

CERTIFICATE OF INSURANCE

Issued Date: April 20, 2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGES AFFORDED BY THE POLICIES BELOW.

PRODUCER: Maritime Coverage Corp.
Pro Cap Insurance Agency
555 W Granada Blvd. #G-2
Ormond Beach, FL 32174-9407
(386) 671-7791 • Fax: (386) 671-7793

INSURED: South Florida Diving Headquarters, Inc.
310 South East 15th Ave
Pompano Beach, FL 33060-1201

COMPANIES AFFORDING COVERAGE

Company A:	Stratford Insurance Company
Company B:	WQIS
Company C:	
Company D:	

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.

<u>Coverage</u>	<u>Company</u>	<u>Policy #</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Limits</u>
Protection & Indemnity	A	VCF2005777	4/5/2022	4/5/2023	\$1,000,000
Hull & Machinery	A	VCF2005777	4/5/2022	4/5/2023	Yes
Excess					
Dock Liability	A	VCF2005777	4/5/2022	4/5/2023	\$1,000,000
Pollution	B	55-82993	4/5/2022	4/5/2023	\$1,000,000
Other:					

SPECIAL ITEMS

Vessel Name: "Aqua View" (Official #: 1088136)
Crew Coverage: 49 Passengers and 2 Full Time & 1 Part Time Crew -- \$ 1,000,000 Limits (Includes Coverage under the Federal Jones Act)
Vessel Description: 1999 45' FRP Corinthian Catamaran
Sands Resort & Marina, LLC. is/are Additionally Insured with respects to the operation of the insured vessel only. Waiver of Subrogation Clause Applies. Additional Insured Coverage is Provided on a Primary/Non-Contributory Basis.

CERTIFICATE HOLDER:

Sands Resort & Marina, LLC.
101 N. Riverside Dr.
Suite 205
Pompano Beach, FL 33062-5011

CANCELLATION: Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice (10 Days for non-payment of premium) to the certificate holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.



Authorized Representative