



CERTIFICATE OF MARINE / ENERGY INSURANCE

DATE (MM/DD/YYYY)
5/2/2023

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 Arthur J. Gallagher Risk Management Services, LLC 12444 Powerscourt Drive, Suite 500 Saint Louis MO 63131		CONTACT NAME: Charleen Sudholt PHONE (A/C, No, Ext): 314-800-2210 FAX (A/C, No): 866-204-5979 E-MAIL ADDRESS: Charleen_Sudholt@ajg.com PRODUCER CUSTOMER ID #:	
License#: BR-724491		INSURER(S) AFFORDING COVERAGE	
INSURED Summerwind Yacht Charters 925 SE10th Street Pompano Beach FL 33060		INSURER A: Great American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 16691	

COVERAGES

CERTIFICATE NUMBER: 1282875155

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)	LIMITS	
A	HULL AND MACHINERY			OMH801292813	3/3/2023	3/3/2024	<input checked="" type="checkbox"/> PER SCHEDULE ON FILE	
	<input type="checkbox"/> COLLISION LIABILITY						<input type="checkbox"/> INSURED VALUE	\$
	<input type="checkbox"/> TOWERS LIABILITY						<input type="checkbox"/> COLLISION (Ea occurrence)	\$
							<input type="checkbox"/> TOWERS (Ea occurrence)	\$
								\$
A	PROTECTION AND INDEMNITY			OMH801292813	3/3/2023	3/3/2024	<input checked="" type="checkbox"/> PER CLUB RULES	
	<input checked="" type="checkbox"/> CREW LIABILITY <input checked="" type="checkbox"/> JONES ACT						<input checked="" type="checkbox"/> EA OCCURRENCE PER VESSEL, CSL	\$ 1,000,000
	<input checked="" type="checkbox"/> COLLISION LIABILITY						<input type="checkbox"/> COLLISION (Ea occ), CSL	\$ 1,000,000
	<input type="checkbox"/> TOWERS LIABILITY						<input type="checkbox"/> TOWERS (Ea occ), CSL	\$
	<input type="checkbox"/> REMOVAL OF WRECK						<input type="checkbox"/> REMOVAL OF WRECK (Ea occurrence)	\$
	<input type="checkbox"/> IN REM							\$
								\$
								\$
	POLLUTION LIABILITY						<input type="checkbox"/> EA OCCURRENCE	\$
	<input type="checkbox"/> OPA 90							\$
	<input type="checkbox"/> CERCLA							\$
	<input type="checkbox"/> NON-OPA / NON-CERCLA							\$
								\$
	MARITIME EMPLOYERS LIABILITY	N / A					<input type="checkbox"/> ANY ONE PERSON	\$
	<input type="checkbox"/> ALTERNATE EMPLOYER						<input type="checkbox"/> ANY ONE ACCIDENT	\$
	INCLUDES <input type="checkbox"/> CREW <input type="checkbox"/> EMPS							\$
	<input type="checkbox"/> JONES ACT							\$
	<input type="checkbox"/> DEATH ON THE HIGH SEAS							\$
	<input type="checkbox"/> IN REM ENDORSEMENT							\$
								\$
								\$
								\$

CERTIFICATE HOLDER

CANCELLATION

Proof of Insurance	SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

COVERAGES

CERTIFICATE NUMBER: 1282875155

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY MARINE GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP / OP AGG	\$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> USL&H ENDORSEMENT <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. (Each accident) E.L. DISEASE (Ea employee) E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$ \$ \$
	U.S. LONGSHORE & HARBOR WORKERS COMPENSATION ACT <input type="checkbox"/> ALTERNATE EMPLOYER <input type="checkbox"/> MARITIME EMPLOYERS LIABILITY <input type="checkbox"/> OCSL ACT	N / A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. (Each accident) E.L. DISEASE (Ea employee) E.L. DISEASE - ANN AGG	\$ \$ \$ \$ \$
	AIRCRAFT LIABILITY <input type="checkbox"/> OWNED AIRCRAFT <input type="checkbox"/> NON-OWNED AIRCRAFT <input type="checkbox"/> PASSENGER LIABILITY						EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$ \$
	UMBRELLA / EXCESS LIAB / BUMBERSHOOT <input type="checkbox"/> UMBRELLA <input type="checkbox"/> BUMBERSHOOT EXCESS CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$ \$
	ENERGY CONTROL OF WELL / OPERATORS EXTRA EXPENSE <input type="checkbox"/> CARE, CUSTODY AND CONTROL (CCC) OFFSHORE OIL AND GAS PROPERTY <input type="checkbox"/> PLATFORMS <input type="checkbox"/> PIPELINES ONSHORE OIL AND GAS PROPERTY <input type="checkbox"/> OIL & GAS PROPERTY <input type="checkbox"/> CONTRACTORS EQUIPMENT NAMED WINDSTORM <input type="checkbox"/> CCC <input type="checkbox"/> OFF-SHORE <input type="checkbox"/> ON-SHORE						CSL, ANY ONE OCCURRENCE (100% interest) ANY ONE OCCURRENCE (100% interest) VALUES AS SCHEDULED VALUES AS SCHEDULED VALUES AS SCHEDULED VALUES AS SCHEDULED VALUES AS SCHEDULED VALUES AS SCHEDULED AGGREGATE	\$ \$ \$ \$ \$ \$ \$ \$

VESSEL(S): AS PER ATTACHED SCHEDULE AS DETAILED IN THE DESCRIPTION OF OPERATIONS

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

Proof of Insurance