

DATE (MM/DD/YYYY) 01/04/2023

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 i	ights to the certificate holde	r in lieu of Such	endorsement(s).	
PRODUCER			CONTACT Danielle Jeanbaptiste NAME:	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 77	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flo	rida Inc		INSURER C:	
2541 West State Road	84		INSURER D:	
			INSURER E :	
Fort Lauderdale	FL	33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	
	CLAIMS-MADE OCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 10,000
A		Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
1	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 500,000
	X ANY AUTO						BODILY INJURY (Per person) \$
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident) \$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB CLAIMS-MADE	1					AGGREGATE \$
1	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER
l _B	ANY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT \$ 1,000,000
	(Mandatory in NH)	, [0 ., . 0, 2022	0 ., .0,2020	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Marine Operators Legal Liability						MOLL 1,000,000
А	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

17TH STREET YACHT BASIN LLC and BSREP III FORT LAUDERDALE TRS LLC are additional insureds as respects General Liability if required by written contract.

CERTIFICATE HOLDER	CANCELLATION
17TH STREET YACHT BASIN LLC and BSREP III FORT LAUDERDALE TRS LLC	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
1881 SE 17th St	miffor
Fort Lauderdale FL 33316	7114000

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds							
Other Named Insureds							
Marina Mile Ventures LLC	Additional Named Insured						
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC					



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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 liqu of such endorsement(s)

this certificate does not confer ri	ghts to the certificate holder	r in lieu of such	endorsement(s).	
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No): (954) 776	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	. 33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flor	da Inc		INSURER C:	
2541 West State Road	34		INSURER D :	
			INSURER E :	
Fort Lauderdale	FL	. 33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. 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)	LIMIT	*
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
							MED EXP (Any one person)	\$ 10,000
Α		Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					1	PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
1	(Mandatory in NH)	, .		0.0000000000000000000000000000000000000	0 1/ 10/2022	0 1/ 10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marine Operators Legal Liability						MOLL	1,000,000
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

BloodMoney, LLC DBA Naples Boat Yard is additional insured with respect to General Liability if required by written contract.

CERTIFICATI	E HOLDER		CANCELLATION			
BloodMoney, LLC DBA Naples Boat Yard 2775 Bayview Dr			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			
	Naples	FL 34112	Millow			

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds							
Other Named Insureds							
Marina Mile Ventures LLC	Additional Named Insured						
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC					



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this certificate does not confer rig	ints to the certificate holde	r in lieu of such	endorsement(s).	
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 77	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	. 33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flori	da Inc		INSURER C:	
2541 West State Road 8	4		INSURER D :	
			INSURER E :	
Fort Lauderdale	FL	. 33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	REVISION NUMBER:	

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INSR LTR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS
А	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROPERTY LOC OTHER:	55		D42297215	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
А	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY			H08473183	01/01/2023	01/01/2024	COMBINED SINGLE LIMIT \$ 500,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND EMPLOYERS' LIABILITY	_					EACH OCCURRENCE \$ AGGREGATE \$ PER OTH- STATUTE ER
В	AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
А	Marine Operators Legal Liability Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	MOLL 1,000,000 P&I 1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Brunswick Acceptance Company, LLC, Wells Fargo Commercial Distribution Finance, LLC is listed as Loss Payee and is an additional insured per blanket additional insured endorsement as respects General Liability, but only if required by written contract, subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICAT	E HOLDER		CANCELLATION
	Brunswick Acceptance Company, LLC Wells Fargo	Commercial	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	1 O Box 33703		AUTHORIZED REPRESENTATIVE
	Billings	MT 59107-5703	millon.

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds									
Other Named Insureds									
Marina Mile Ventures LLC	Additional Named Insured								
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC							



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L_tl	nis certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,					
PRO	DUCER				CONTAC NAME:	Danielle J	eanbaptiste				
Bro	wn & Brown of Florida, Inc.				PHONE (A/C, No	(954) 77	76-2222		FAX (A/C, No):	954) 7	76-4446
120	1 W Cypress Creek Rd				E-MAIL ADDRES	Donielle	eanbaptiste@l		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Sui	te 130				ADDICE		SUPER(S) AFFOR	RDING COVERAGE			NAIC #
For	t Lauderdale			FL 33309	INSURE	A O F A	erican Insuran				22667
INSU	IRED				INSURE		National Insura	ance Company			
l	World Cat of South Florida Inc							. ,			
	2541 West State Road 84				INSURE					-	
	2011 Wood Olalo Road of				INSURE						
	Fort Lauderdale			FL 33312	INSURE						
<u></u>		TIFIC	ATE	0	INSURE	RF:		DEVICION NUMB)FD:		
				ITO III DEITI		TO THE INCHI		REVISION NUMB			
	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQU										
	ERTIFICATE MAY BE ISSUED OR MAY PERT		,								
	XCLUSIONS AND CONDITIONS OF SUCH PO				REDUC						
INSR LTR	TYPE OF INSURANCE	INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$	1,000	0,000
1	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurr		100,0	000
1								MED EXP (Any one pe	erson) \$	10,00	00
Α				D42297215		01/01/2023	01/01/2024	PERSONAL & ADV IN.	JURY \$	1,000	0,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE \$	2,000	0,000
1	POLICY PRO- JECT LOC							PRODUCTS - COMP/0	OP AGG \$	2,000	0,000
1	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	-IMIT \$	500,0	000
1	X ANY AUTO				01/01/2023		BODILY INJURY (Per p	person) \$			
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183		01/01/2023	01/01/2024	BODILY INJURY (Per a	accident) \$		
1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$			
1	AUTOS GIVET							PIP-Basic	\$	10,00	00
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
l	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
1	DED RETENTION \$								\$		
	WORKERS COMPENSATION							PER STATUTE	OTH- ER		
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							E.L. EACH ACCIDENT	·	1,000	0,000
В	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9700000053221		04/15/2022	04/15/2023	E.L. DISEASE - EA EM		4 000	0,000
1	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC		1,000	0,000
\vdash		1						MOLL	21 FIIAII 2	1,000	
A	Marine Operators Legal Liability Protection & Indemnity			Y10216266		01/01/2023	01/01/2024	P&I		1000	
	Protection & indemnity										
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	FS (AC	ORD 1	01. Additional Remarks Schedule	may be at	tached if more sr	nace is required)	l			
		(,	,		,				
1											
1											
1											
<u> </u>											
CE	RTIFICATE HOLDER				CANC	ELLATION					
1					env		HE VBOVE DE	SCRIBED POLICIES	S BE CANCE		REEODE
					300	OFD VIAL OL I		CONIDED FOLIDIES	OF CHINCE		DEI OIVE

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THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Calusa Island Marina 385 Angler Drive

Goodland

FL 34140

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds									
Other Named Insureds									
Marina Mile Ventures LLC	Additional Named Insured								
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC							



DATE (MM/DD/YYYY) 01/04/2023

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

tilis certificate does flot collier	rights to the certificate holde	i ili lieu oi sucii	endorsement(s).	
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 776-2222	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flo	orida Inc		INSURER C:	
2541 West State Road	184		INSURER D :	
			INSURER E :	
Fort Lauderdale	FL	33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	ACCUSIONS AND CONDITIONS OF SOCITIONS FROM WAIT TAVE BEEN REDUCED BY FAIR CEARING.								
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000		
							MED EXP (Any one person) \$ 10,000		
Α		Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY \$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000		
1	OTHER:						\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 500,000		
	X ANY AUTO						BODILY INJURY (Per person) \$		
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident) \$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$		
							PIP-Basic \$ 10,000		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$		
	DED RETENTION \$						\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
l _B	ANY PROPRIETOR/PARTNER/EYECLITIVE	N/A	Υ	9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT \$ 1,000,000		
-	(Mandatory in NH)		•				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000		
	Marine Operators Legal Liability						MOLL 1,000,000		
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I 1000000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The cert holder is an additional insured per the blanket additional insured endorsement as respects General Liability, but only if required by written contract subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICATE HOLDER		CANCELLATION			
Collier Enterprises Management, Inc and its and its affil	liates, and	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			
7065 Hamilton Avenue		miller			
Naples FL	L 34112	1114000			
1					

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds									
Other Named Insureds									
Marina Mile Ventures LLC	Additional Named Insured								
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC							



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer rigi	nts to the certificate holder	r in lieu of such	endorsement(s).	
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 776-2222	76-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Florid	a Inc		INSURER C:	
2541 West State Road 84	ļ.		INSURER D :	
			INSURER E :	
Fort Lauderdale	FL	33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICY EXP	LIMIT	e
LTR		INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE OCCUR						PREMISES (Ea occurrence) MED EXP (Any one person)	\$ 10,000
Α		Υ		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marine Operators Legal Liability						MOLL	1,000,000
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The cert holder is an additional insured per the blanket additional insured endorsement as respects General Liability, but only if required by written contract subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICATE HOLDER		CANCELLATION
BankUnited, N.A. ISAOA/ATIMA PO Box 5919		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 0 500 5515		AUTHORIZED REPRESENTATIVE
Troy	MI 48007-5919	milles -

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	1 Limit 2 Limit 3 Deductible Amount					tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	it 1 Limit 2 Limit 3 Deductible Amount Deductible Type						Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not	confer rights to the certificate ho	older	in lieu of such	n endorsem	nent(s).			
PRODUCER				CONTACT NAME:	Danielle Jeanbaptiste			
Brown & Brown of Florida, Inc				PHONE (A/C, No, Ext	(954) 776-2222	FAX (A/C, No):	(954)	776-4446
1201 W Cypress Creek Rd				E-MAIL ADDRESS:	Danielle.Jeanbaptiste@bbrown.com			
Suite 130					INSURER(S) AFFORDING COVERAGE			NAIC #
Fort Lauderdale		FL	33309	INSURER A :	ACE American Insurance Company			22667
INSURED				INSURER B :	Everest National Insurance Company			
World Cat of S	South Florida Inc			INSURER C :	:			
2541 West Sta	ate Road 84			INSURER D :				
				INSURER E :				
Fort Lauderda	le	FL	33312	INSURER F :				
COVERAGES	CERTIFICATE NUMBE	ER:	CL231403572		REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT T	HE POLICIES OF INSURANCE LISTER) BEI	OW HAVE BEEN	ISSUED TO	THE INSURED NAMED ABOVE FOR THE P	OLICY PER	IOD	

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 S	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	-
	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000 \$ 10,000
А				D42297215	01/01/2023	01/01/2024	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$ 2,000,000 \$ 2,000,000
	POLICY JECT LOC OTHER:						PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
1	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
1	(Mandatory in NH)	N, A		0.0000000000000000000000000000000000000	0 1/ 10/2022	0 1/ 10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marine Operators Legal Liability						MOLL	1,000,000
А	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICAT	E HOLDER		CANCELLATION
	Department of Highway and Motor Vehicles c/o So	outh Broward Tag	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	3307 Shehdari St		AUTHORIZED REPRESENTATIVE
	Hollywood	FL 33021	millon.

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	1 Limit 2 Limit 3 Deductible Amount					tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	it 1 Limit 2 Limit 3 Deductible Amount Deductible Type						Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer righ	its to the certificate holder in lieu of suc	h endorsement(s).	
PRODUCER		CONTACT Danielle Jeanbaptiste NAME:	
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 7	76-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com	
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667
INSURED		INSURER B: Everest National Insurance Company	
World Cat of South Florida	a Inc	INSURER C:	
2541 West State Road 84		INSURER D:	
		INSURER E :	
Fort Lauderdale	FL 33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER: CL231403572	PREVISION 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'LAGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE	<u>.</u>					AGGREGATE	\$
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	l N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	datory in NH)	1			0 17 1072022	0 17 1072020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		tection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICAT	E HOLDER		CANCELLATION
	Dinner Key Marina 3400 Pan American Dr.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	0400 Fair/American Dr.		AUTHORIZED REPRESENTATIVE
	Miami I	FL 33133	millon.

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	Limit 2 Limit 3 Deductible Amount Deductible Type				ctible Type	Premium \$56.00		
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	OFADTLCV Copyright 2001, AMS Services, Inc.							

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



DATE (MM/DD/YYYY) 01/04/2023

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).

this certificate does not confer rights to the certificate ho	•		it. A statement	JII
PRODUCER		CONTACT Danielle Jeanbaptiste		
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ext): (954) 776-2222	FAX (A/C, No): (954)	776-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com		
Suite 130		INSURER(S) AFFORDING COVERAGE		NAIC #
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company		22667
INSURED		INSURER B: Everest National Insurance Company		
World Cat of South Florida Inc		INSURER C:		
2541 West State Road 84		INSURER D:		
		INSURER E :		
Fort Lauderdale	FL 33312	INSURER F:		
COVERAGES CERTIFICATE NUMBE	ER: CL231403572	2 REVISION NUM	BER:	
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHO	CONDITION OF ANY CE AFFORDED BY TH	CONTRACT OR OTHER DOCUMENT WITH RESPECT TO E POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TI	O WHICH THIS	

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	×	COMMERCIAL GENERAL LIABILITY				,		EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α			Υ		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY				H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	idatory in NH)	"/^		3700000033221	04/10/2022	04/10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	140	ring Operators Legal Lightlift						MOLL	1,000,000
Α		rine Operators Legal Liability otection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000
	1 Totalion & machinity								
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)								

Harbour Towne Marina is additional insured with respect to General Liability if required by written contract.

CERTIFICATI	E HOLDER		CANCELLATION
	Harbour Towne Marina 801 NE 3rd St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	OUT WE SIG OF		AUTHORIZED REPRESENTATIVE
	Dania Beach	FL 33004	Miller

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	Limit 2 Limit 3 Deductible Amount Deductible Type				ctible Type	Premium \$56.00		
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	OFADTLCV Copyright 2001, AMS Services, Inc.							

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



DATE (MM/DD/YYYY) 01/04/2023

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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).

this certificate does not confe	r rights to the certificate holde	r in lieu of such	endorsement(s).				
PRODUCER			CONTACT Danielle Jeanbaptiste				
Brown & Brown of Florida, Inc.			PHONE A/C, No, Ext): (954) 776-2222		FAX (A/C, No):	(954) 7	76-4446
1201 W Cypress Creek Rd			-MAIL ADDRESS: Danielle.Jeanbaptiste@	bbrown.com			
Suite 130			INSURER(S) AFFO	RDING COVERAGE			NAIC #
Fort Lauderdale	FL	_ 33309	NSURER A: ACE American Insuran	ice Company			22667
INSURED			NSURER B: Everest National Insur	ance Company			
World Cat of South F	lorida Inc		NSURER C :				
2541 West State Roa	ad 84		NSURER D :				
			NSURER E :				
Fort Lauderdale	FL	33312	NSURER F :				
COVERAGES	CERTIFICATE NUMBER:	CL231403572		REVISION NUME	BER:		
THIS IS TO CERTIEV THAT THE DO	LICIES OF INSLIDANCE LISTED BE	I OW HWE BEEN	CLIED TO THE INCLIDED NAMED A	POVE FOR THE DO	LICY DEDI	<u> </u>	

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	SR TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO					BODILY INJURY (Per person)	\$	
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE TAIL	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mandatory in NH)		,,,			0 17 1072022	0 17 1072020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		tection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICATI	E HOLDER		CANCELLATION
	Harmon Design is Boats Service and Repair 908 NE 24th Lane		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	300 NE 24th Lane		AUTHORIZED REPRESENTATIVE
	Cape Coral	FL 33909	Millon

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	Limit 2 Limit 3 Deductible Amount Deductible Type				ctible Type	Premium \$56.00		
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	OFADTLCV Copyright 2001, AMS Services, Inc.							

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste				
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No): (954)	54) 776-4446			
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com				
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #			
Fort Lauderdale	Fl	_ 33309	INSURER A: ACE American Insurance Company	22667			
INSURED			INSURER B: Everest National Insurance Company				
World Cat of South Flori	da Inc		INSURER C:				
2541 West State Road 8	4		INSURER D:				
			INSURER E:				
Fort Lauderdale	FL	33312	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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							

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.

	XCLUSIONS AND CONDITIONS OF SUCH PO							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000 \$ 100,000
	CLAIMS-MADE OCCUR						(10.000
A		Υ		D42297215	01/01/2023	01/01/2024	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
1	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
1	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9700000053221	04/15/2022	04/15/2023		\$ 1,000,000
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marine Operators Legal Liability						MOLL	1,000,000
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Hurricane Cove is additional insured with respect to general liability if required by written contract.

CERTIFICATE HOLDE	:R		CANCELLATION
Hurricane Cove c/o John Saa			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	V North River Drive		AUTHORIZED REPRESENTATIVE
Miami		FL 33125	Millow

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000						tible Type	Premium	
Ref #	Description Coverage C Uninsured motorist combined single limit UMCSL						Form No.	Edition Date
Limit 1 500,000	Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type 500,000					ctible Type	Premium	
Ref # Description Coverage Cod U.S. longshore & harbor WC act USLH						Coverage Code USLH	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type				tible Type	Premium		
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type				ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type					tible Type	Premium \$6,219.00	
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type						tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AM	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER			CONTACT Danielle Jeanbaptiste NAME:				
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 77	6-4446			
1201 W Cypress Creek Rd			E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com				
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #			
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667			
INSURED			INSURER B: Everest National Insurance Company				
World Cat of South Flori	da Inc		INSURER C:				
2541 West State Road 8	4		INSURER D:				
			INSURER E :				
Fort Lauderdale	FL	33312	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	SR TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T / N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	1,7,4		0.00000000221	0 1/ 10/2022	0 1/ 10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		tection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICATE	: HOLDER		CANCELLATION		
	Lauderdale Boat Yard LLC 3100 State Road 84		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
	5100 State Road 04		AUTHORIZED REPRESENTATIVE		
	Suite 400		en IH		
	Fort Lauderdale	FL 33312	711-1/20		

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000						tible Type	Premium	
Ref #	Description Coverage C Uninsured motorist combined single limit UMCSL						Form No.	Edition Date
Limit 1 500,000	Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type 500,000					ctible Type	Premium	
Ref # Description Coverage Cod U.S. longshore & harbor WC act USLH						Coverage Code USLH	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type				tible Type	Premium		
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type				ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type					tible Type	Premium \$6,219.00	
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1 Limit 2 Limit 3 Deductible Amount Deductible Type						tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AM	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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th	his certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,				
PRO	DUCER				CONTACT Danielle Jeanbaptiste					
Bro	wn & Brown of Florida, Inc.				PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446					
120	01 W Cypress Creek Rd				E-MAIL Danielle.Jeanbaptiste@bbrown.com					
Suit	te 130				INSURER(S) AFFORDING COVERAGE NAIC #					
	t Lauderdale			FL 33309	ACE American Insurance Company					22667
	JRED			12 00000	INSURE	F		. ,		22001
INSU					INSURER B: Everest National Insurance Company					
	World Cat of South Florida Inc	-			INSURER C:					
	2541 West State Road 84					INSURER D:				
					INSURE	RE:				
	Fort Lauderdale			FL 33312	INSURE	RF:				
_		_		NUMBER: CL231403572				REVISION NUME		
	HIS IS TO CERTIFY THAT THE POLICIES OF II									
	NDICATED. NOTWITHSTANDING ANY REQUIF ERTIFICATE MAY BE ISSUED OR MAY PERTA		,							
	XCLUSIONS AND CONDITIONS OF SUCH PO							020201 107122 111	,	
INSR LTR			SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	COMMERCIAL GENERAL LIABILITY	IIIOD				(,22,)	(, 22,)	EACH OCCURRENC	E S 1,	000,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTE	D 1/	00,000
	CLAIMS-MADE CCCOR						01/01/2024	PREMISES (Ea occur	nence) \$	0,000
Α		Υ		D42297215		01/01/2023		MED EXP (Any one p	1	000,000
	OFNII ACOREGATE LIMIT APPLIES DED	•						PERSONAL & ADV IN	1001(1 3	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGA	1 2	000,000	
	POLICY JECT LOC							PRODUCTS - COMP	OP AGG \$ 2	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE		00,000
								(Ea accident)	3 3	50,000
	ANY AUTO OWNED SCHEDULED					01/01/2022	04/04/0004	BODILY INJURY (Per	• •	
Α	AUTOS ONLY AUTOS HIRED NON-OWNED			H08473183		01/01/2023	01/01/2024	BODILY INJURY (Per PROPERTY DAMAGE	-	
	AUTOS ONLY AUTOS ONLY							(Per accident)		
								PIP-Basic	\$ 10	0,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$								\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	
В	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		9700000053221		04/15/2022	04/15/2023	E.L. EACH ACCIDEN	т \$ 1,	000,000
	(Mandatory in NH)	11/7		3700000000221		0-1/10/2022	04/15/2023	E.L. DISEASE - EA EI	MPLOYEE \$ 1.	000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLI	CY LIMIT \$ 1,	000,000
	Maria a On anatana I a and Linkilita							MOLL	1,	000,000
Α	Marine Operators Legal Liability Protection & Indemnity			Y10216266		01/01/2023	01/01/2024	P&I	10	000000
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule.	mav be at	tached if more si	pace is required)			
	rina PDR Operations LLC/Sun Communities,	•		· ·	•			eneral Liability if red	guired by	
	tten contract.							,		
Doc	porintion of Operations Light Mechanics									
Des	scription of Operations- Light Mechanics									
CEI	RTIFICATE HOLDER				CANC	ELLATION				
								SCRIBED POLICIE F, NOTICE WILL BE		
	Marina PDR Operations LLC/ Su	ın Co	mmun	nities Inc And It's				PROVISIONS.		-
	Affiliates and Subsidiaries	50								
	/ เกาแนเบอ นาน บนมอเนเตาเบอ									

4900 State Rd 3 Km. 51.4 Fajardo, Puerto Rico

00738

AUTHORIZED REPRESENTATIVE

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
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this certificate does not confer	this certificate does not confer rights to the certificate holder in field of such endorsement(s).									
PRODUCER			CONTACT Danielle Jeanbaptiste NAME:							
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 7	776-4446						
1201 W Cypress Creek Rd			E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com							
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #						
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667						
INSURED			INSURER B: Everest National Insurance Company							
World Cat of South Flo	orida Inc		INSURER C:							
2541 West State Road	184		INSURER D:							
			INSURER E:							
Fort Lauderdale	FL	33312	INSURER F:							
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	EXCLUSIONS AND CONDITIONS OF SOCITE OLICIES, LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS. POLICY EFF POLICY EXP									
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	CLAIMS-MADE COCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	0		
					01/01/2023	01/01/2024	MED EXP (Any one person) \$ 10,000			
Α		Y		D42297215			PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000			
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	0		
1	OTHER:						\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 500,000			
	X ANY AUTO						BODILY INJURY (Per person) \$			
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$				
							PIP-Basic \$ 10,000			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	DED RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
l _B	ANY PROPRIETOR/PARTNER/EYECUTIVE	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT \$ 1,000,000			
-	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000)		
	Marine Operators Legal Liability						MOLL 1,000,000)		
А	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I 1000000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

In Ref: 2023 Naples Boat Show

Marine Industries Assoc of Collier County (POB 9887, Naples FL 34101), City of Naples (735 8th Street S, Naples FL 34102), Naples City Dock(880 12th Ave S., Naples FL 34102), and Collier County Board of County Commissioners (3295 Tamiami Trail E, Naples FL 34112) is additional insured with respect to General Liability if required by written contract.

CERTIFICATE HOLDER		CANCELLATION		
Marine Industries Association of Collier County PO Box 9887		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
1 O Box 9007		AUTHORIZED REPRESENTATIVE		
Naples I	FL 34101	Milled		

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



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this certificate does not confer in	gnts to the certificate holde	er in neu or such	i endorsen	ieni(s).			
PRODUCER			CONTACT NAME:	Danielle Jeanbaptiste			
Brown & Brown of Florida, Inc.			PHONE (A/C, No, Ext	(954) 776-2222	FAX (A/C, No):	(954) 7	76-4446
1201 W Cypress Creek Rd			E-MAIL ADDRESS:	Danielle.Jeanbaptiste@bbrown.com			
Suite 130				INSURER(S) AFFORDING COVERAGE			NAIC #
Fort Lauderdale	_ 33309	INSURER A: ACE American Insurance Company 22					
INSURED			INSURER B :	Everest National Insurance Company			
World Cat of South Flor	ida Inc		INSURER C :	:			
2541 West State Road 84			INSURER D :				
			INSURER E :				
Fort Lauderdale	Fl	_ 33312	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	CL231403572		REVISION NUM	IBER:		

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.

	EXCLUSIONS AND CONDITIONS OF SOCITE OLICIES, LIMITS SHOWN WAT HAVE BEEN REDUCED BY FAID CLAIMS. POLICY EFF POLICY EXP									
INSR LTR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
	CLAIMS-MADE COCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	0		
					01/01/2023	01/01/2024	MED EXP (Any one person) \$ 10,000			
Α		Y		D42297215			PERSONAL & ADV INJURY \$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000			
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	0		
1	OTHER:						\$			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 500,000			
	X ANY AUTO						BODILY INJURY (Per person) \$			
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident) \$			
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$				
							PIP-Basic \$ 10,000			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	DED RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
l _B	ANY PROPRIETOR/PARTNER/EYECUTIVE	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT \$ 1,000,000			
-	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000)		
	Marine Operators Legal Liability						MOLL 1,000,000)		
А	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I 1000000			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Marine Industries Association of Collier County, The City of Naples, The City of Naples Airport Authority Naples Municipal Airport, and Naples City Dock are listed as additional insured per the blanket additional insured endorsement as respects General Liability, but only if required by written contract subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICATE HOLDER		CANCELLATION
Marine Industries Association of Collier County POB 9887		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 05 3007		AUTHORIZED REPRESENTATIVE
Naples I	FL 34101	Milled

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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).

this certificate does not confer rig	ints to the certificate holder	r in lieu of such	endorsement(s).	
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 776-2222	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flori	da Inc		INSURER C:	
2541 West State Road 8	4		INSURER D :	
			INSURER E :	
Fort Lauderdale	FL	33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	,,,			0 17 1072022	0 17 1072020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		tection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICAT	E HOLDER		CANCELLATION
	Naples Boat Club 909 10th St. South		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	303 Tour Gr. Godur		AUTHORIZED REPRESENTATIVE
	Naples I	FL 34102	millon.

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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).

	SUBROGATION IS WAIVED, SUDJECT to is certificate does not confer rights to						may require	an endorsement. A state	ement (ווע
PRODUCER					CONTACT Danielle Jeanbaptiste					
Brown & Brown of Florida, Inc.					PHONE (A/C, No.	(954) 77	76-2222	FAX (A/C, No):	(954) 7	776-4446
120	W Cypress Creek Rd				E-MAIL ADDRES	Danielle I	eanbaptiste@l			
Suite	e 130						SURER(S) AFFOR	DING COVERAGE		NAIC #
Fort	Lauderdale			FL 33309	INSURE	RA: ACE Am	erican Insuran	ce Company		22667
INSU	RED				INSURE	RB: Everest N	National Insura	nce Company		
	World Cat of South Florida Inc				INSURE	RC:				
	2541 West State Road 84				INSURE	RD:				
					INSURE	RE:				
	Fort Lauderdale			FL 33312	INSURE	RF:				
				NUMBER: CL231403572				REVISION NUMBER:		
IN CE	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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,00	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	_{\$} 100,	000
								MED EXP (Any one person)	\$ 10,0	00
Α		Y		D42297215		01/01/2023	01/01/2024	PERSONAL & ADV INJURY	φ .	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	φ .	0,000	
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY						01/2023 01/01/2024	(Ea accident)	\$ 500,	000
	ANY AUTO OWNED SCHEDULED					01/01/2023		BODILY INJURY (Per person)	\$	
Α	AUTOS ONLY AUTOS HIRED NON-OWNED			H08473183				BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	00
								PIP-Basic	\$ 10,0	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE							EACH OCCURRENCE	\$	
	CLAIIVIS-IVIADE							AGGREGATE	\$	
	DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
	AND EMPLOYERS' LIABILITY Y/N								. 1.00	0,000
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		9700000053221		04/15/2022	04/15/2023	E.L. EACH ACCIDENT	φ	0,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,00	
								E.L. DISEASE - POLICY LIMIT MOLL	•	0,000
Α	Marine Operators Legal Liability Protection & Indemnity			Y10216266		01/01/2023	01/01/2024	P&I	1000	0000
	1 Totodion & Indominity									
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 1	01, Additional Remarks Schedule, r	may be at	tached if more sp	pace is required)			
In R	ef: 2022 Naples Boat Show									
Nan	es City Dock is additional insured with resp	ect to	Gene	ral Liability if required by writte	en contr	act				
1144	oo on, 2000 to additional moderat with roop	- 51 10	20110	.aasinty ir roquirod by writte	0011111	~···				
CER	TIFICATE HOLDER				CANC	ELLATION				

CANCELLATION

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

Naples

FL 34102

AUTHORIZED REPRESENTATIVE

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer ri	ghts to the certificate holder	r in lieu of such	endorsement(s).	
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No): (954) 776	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL	. 33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flor	da Inc		INSURER C:	
2541 West State Road	34		INSURER D :	
			INSURER E :	
Fort Lauderdale	FL	. 33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

	T	ADDLIS		cc	POLICY EFF	POLICY EXP		
INSR LTR	TYPE OF INSURANCE	INSD V	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
	CLAIMS-MADE COCUR						EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	0
							MED EXP (Any one person) \$ 10,000	
Α		Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	0
1	OTHER:						\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$ 500,000	
	X ANY AUTO						BODILY INJURY (Per person) \$	
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
							PIP-Basic \$ 10,000	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	
l _B	ANY PROPRIETOR/PARTNER/EYECUTIVE	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT \$ 1,000,000	
-	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$ 1,000,000)
	Marine Operators Legal Liability						MOLL 1,000,000)
А	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I 1000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Naples Marina Owner, LLC dba Hamilton Harbor Marina, Inc. is additional insured on a primary and non-contributory basis with respect to General Liability if required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Naples Marina Owner, LLC dba Hamilton Harbor Yacht Club	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
7065 Hamilton Avenue	miffee
Naples FL 34112	1114000

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

	Additional Named Insureds	
Other Named Insureds		
Marina Mile Ventures LLC	Additional Named Insured	
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC



DATE (MM/DD/YYYY) 01/04/2023

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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 liqu of such endorsement(s)

this	certificate does not confer rights to	the c	ertifi	cate holder in lieu of such		. ,					
PRODU	CER				CONTA NAME:	ст Danielle J	eanbaptiste				
Brown	& Brown of Florida, Inc.				PHONE (A/C, No	(954) 77	76-2222		FAX (A/C, No):	954) 7	76-4446
1201 V	W Cypress Creek Rd				E-MAIL Danielle.Jeanbaptiste@bbrown.com						
Suite 1	130						SURER(S) AFFOR	RDING COVERAGE			NAIC #
Fort La	auderdale			FL 33309	INSURE	RA: ACE Am	erican Insuran	ce Company			22667
INSURE	:D				INSURE	RB: Everest	National Insura	nce Company			
	World Cat of South Florida Inc				INSURE	RC:					
	2541 West State Road 84				INSURE	RD:					
					INSURE	RE:					
	Fort Lauderdale			FL 33312	INSURE	RF:					
COVE	RAGES CER	TIFIC	ATE	NUMBER: CL231403572				REVISION NUME	BER:		
INDI CER EXC	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 INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
2	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	- ΙΨ	1,000	0,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTEL PREMISES (Ea occurr	rence) \$	100,0	000
								MED EXP (Any one pe	erson) \$	10,00	00
Α _		Υ		D42297215		01/01/2023	01/01/2024	PERSONAL & ADV IN	JURY \$	1,000	0,000
G	SEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGA	TE \$	2,000	0,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/	OP AGG \$	2,000	0,000
OTHER:								\$			
A	AUTOMOBILE LIABILITY							COMBINED SINGLE L (Ea accident)	-IMIT \$	500,0	000
2	ANY AUTO							BODILY INJURY (Per	person) \$		
Α _	OWNED SCHEDULED AUTOS			H08473183		01/01/2023	01/01/2024	BODILY INJURY (Per			
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								PIP-Basic	\$	10,00	00
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$							L DED	\$		
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N							PER STATUTE	OTH- ER		
L A	NY PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221		04/15/2022	04/15/2023	E.L. EACH ACCIDENT	Ψ		0,000
(N	Mandatory in NH)							E.L. DISEASE - EA EN	VIFLOTEL \$		0,000
DI	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	CY LIMIT \$		0,000
N	Marine Operators Legal Liability							MOLL			0,000
A	Protection & Indemnity			Y10216266		01/01/2023	01/01/2024	P&I		1000	1000
1	IPTION OF OPERATIONS / LOCATIONS / VEHICLE						pace is required)				
Naples	s Rental Group LLC is additional insured v	with re	espect	to General Liability as require	ed by wi	ritten contract.					
											l
											l
											l

CERTIFICATE HOLDER

CANCELLATION

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

Marco Island

FL 34145

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

	Additional Named Insureds	
Other Named Insureds		
Marina Mile Ventures LLC	Additional Named Insured	
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC



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this certificate does not confer rig	this certificate does not confer rights to the certificate holder in fled of such endorsement(s).								
PRODUCER		CONTACT Danielle Jeanbaptiste							
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ext): (954) 776-2222 (A/C, No, Ext): (954)	776-4446						
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com							
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC #						
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667						
INSURED		INSURER B: Everest National Insurance Company							
World Cat of South Flori	da Inc	INSURER C:							
2541 West State Road 8	34	INSURER D:							
		INSURER E:							
Fort Lauderdale	FL 33312	INSURER F:							
COVERAGES	CERTIFICATE NUMBER: CL23140357	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. 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)	LIMIT	·s
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000 \$ 10,000
А		Υ		D42297215	01/01/2023	01/01/2024	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC						GENERAL AGGREGATE	\$ 2,000,000 \$ 2,000,000
	POLICY JECT LOC OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EYECLITIVE	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
1	(Mandatory in NH)	,,,			0 17 1072022	0 1, 10, 2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marine Operators Legal Liability						MOLL	1,000,000
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

PLC Management LLC and 2825 Dav LLC is an additional insured with respects to general liability if required by written contract.

CERTIFICATI	E NOLDEK		CANCELLATION
	PLC Management LLC and 2825 Dav LLC 750 11th St. South Suite 202		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	730 Trui di. Godin Guite 202		AUTHORIZED REPRESENTATIVE
	Naples	FL 34102	millon.

OANOELL ATION

OFFICIOATE HOLDER

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

	Additional Named Insureds	
Other Named Insureds		
Marina Mile Ventures LLC	Additional Named Insured	
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC



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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER			CONTACT NAME: Danielle Jeanbaptiste						
Brown & Brown of Florida, Inc.			PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 7	76-4446					
1201 W Cypress Creek Rd			E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com						
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC #					
Fort Lauderdale	FL	33309	INSURER A: ACE American Insurance Company	22667					
INSURED			INSURER B: Everest National Insurance Company						
World Cat of South Flo	orida Inc		INSURER C:						
2541 West State Road	84		INSURER D:						
			INSURER E :						
Fort Lauderdale	FL	33312	INSURER F:						
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α			Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
>	X	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE TAIL	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	1,7,7		0.0000000000000000000000000000000000000	0 17 1072022	0 1/ 10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability			·			MOLL	1,000,000
Α		tection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is additional insured as respects the general liability, when required by written contract.

CERTIFICATE HOLDER		CANCELLATION
Rahn Marina, LLC 801 Seabreeze Blvd		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
001 Geasteeze bivu		AUTHORIZED REPRESENTATIVE
Fort Lauderdale	FL 33316	Millon

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2 Limit 3 Deductible Amount Deductible Type				tible Type	Premium		
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type			ctible Type	Premium \$56.00		
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



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PRODUCER				CONTAC NAME:	Danielle J	eanbaptiste			
Brown & Brown of Florida, Inc.				PHONE (A/C, No	(954) 7	76-2222	FAX (A/C, No):	(954) 7	76-4446
1201 W Cypress Creek Rd				E-MAIL ADDRES	Danielle I	eanbaptiste@l			
Suite 130						SURER(S) AFFOR	RDING COVERAGE		NAIC #
Fort Lauderdale			FL 33309	INSURE	40E 4	erican Insuran			22667
INSURED				INSURE	F	National Insura	ince Company		
World Cat of South Florida Inc				INSUREI					
2541 West State Road 84				INSUREI					
				INSURE					
Fort Lauderdale			FL 33312	INSURE					
COVERAGES CERT	IFICA	TE NUM	IBER: CL231403572				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF IN				ISSUED	TO THE INSUR			RIOD	
INDICATED. NOTWITHSTANDING ANY REQUIR		,							
CERTIFICATE MAY BE ISSUED OR MAY PERTAI EXCLUSIONS AND CONDITIONS OF SUCH POL							UBJECT TO ALL THE TERMS	,	
INSR	ADDLS	UBR	POLICY NUMBER		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
COMMERCIAL GENERAL LIABILITY	INSD V	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(INIM/DD/TTTT)		\$ 1,00	0.000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED	s 100,	
CLAIMS-MADE OCCUR							PREMISES (Ea occurrence)	\$ 10,0	
	Υ	D42	2297215		01/01/2023	01/01/2024	MED EXP (Any one person)	φ	0,000
OF ANY ACCRECATE LIMIT APPLIES PER					• ., • ., = • = •	PERSONAL & ADV INJURY	Ψ	0,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	Ψ	0,000
POLICY JECT LOC							PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
OTHER: AUTOMOBILE LIABILITY	-						COMBINED SINGLE LIMIT	\$ 500.	000
ANY AUTO						01/01/2024	(Ea accident) BODILY INJURY (Per person)	\$	
Δ OWNED SCHEDULED		HOS	8473183		01/01/2023		BODILY INJURY (Per accident)	\$	
AUTOS ONLY AUTOS HIRED NON-OWNED			2.1.0.00		0.70.72020	01/01/2021	PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident) PIP-Basic	\$ 10,0	00
UMBRELLA LIAB OCCUP									-
FYCEGO LIAB							EACH OCCURRENCE	\$	
CLAIIVIS-IVIADE							AGGREGATE	\$	
DED RETENTION \$ WORKERS COMPENSATION							PER OTH- STATUTE ER	\$	
AND EMPLOYERS' LIABILITY Y/N								\$ 1,00	0.000
OTTIOLIVINGEN EXOCODED:	N/A	970	00000053221		04/15/2022	04/15/2023	E.L. EACH ACCIDENT	4 00	0,000
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,00 \$ 1,00	
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	-	0,000
Marine Operators Legal Liability		V10	0216266		04/04/2022	01/01/2024	P&I		·
A Protection & Indemnity		1110	0216266		01/01/2023	01/01/2024	Γαι	1000	5000
DESCRIPTION OF OPERATIONS // COATIONS // TOTAL	0.4400	DD 464 6 7	ddistance Demont - October 1		4bd 1/ ··· · · ·				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	-			=	-	pace is required)			
Rickenbacker Marina, Inc is additional insured in respect to general liability if required by written contract.									

CERTIFICATI	E HOLDER		CANCELLATION
	Rickenbacker Marina, Inc 3301 Rickenbacker Cswy		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	3301 Mickenbacker Cawy		AUTHORIZED REPRESENTATIVE
ļ	Key Biscayne	FL 33149	Millon

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2 Limit 3 Deductible Amount Deductible Type				tible Type	Premium		
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type			ctible Type	Premium \$56.00		
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



DATE (MM/DD/YYYY) 01/04/2023

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)

this certificate does not confer rights to the certificate	cate holder in lieu of such	n endorsement(s).	
PRODUCER		CONTACT Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.		PHONE (954) 776-2222 FAX (A/C, No, Ext): (954)	776-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com	
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC#
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667
INSURED		INSURER B: Everest National Insurance Company	
World Cat of South Florida Inc		INSURER C:	
2541 West State Road 84		INSURER D:	
		INSURER E :	
Fort Lauderdale	FL 33312	INSURER F:	
COVERAGES CERTIFICATE I	NUMBER: CL231403572	REVISION NUMBER:	
		ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD	
,		CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS	

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.

SR

TYPE OF INSURANCE

ADDL SUBR INSD WVD
POLICY NUMBER
POLICY EFF (MM/DD/YYYY)
POLICY EFF (MM/DD/YYYY)

COMMERCIAL GENERAL LIABILITY

CLAIMS-MADE

OCCUR

OCCUR

CLAIMS-MADE

OCCUR

OCCUR

ADDL SUBR INSD WVD

POLICY NUMBER
POLICY ST (MM/DD/YYYY)

EACH OCCURRENCE
DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000

А	CLAIMS-MADE CCUR CLAIMS-MADE CCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRODUCT LOC OTHER:	_ Y		D42297215	01/01/2023	01/01/2024	MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 100,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
							PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MA	DΕ					AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
l _B	ANY PROPRIETOR/PARTNER/EXECUTIVE	I		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
٦	(Mandatory in NH)			0.000000021	0 #/ 10/ LUZZ	0 17 10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
L	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marina Operatora Legal Liability						MOLL	1,000,000
Α	Marine Operators Legal Liability Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000
1								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Riverfront Marina is additional insured with respect to General Liability if required by written contract.

CERTIFICAT	E HOLDER		CANCELLATION			
	Riverfront Marina 420 SW 3rd Ave		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
	420 3W 3Iu Ave		AUTHORIZED REPRESENTATIVE			
	Fort Lauderdale	FL 33315	Miller			

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000	Limit 2 Limit 3 Deductible Amount Deductible Type				tible Type	Premium		
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type			ctible Type	Premium \$56.00		
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	l
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds								
Other Named Insureds								
Marina Mile Ventures LLC	Additional Named Insured							
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC						



DATE (MM/DD/YYYY) 01/04/2023

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).

this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER		CONTACT Danielle Jeanbaptiste NAME:				
Brown & Brown of Florida, Inc.		PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 7	76-4446			
1201 W Cypress Creek Rd		E-MAIL Danielle.Jeanbaptiste@bbrown.com				
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC #			
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667			
INSURED		INSURER B: Everest National Insurance Company				
World Cat of South Florida Inc		INSURER C:				
2541 West State Road 84		INSURER D :				
		INSURER E :				
Fort Lauderdale	FL 33312	INSURER F:				
COVEDAGES	ICATE NUMBER: CL 231403572	DEVISION NUMBER				

COVERAGES CERTIFICATE NUMBER: CL231403572 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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	×	COMMERCIAL GENERAL LIABILITY					,	EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α			Υ		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	X ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY	H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$		
		HIRED NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$		
								PIP-Basic	\$ 10,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$		LA LIAB OCCUR				EACH OCCURRENCE	\$	
								AGGREGATE	\$
									\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY	OVED OUT LA DULITY		9700000053221	04/15/2022	04/15/2023	PER OTH- STATUTE ER	
В	ANY	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$ 1,000,000
	(Man			N/A				E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Marine Operators Legal Liability							MOLL	1,000,000
A Protection & Indemnity					Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Safe Harbor Marinas, LLC And all of its Affiliates and Subsidiaries additional insured with respect to General Liability if required by written contract.

CERTIFICATE	- HOLDER	_	CANCELLATION		
	Safe Harbor Marinas, LLC And all of its Affiliates and Subsidiaries		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		
	Ste 975		em./H/		
	Dallas	TX 75254-6878	millon		

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical payments			Coverage Code MEDPM		Form No.	Edition Date	
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Coverage Code Uninsured motorist combined single limit UMCSL					_	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description Coverage Code U.S. longshore & harbor WC act USLH					_	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type				ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2 Limit 3 Deductible Amount Deductible Type			tible Type	Premium \$6,219.00		
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	
Ref #	# Description Coverage Code Expense constant EXCNT					Coverage Code EXCNT	Form No.	Edition Date
Limit 1	Limit 2 Limit 3 Deductible Amount Deductible Type					ctible Type	Premium \$160.00	
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1	imit 1 Limit 2 Limit 3 Deductible Amount Deductible Type				tible Type	Premium		
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type Premium						l	
OFADT	LCV	•				(Copyright 2001, AM	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to			•	•	•	may require	an endorsement. A state	ement on	
PROD	UCER				CONTAC NAME:	T Danielle J	eanbaptiste			
Brov	n & Brown of Florida, Inc.				PHONE (A/C, No, Ext): (954) 776-2222 FAX (A/C, No): (954) 776-4446					
1201	W Cypress Creek Rd				E-MAIL ADDRES	Danielle I	eanbaptiste@b			
Suite 130						INS	SURER(S) AFFOR	DING COVERAGE	NAIC #	
Fort Lauderdale FL 33309 INSURER A: ACE American Insurance Company							ce Company	22667		
INSU	NSURED					RB: Everest I	National Insura	nce Company		
World Cat of South Florida Inc						INSURER C:				
2541 West State Road 84					INSURER D:					
					INSURER E :					
	Fort Lauderdale		FL	33312	INSURE	RF:				
COV	ERAGES CER	TIFICAT	E NUMBER:	CL231403572				REVISION NUMBER:		
TH	IS IS TO CERTIFY THAT THE POLICIES OF I	NSURAN	CE LISTED BEI	LOW HAVE BEEN	ISSUED	TO THE INSUR	RED NAMED A	BOVE FOR THE POLICY PERI	OD	
	DICATED. NOTWITHSTANDING ANY REQUI									
	RTIFICATE MAY BE ISSUED OR MAY PERTA							JBJECT TO ALL THE TERMS,		
	CLUSIONS AND CONDITIONS OF SUCH PO			MAY HAVE BEEN	REDUC					
INSR LTR	TYPE OF INSURANCE	INSD W	BR /D P	OLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	3	
	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000	

INSR LTR		TYPE OF INSURANCE	INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α			Υ		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGRE <u>GATE</u> LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE	ESS LIAB CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$							\$
	_	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE T N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	117.7		370000000221	04/10/2022	04/10/2020		\$ 1,000,000
	If yes	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α	Marine Operators Legal Liability Protection & Indemnity				Y10216266	01/01/2023	01/01/2024	P&I	1000000
		9							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is additional insured as respects the general liability, when required by written contract.

CERTIFICATI	E NOLDEK		CANCELLATION
	Suntex Marina Investors, LLC 17330 Preston Road, Suite 220A		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	17000 Freston Road, Julie 2207		AUTHORIZED REPRESENTATIVE
	Dallas I	TX 75252	Miller

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1	nit 1 Limit 2 Limit 3 Deductible Amount Deduc					tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds										
Other Named Insureds										
Marina Mile Ventures LLC	Additional Named Insured									
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC								



DATE (MM/DD/YYYY) 01/04/2023

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 Danielle Jeanbaptiste					
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ext): (954) 776-2222 (A/C, No): (954) 776-4446					
1201 W Cypress Creek Rd		E-MAIL Danielle.Jeanbaptiste@bbrown.com					
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC #				
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667				
INSURED		INSURER B: Everest National Insurance Company					
World Cat of South Florida I	1C	INSURER C:					
2541 West State Road 84		INSURER D:					
		INSURER E :					
Fort Lauderdale	FL 33312	INSURER F:					
COVERAGES	ERTIFICATE NUMBER: CL231403572	REVISION NUMBER:					
		ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD					
INDICATED. NOTWITHSTANDING ANY RE	JUIKEMENT, 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		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	×	COMMERCIAL GENERAL LIABILITY				, ,		EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO			H08473183		01/01/2024	BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS				01/01/2023		BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	_	RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE 17 N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	idatory in NH)	", "		0700000000221	0 17 1072022	0 1/ 10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		otection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000
		•							

CERTIFICAT	E HOLDER		CANCELLATION
	Tarpon Club Marina 240 Capri Blvd		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
	Naples I	FL 34113	ynilles -

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1	nit 1 Limit 2 Limit 3 Deductible Amount Deduc					tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds										
Other Named Insureds										
Marina Mile Ventures LLC	Additional Named Insured									
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC								



DATE (MM/DD/YYYY) 01/04/2023

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

	GATION IS WAIVED, subject to ficate does not confer rights to				•	h endor	sement(s).	may require	an endorsemen	t. A state	ement o	on
PRODUCER					_	CONTA NAME:	Danielle J	eanbaptiste	_			_
Brown & Bro	wn of Florida, Inc.					PHONE (A/C, No	p. Ext): (954) 77	76-2222		FAX (A/C, No):	(954) 7	776-4446
1201 W Cyp	ress Creek Rd					E-MAIL ADDRE	Danielle L	eanbaptiste@l		•		
Suite 130	Suite 130						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC #
Fort Lauderdale FL 33309 INSURER A: ACE American Insurance Company							22667					
INSURED						INSURE	RB: Everest N	National Insura	nce Company			
World Cat of South Florida Inc						INSURER C:						
	2541 West State Road 84					INSURE	RD:					
						INSURE	RE:					
	Fort Lauderdale			FL	33312	INSURE	RF:					
COVERAG	ES CEF	RTIFICA	ATE I	NUMBER:	CL231403572	2			REVISION NUME	BER:		
	CERTIFY THAT THE POLICIES OF D. NOTWITHSTANDING ANY REQU											
	ATE MAY BE ISSUED OR MAY PERT		,									
	NS AND CONDITIONS OF SUCH PO										,	
INSR LTR	TYPE OF INSURANCE	ADDL S INSD		Р	OLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
V 00	MMERCIAL GENERAL LIABILITY										. 1.00	0.000

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	EN'L AGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE	CLAIMS-MADE					AGGREGATE	\$
		DED RETENTION \$							\$
	-	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	,,			0 17 1072022	0 17 1072020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES(If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		tection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE UOI DER CANCELL ATION

CERTIFICATE HOLDER		CANCELLATION
Taylor Creek Marina 1600 N 2nd St		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1000 N Zhu St		AUTHORIZED REPRESENTATIVE
Fort Pierce	FL 34950	Miller

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type						Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.00	
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer ri	ghts to the certificate holde	er in lieu of such	h endorsemei	nt(s).			
PRODUCER			CONTACT D	anielle Jeanbaptiste			
Brown & Brown of Florida, Inc.			PHONE (A/C, No, Ext):	(954) 776-2222	FAX (A/C, No):	(954) 7	76-4446
1201 W Cypress Creek Rd			E-MAIL D	anielle.Jeanbaptiste@bbrown.com			
Suite 130				INSURER(S) AFFORDING COVERAGE			NAIC #
Fort Lauderdale	F	L 33309	INSURER A :	ACE American Insurance Company			22667
INSURED			INSURER B :	Everest National Insurance Company			
World Cat of South Flor	ida Inc		INSURER C :				
2541 West State Road	84		INSURER D :				
			INSURER E :				
Fort Lauderdale	F	L 33312	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	CL231403572	2	REVISION NUM	IBER:		
THIS IS TO CERTIFY THAT THE POLIC	IES OF INSURANCE LISTED BE	LOW HAVE BEEN	I ISSUED TO TH	HE INSURED NAMED ABOVE FOR THE P	OLICY PERI	OD	

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.

	CCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000		
	CLAIMS-MADE X OCCUR						PREMISES (Ea occurrence)	\$ 100,000		
							MED EXP (Any one person)	\$ 10,000		
Α		Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000		
	X ANY AUTO						BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							PIP-Basic	\$ 10,000		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9700000053221	04/15/2022	04/15/2023		\$ 1,000,000		
	(Mandatory in NH)				,	,	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
	Marine Operators Legal Liability						MOLL	1,000,000		
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

In Ref: 2022 Naples Boat Show

The City of Naples is additional insured with respect to General Liability if required by written contract.

CERTIFICAT	E HOLDER		CANCELLATION
	The City of Naples 735 8th Street S		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	700 our direct o		AUTHORIZED REPRESENTATIVE
	Naples	FL 34102	Miller

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type						Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.00	
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer rights	to the certificate holder in lieu of such	endorsement(s).	
PRODUCER		CONTACT Danielle Jeanbaptiste NAME:	
Brown & Brown of Florida, Inc.		(A/C, NO, EXT): (A/C, NO): (A/C, NO):	776-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com	
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC#
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667
INSURED		INSURER B: Everest National Insurance Company	
World Cat of South Florida In	ic	INSURER C:	
2541 West State Road 84		INSURER D:	
		INSURER E:	
Fort Lauderdale	FL 33312	INSURER F:	
COVERAGES C	ERTIFICATE NUMBER: CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	X	ANY AUTO			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY						BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
	-	KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Man	datory in NH)	,,			0 17 1072022	0 17 1072020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	DES(s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		tection & Indemnity		Y1	Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICATI	E HOLDER		CANCELLATION
	Universal Marine 2700 SW 25th Terrace		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	2700 GW 20th Tellade		AUTHORIZED REPRESENTATIVE
	Fort Lauderdale	FL 33312	Millon

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1	1 Limit 2 Limit 3 Deductible Amount Deductible Type						Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.00	
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

	Additional Named Insureds	
Other Named Insureds		
Marina Mile Ventures LLC	Additional Named Insured	
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC



DATE (MM/DD/YYYY) 01/04/2023

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).

this certificate does not confer rig	gnts to the certificate holder in fieu of suc	n endorsement(s).	
PRODUCER		CONTACT Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.		PHONE (A/C, No, Ext): (954) 776-2222 (A/C, No, Ext): (954)	776-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com	
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC #
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667
INSURED		INSURER B: Everest National Insurance Company	
World Cat of South Flori	da Inc	INSURER C:	
2541 West State Road 8	34	INSURER D:	
		INSURER E:	
Fort Lauderdale	FL 33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER: CL23140357	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'LAGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	idatory in NH)	11/ 2		370000000221	04/10/2022	04/10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		otection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICAT	E HOLDER		CANCELLATION
	Viage Group 3470 Bayshore drive		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	547 6 Bayshore unive		AUTHORIZED REPRESENTATIVE
	Naples I	FL 34112	miller.

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

	Additional Named Insureds	
Other Named Insureds		
Marina Mile Ventures LLC	Additional Named Insured	
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC



DATE (MM/DD/YYYY) 01/04/2023

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this certificate does not confer rights	to the certificate holder in lieu of such	endorsement(s).	
PRODUCER		CONTACT Danielle Jeanbaptiste NAME:	
Brown & Brown of Florida, Inc.		(A/C, NO, EXT): (A/C, NO): (A/C, NO):	776-4446
1201 W Cypress Creek Rd		E-MAIL ADDRESS: Danielle.Jeanbaptiste@bbrown.com	
Suite 130		INSURER(S) AFFORDING COVERAGE	NAIC#
Fort Lauderdale	FL 33309	INSURER A: ACE American Insurance Company	22667
INSURED		INSURER B: Everest National Insurance Company	
World Cat of South Florida In	ic	INSURER C:	
2541 West State Road 84		INSURER D:	
		INSURER E:	
Fort Lauderdale	FL 33312	INSURER F:	
COVERAGES C	ERTIFICATE NUMBER: CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	s
	×	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
								MED EXP (Any one person)	\$ 10,000
Α					D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	GEN	L'LAGGREGATE LIMIT APP <u>LIES</u> PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		OTHER:							\$
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000
	×	ANY AUTO						BODILY INJURY (Per person)	\$
Α		OWNED SCHEDULED AUTOS ONLY AUTOS			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$
		HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								PIP-Basic	\$ 10,000
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
		DED RETENTION \$							\$
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
В	ANY	PROPRIETOR/PARTNER/EXECUTIVE N	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000
	(Mar	idatory in NH)	11/ 2		370000000221	04/10/2022	04/10/2020	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Ma	rine Operators Legal Liability						MOLL	1,000,000
Α		otection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000

CERTIFICATI	E HOLDER		CANCELLATION
	Wells Fargo Commercial Distribution Finance		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
10 S. Wacker Dr.			AUTHORIZED REPRESENTATIVE
	Chicago	IL 60606	Miller

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	LCV	•				(Copyright 2001, AN	IS Services, Inc.

	Additional Named Insureds	
Other Named Insureds		
Marina Mile Ventures LLC	Additional Named Insured	
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC



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tilis certificate does flot confer i	ignis to the certificate holde	i ili ileu oi sucii	rendorsement(s).	
PRODUCER			CONTACT Danielle Jeanbaptiste NAME:	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 776-2222	6-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			INSURER(S) AFFORDING COVERAGE	NAIC#
Fort Lauderdale	FL	. 33309	INSURER A: ACE American Insurance Company	22667
INSURED			INSURER B: Everest National Insurance Company	
World Cat of South Flo	rida Inc		INSURER C:	
2541 West State Road	84		INSURER D:	
			INSURER E :	
Fort Lauderdale	FL	. 33312	INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CL231403572	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ISR POLICY EFF POLICY EXP									
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	-		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000		
							MED EXP (Any one person)	\$ 10,000		
Α		Y		D42297215	01/01/2023	01/01/2024	PERSONAL & ADV INJURY	\$ 1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000		
	OTHER:							\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000		
	× ANY AUTO						BODILY INJURY (Per person)	\$		
Α	OWNED SCHEDULED AUTOS ONLY			H08473183	01/01/2023	01/01/2024	BODILY INJURY (Per accident)	\$		
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$		
							PIP-Basic	\$ 10,000		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DED RETENTION \$							\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER			
В	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		9700000053221	04/15/2022	04/15/2023	E.L. EACH ACCIDENT	\$ 1,000,000		
	(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000		
	DESCRIPTION OF OPERATIONS below							\$ 1,000,000		
	Marine Operators Legal Liability						MOLL	1,000,000		
Α	Protection & Indemnity			Y10216266	01/01/2023	01/01/2024	P&I	1000000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Yachting Promotions, Inc is additional insured with respect to General Liability if required by written contract.

RE: 2022 Fort Lauderdale Boat Show October 27th-31st, 2022 Fort Lauderdale Convention Center

CERTIFICATE HOLDER	CANCELLATION
Yachting Promotions, Inc 1650 SE 17th Street	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
Suite 412	millon
Ft. Lauderdale FL 33316	

			ADDI'	TIONAL COVE	RAGI	ES		
Ref#	Description Medical pa					Coverage Code MEDPM	Form No.	Edition Date
Limit 1 5,000		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Uninsured	n motorist combined si	ngle limit			Coverage Code UMCSL	Form No.	Edition Date
Limit 1 500,000	0	Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description U.S. longsl	n nore & harbor WC ac	t			Coverage Code USLH	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description Premium d					Coverage Code PDIS	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium -\$1,379	9.00
Ref #	Description Terrorism F					Coverage Code TTER	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$56.00	
Ref #	Description Experience	n e Mod Factor 1				Coverage Code EXP01	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium \$6,219.	00
Ref #	Description Increased	n employer's liability				Coverage Code INEL	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$452.00	0
Ref #	Description Expense co					Coverage Code EXCNT	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium \$160.00	0
Ref #	Description	n				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	ctible Type	Premium	
Ref #	Description	1				Coverage Code	Form No.	Edition Date
Limit 1		Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	
Ref #	Description	n			•	Coverage Code	Form No.	Edition Date
Limit 1	<u> </u>	Limit 2	Limit 3	Deductible Amount	Deduc	tible Type	Premium	I
OFADT	OFADTLCV Copyright 2001, AMS Services, Inc.							

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/04/2023

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.

REPRESENTATIVE OR PRODUCE	R, AND THE CERTIFICATE	HOLDER.		
PRODUCER			CONTACT Danielle Jeanbaptiste NAME:	
Brown & Brown of Florida, Inc.			(A/C, NO, EXT): (A/C, NO).	776-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			PRODUCER 00261003 CUSTOMER ID:	
Fort Lauderdale	FL	33309	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED			INSURER A: ACE American Insurance Company	22667
World Cat of South Florida Inc			INSURER B:	
2541 West State Road 84			INSURER C:	
			INSURER D:	
Fort Lauderdale	FL	33312	INSURER E :	
			INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CP231462963	REVISION NUMBER:	

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Loc# 00001 Bldg# 00001: 2541 West State Rd 84 Fort Lauderdale FL 33312

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			SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY		LIMITS
	X	PROPERTY					×	BUILDING	_{\$} 140,281
	CAU	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING 2,500	1				BUSINESS INCOME	\$
		BROAD	CONTENTS	-				EXTRA EXPENSE	\$
	×	SPECIAL	2,500					RENTAL VALUE	\$
А		EARTHQUAKE		- - D42297215	01/01/2023	01/01/2024		BLANKET BUILDING	\$
^		WIND		- 042297215	01/01/2023	01/01/2024		BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	×	Special form	2,500				×	Business Personal	\$ 21,600
				1					\$
		INLAND MARINE		TYPE OF POLICY					\$
	CAU	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
		CRIME							\$
	TYP	E OF POLICY							\$
									\$
		BOILER & MACH							\$
		L-QUIFWIENT DRE	-ANDOWN						\$
Α	Ma	rine Operators I	Legal Liability	Y10216266	01/01/2023	01/01/2024	\times	BD Per Vessel	\$ 680,000
, \	Pro	tection & Indem	inity	110210200	01/01/2020	01/01/2024	×	BD Anyone Loss	\$ 3,540,000

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	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

Additional Named Insureds						
Other Named Insureds						
Marina Mile Ventures LLC	Additional Named Insured					
OFAPPINF (02/2007)	COPYRIGHT	2007, AMS SERVICES INC				



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/04/2023

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.

KEI KESEKIKITE SKITKSES	02m,7m0 m2 02mm 107m2			
PRODUCER			CONTACT Danielle Jeanbaptiste	
Brown & Brown of Florida, Inc.			PHONE (954) 776-2222 FAX (954) 7 (954) 7	76-4446
1201 W Cypress Creek Rd			E-MAIL Danielle.Jeanbaptiste@bbrown.com	
Suite 130			PRODUCER 00261003 CUSTOMER ID:	
Fort Lauderdale	FL	33309	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED			INSURER A: ACE American Insurance Company	22667
World Cat of South Florida Inc			INSURER B:	
2541 West State Road 84			INSURER C:	
			INSURER D:	
Fort Lauderdale	FL	33312	INSURER E :	
			INSURER F:	
COVERAGES	CERTIFICATE NUMBER:	CP231462964	REVISION NUMBER:	

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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 IN	SURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)		COVERED PROPERTY	LIMITS
	×	PROPERTY						BUILDING	\$
	CAL	JSES OF LOSS	DEDUCTIBLES					PERSONAL PROPERTY	\$
		BASIC	BUILDING					BUSINESS INCOME	\$
		BROAD	CONTENTS	_				EXTRA EXPENSE	\$
	×	SPECIAL	1					RENTAL VALUE	\$
Α		EARTHQUAKE		- - Y10216266	01/01/2023	01/01/2024		BLANKET BUILDING	\$
Α.		WIND		110210200	01/01/2023	01/01/2024		BLANKET PERS PROP	\$
		FLOOD						BLANKET BLDG & PP	\$
	×	Boat Dealer]			×	BD Per Vessel	\$ 680,000
							×	BD Anyone Loss	\$ 3,540,000
		INLAND MARINE		TYPE OF POLICY					\$
	CAL	JSES OF LOSS							\$
		NAMED PERILS		POLICY NUMBER					\$
									\$
		CRIME							\$
	TYF	PE OF POLICY							\$
									\$
		BOILER & MACH							\$
		- EQUIFMENT BRI	LANDOWN						\$
									\$
									\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Brunswick Acceptance Company, LLC, Wells Fargo Commercial Distribution Finance, LLC is listed as Loss Payee and is an additional insured per blanket additional insured endorsement as respects General Liability, but only if required by written contract, subject to all of the policy terms, conditions, limitations and/or exclusions.

CERTIFICATE HOLDER		CANCELLATION			
Brunswick Acceptance Company, LLC Wells Fargo	o Com	nmercial	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
1 0 300 001 00			AUTHORIZED REPRESENTATIVE		
Billings	MT	59107-5703			

SENCY	CUSTOMER ID	. 00261003

.OC #:

Page

of



ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
Brown & Brown of Florida, Inc.	World Cat of South Florida Inc	
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

CARRIER	NAIC CODE	EFFECTIVE DATE:									
L ADDITIONAL REMARKS											
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACOR											
FORM NUMBER: 24 FORM TITLE: Certificate of Property Insurance											
Scheduled Locations:											
2541 West State Rd 84, Fort Lauderdale, FL 33312 2825 Davis Blvd, Naples, FL 34112 2775 Bayview Dr, Naples, FL 34112											



CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY) 01/04/2023

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 PERPESENTATIVE OR PRODUCED, AND THE CERTIFICATE HOLDER.

				NSURANCE DOES NOT CO R, AND THE CERTIFICATE		CONTRACT BET	WEEN THE ISSUIT	NG	NSURER(S), AUTI	HORIZEI	ט	
PRODUCER					CONTACT NAME: Danielle Jeanbaptiste							
Brown & Brown of Florida, Inc.				PHONE (954) 776-2222 FAX (A/C, No, Ext): (954) 776-4446								
120	1 W (Cypress Creek	Rd			E-MAIL Da	E-MAIL Danielle Jeanhantiste @hbrown.com					
	e 130	• •				PRODUCER (0261003					
		derdale		FI	33309	CUSTOMER ID:	CUSTOMER ID:					
INSU		aoi daio				AC	INSURER(S) AFFORDING COVERAGE INSURER A . ACE American Insurance Company					
		et of South Flori	ida Inc			INCORLEGA:	INCOREICA:					
World Cat of South Florida Inc 2541 West State Road 84			INSURER B:									
			INSURER C:									
			INSURER D :									
Fort Lauderdale FL 33312				INSURER E :								
					CD004.4000		INSURER F:					
		AGES		CERTIFICATE NUMBER: ROPERTY (Attach ACORD 101, Addi	CP2314629		TEVIOLOT TOWNER.					
TH IN CI	IIS IS DICA ERTII	S TO CERTIFY T TED. NOTWITH FICATE MAY BE	THAT THE POLICII HSTANDING ANY ISSUED OR MAY	ES OF INSURANCE LISTED BE REQUIREMENT, TERM OR COI ' PERTAIN, THE INSURANCE AI JCH POLICIES. LIMITS SHOWN	LOW HAVE BEE NDITION OF AN FFORDED BY T	EN ISSUED TO THE IY CONTRACT OR C	INSURED NAMED AI THER DOCUMENT V RIBED HEREIN IS S	WITH	RESPECT TO WHIC	H THIS		
INSR LTR		TYPE OF INSURANCE		POLICY NUMBER		POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY			LIMITS	
	×	PROPERTY					, ,		BUILDING	\$		
	-	USES OF LOSS DEDUCTIBLES							PERSONAL PROPERT			
		BASIC	BUILDING						BUSINESS INCOME			
		BROAD	CONTENITO						EXTRA EXPENSE	\$		
	×	SPECIAL	CONTENTS			01/01/2023			RENTAL VALUE	\$		
		EARTHQUAKE		+					BLANKET BUILDING			
Α		WIND		Y10216266			01/01/2024		BLANKET PERS PROP	\$		
		FLOOD		\dashv				_	BLANKET BLDG & PP	φ		
	$\overline{}$	Boat Dealer	+	\dashv						\$	30,000	
		Boat Bealer		-	ļ			X	BD Anyone Loss	Ψ	540,000	
		INLAND MARINE		TYPE OF POLICY				^	BD Allyone Loss	φ .	340,000	
	CAL	JSES OF LOSS	-	TIPE OF FOLICT				-		\$		
	OAC	NAMED PERILS		POLICY NUMBER				_	-	\$		
		NAMED PERIES		FOLICT NOMBER				-		\$		
		CDIME								\$		
		CRIME						_		\$		
	TYP	E OF POLICY						-		\$		
										\$		
	BOILER & MACHINERY / EQUIPMENT BREAKDOWN									\$		
				+				_		\$		
										\$		
										\$		
SPE	CIAL C	CONDITIONS / OTH	HER COVERAGES (ACORD 101, Additional Remarks Sc	hedule, may be at	ttached if more space i	s required)					
CEF	RTIF	ICATE HOLDE	ER			CANCELLATION	ON					
World Cat of South Florida				THE EXPIRAT ACCORDANC	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							