

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONTERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS SELDW. 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.

MPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(is) must have ADDITIONAL INSURED provisions or be endorsed this certificate does not confer rights to the terms and conditions of the policy, certain policies may require an endorsement. A statement on PRODUCER

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THE Jungle Queens, Inc. 2470 Sw 21st St CERTIFICATE OF LIABILITY INSURANCE INSURER A: Great American Insurance Co
INSURER B: StarStone National Insurance Co
INSURER C: Scottsdale Insurance Company
INSURER D: PHONE (AC. No. Ext): (954) 653-2838
E-MALL
ADDRESS: mloveless@risk-strategies.com 16691

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DESCRIPTION OF OPERATIONS / LOCATIONS / YEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	Educi crapitiy		DESCRIPTION OF OPERATIONS below	Е	ECUTIVE Y/N	WORKERS COMPENSATION	DED X RETENTION \$ 25,000	EXCESS LIAB CLAIMS-MADE	X UMBRELLA LIAB X OCCUP	7	X AUTOS ONLY X NON-OWNED	_	ANY AUTO	AUTOMOBILE LIABILITY		X BEST TO THE SECOND SE	GENT AGGREGATE LIMIT APPLIES PER:	X		CLAIMS-MADE X OCCUR	COMMERCIAL GENERAL LIABILITY	TYPE OF INSURANCE	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REPUICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS.	CERTIFIC TO THE CANADAM RECORDERENT. LEAM OR CONDITION OF ANY CONTRACT OR OTHER DOOR WELL TO THE OTHER DOOR WELL TO THE CONTRACT OR OTHER DOOR WELL TO THE CONTRACT OR OTHER DOOR WELL TO THE CONTRACT OR OTHER DOOR WELL TO THE O
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	12/15/2021						1202101	10/10/10/10		**	1202021	13/45/2021					1202:61021	43/15/2007			(MWDD/YYY)	POLICY EFF	CIES DESCRIE	BACTOR OTE
	12/15/2022						2707.61.071				2202/21/21					-	12/15/2022		*****		CLUMBONINI C	POLICY EXP	HEREIN IS	
		E.L. DISEASE - POLICY LIMIT	EL DISEASE - EA EMPLOYEE	EL EACH ACCIDENT	STATUTE ER		AGGREGATE	EACH OCCURRENCE		(Per accident)	BODILY INJURY (Per accident)	BODILY INJURY (Per person)	(En accident)	Annual Aggregate, other	PRODUCTS - COMP/OP AGG	GENERAL AGGREGATE	PERSONAL & ADV INJURY	MED EXP (Any one person)	PREMISES (Ea occurrence)	EACH OCCURRENCE	шмп		SUBJECT TO ALL THE TERM	
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ACORD 25 (2016/03)

CERTIFICATE HOLDER

Jungle Queens, Inc. 2470 SW 21st Street

Fort Lauderdale

33312

NUTHORIZED REPRESENTATIVE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ANCELLATION

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AGENCY
CUSTOMER
00126003



ADDITIONAL REMARKS SCHEDULE LOC #:

		2
AGENCY	NAMED INSURED	
RSC insurance Brokerage, inc.	Jungle Queens, Inc.	
POLICY NUMBER		
CARRIER	DDE	
	EFFECTIVE DATE:	
ADDITIONAL REMARKS		

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

"Marine Commercial Liability "" Policy #OMH144140408 - Great American Ins. Co.
Term: 12/15/21-12/15/22

Comprehensive General Liability Limit S1,000,000

Marina Operators Legal Liability Limit S1,000,000

Personal Injury & Advertising Limit S1,000,000

Modula Expense Limit S5,000

Modula Expense Limit S1,000

MOLL Deductible: \$1,000

MOLL Deductible: \$1,000

"". Liquor Lability --- Policy #CPS7491529 - Scottsdale Ins. Co. - Term: 12/15/21-12/15/22 Limit \$1,000,000 Each Common Cause and \$2,000,000 Aggregate Deductible: \$0

" Pollution Liability "" Policy #0MH144102409 - Great American Ins. Co. - Term: 12/15/21-12/15/22 Imit: 85.000.000 (Jungle Cusen IV): 85.000.000 (River Queen)

Property "- Policy #3500R10878\$ Lloyds of London - Term: 12/15/22
Special Form, 97% Coinsurance, AOP Deductible: \$50,000, Named Storm Deductible: 5% (per total insured value, subject to \$5,000 minimum), All Other Wird Deductible: \$50,000, Palceament Cost Valuation
Location #1: 2470 SW / 21st Street, Fort Lauderdale, FL 33316
Building Limit #250,000
EUP - MediaDrate (Softwere) Limit: \$55,000
EUP internit (Hardware - Computers/Severei) Limit: \$75,000
Building: \$60,000 (Palceament (Softwere) Limit: \$55,000
Building: \$60,000 (Show Bar)
Berl (Concession Stand) Street, Fort Lauderdale; \$1,200,000
Building: \$60,000 (Show Bar)
Berl (Concession Stand) Street, Fort Lauderdale; \$1,200,000
Building: \$60,000 (Concession Stand)
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Berl (Concession Stand) Street, Fort Lauderdale; \$1,200,000
Building: \$60,000 (Concession Stand)
Berl (Concession Stand): \$15,000
Building: \$60,000 (Concession Stand)
Berl (Concession Stand): \$15,000
Building: \$1,200 (Concession Stand): \$1,300
Cance Benches: \$60,000
Building: \$1,200
Waterdal: \$20,000
Waterdal: \$20,000
Waterdal: \$20,000
Building: \$1,200
Bui

ation #2: 801 Seabreeze Blvd, Fort Lauderdale, FL 33316 ding (Ticket Booth): \$100.000 iness Personal Property: \$8,000

ACORD 101 (2008/01)

			ADE	ADDITIONAL COVERAGES	RAG	ES		
Ref #	├	Description Comprehensive GL Limit				Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	000	Limit 2	Limit 3	Deductible Amount	Dedu	Deductible Type	Premium	
Ref #	Description Limited Poll	Description Limited Pollution Coverag				Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	000	Limit 2	Limit 3	Deductible Amount 72	Deduc	Deductible Type Hours	Premium	
Ref #	Description Hired/Non-C	Description Hired/Non-Owned Automobile Liability	Liability			Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	18	Limit 2	Limit 3	Deductible Amount	Deduc	Deductible Type	Premium	
Ref #	Description Products/Co	Description Products/Completed Ops Limit				Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	1 7 1	Limit 2	Limit 3	Deductible Amount	Deduc	Deductible Type	Premium	
Ref #	Description Premises R	Description Premises Rented to You				Coverage Code	Form No.	Edition Date
Limit 1 50,000		Lim# 2	Limit 3	Deductible Amount	Deduct	Deductible Type	Premium	
Ref #	Description Marina Ope	Description Marina Operators Legal Liability				Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	8	Limit 2	Limit 3	Deductible Amount 1,000	Deduct	Deductible Type Dollars	Premium	
Ref #	Description			1117		Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduct	Deductible Type	Premium	
Ref #	Description					Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deducti	Deductible Type	Premium	
Ref#	Description					Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
	Description					Coverage Code F	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
	Description					Coverage Code F	Form No.	Edition Date
E		Limit 2	Limit 3	Deductible Amount	Deductible Type		Premium	
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ACORD	ADDITIONAL REMARKS SCHEDULE	RKS SCHEDULE	Page of
AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED JUDGIE OUBERS, Inc.	
POLICY NUMBER		The second of th	
CARRIER	NAIC CODE	EFFECTIVE DATE:	
ADDITIONAL REMARKS			
RKS	ORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Liability Insurance		
\$17,000	TITLE: Commence of Leading Insurance		·
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ACORD*

AGENCY CUSTOMER ID: 00126003