					TIBBILE		SURFR(S) AFFOR	RDING COVERAGE		NAIC#	
Deerfield Beach FL 33441						INSURER(S) AFFORDING COVERAGE INSURER A: RLI INSURANCE COMPANY					
INSL	JRED	-			INSURER B:						
	Carfi Enterprises Inc.				INSURER C :						
14990 Palm Beach Point Boulevard						INSURER D :					
						INSURER E :					
	Wellington			FL 33414	INSURER F :						
CO	VERAGES CER	TIFIC	ATE	NUMBER: CL2211903563							
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	SUBR		POLICY EFF   POLICY EXP						
	COMMERCIAL GENERAL LIABILITY	INSU	WVD	T OLIOT NOMBER		(MM/DD/YYYY) (MM/DD/YYYY)		Townson and a second se			
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED	\$		
	Cean Marine Liability				1			PREMISES (Ea occurrence)	\$		
Α	➤ Protection & Indemnity	Y		HUL0100407		01/23/2022	01/23/2023	MED EXP (Any one person)	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$		
	POLICY PRO- LOC							GENERAL AGGREGATE	\$		
	OTHER:							PRODUCTS - COMP/OP AGG Combined Single Limit	\$ 1,00	0.000	
	AUTOMOBILE LIABILITY		$\vdash$					COMBINED SINGLE LIMIT	\$ 1,000	0,000	
	ANY AUTO							(Ea accident) BODILY INJURY (Per person)	\$	2200 mm	
	OWNED SCHEDULED							BODILY INJURY (Per accident)	\$		
	AUTOS ONLY AUTOS NON-OWNED							PROPERTY DAMAGE	\$		
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
	UMBRELLA LIAB OCCUP										
	EXCESS LIAB OCCUR							EACH OCCURRENCE	\$		
	CLAIMS-IVIADE							AGGREGATE	\$		
	DED   RETENTION \$   WORKERS COMPENSATION	-						PER OTH-	\$		
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)										
								E.L. EACH ACCIDENT	\$		
	If yes, describe under								\$		
	DESCRIPTION OF OPERATIONS below				$\rightarrow$			E.L. DISEASE - POLICY LIMIT Hull Phyiscal Damage	\$ \$1.00	90.000	
Α	Hull Physical Damage			HUL0100407		01/23/2022	01/23/2023	Tiuli Friyiscai Dairiage	\$ 1,0	90,000	
				11020100101	1	01/20/2022	01/20/2020				
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01 Additional Remarks Schedule	may be at	tached if more sp	and is required)				
	ificate holder is named as additional insured		OND II	71, Additional Romana Conedule, II	nay be all	tached if more sp	ace is required/				
	ment man is harred as additional modes	A									
CERTIFICATE HOLDER											
CERTIFICATE HOLDER CANCELLATION											
						JLD ANY OF TH	HE ABOVE DES	SCRIBED POLICIES BE CAN	CELLED	BEFORE	
						EXPIRATION DA	ATE THEREOF,	, NOTICE WILL BE DELIVER!		BEFORE	
City of Fort Lauderdale					ACCORDANCE WITH THE POLICY PROVISIONS.						
100 N. Andrews Ave						AUTHORIZED DESDECENTATIVE					
						AUTHORIZED REPRESENTATIVE					
Fort Lauderdale				FL 33301	A-ML						