



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/10/2023

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 RSC Insurance Brokerage, Inc. 3250 N. 29th Avenue Hollywood FL 33020	CONTACT NAME: Melba Loveless PHONE (A/C, No, Ext): (954) 963-6666 E-MAIL ADDRESS: mloveless@risk-strategies.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Great American Insurance Co INSURER B: StarStone National InsuranceCo INSURER C: Scottsdale Insurance Company INSURER D: INSURER E: INSURER F:	NAIC # 16691
INSURED Jungle Queens, Inc. 2470 Sw 21st St Fort Lauderdale FL 33312		

COVERAGES**CERTIFICATE NUMBER:** 22-23 COI Master**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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OMH144140410	12/15/2022	12/15/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Annual Aggregate, other \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			OMH144140410	12/15/2022	12/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			AG5705223MAR	12/15/2022	12/15/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Liquor Liability			CPS7491529	12/15/2021	02/02/2023	See notes

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

*** Hull and P&I *** Policy #OMH144140510- Great American Ins. Co. - Term: 12/15/22-12/15/23
Hull Limit: \$1,000,000 (Jungle Queen IV); \$589,000 (River Queen)
Deductible: \$10,000, per vessel, per occurrence. Named Windstorm Deductible: \$50,000 (Jungle Queen IV) and \$50,000 (River Queen), per vessel, per occurrence
Protection & Indemnity Limit: \$1,000,000
Deductible: \$5,000 BI/ \$ 10,000 PD per occurrence

CERTIFICATE HOLDER**CANCELLATION**Safe Harbor Lauderdale Marine Center
2029 SW 20th St

Fort Lauderdale

FL 33315

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

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ADDITIONAL COVERAGES

Ref #	Description Comprehensive GL Limit	Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description Limited Pollution Coverag	Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 72	Deductible Type Hours Premium
Ref #	Description Hired/Non-Owned Automobile Liability	Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description Products/Completed Ops Limit	Coverage Code	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description Premises Rented to You	Coverage Code	Form No.	Edition Date
Limit 1 50,000	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description Marina Operators Legal Liability	Coverage Code MOLL	Form No.	Edition Date
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount 1,000	Deductible Type Dollars Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type Premium

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY RSC Insurance Brokerage, Inc.		NAMED INSURED Jungle Queens, Inc.	
POLICY NUMBER			
CARRIER	NAIC CODE		
		EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Remarks

*** Marine Commercial Liability *** Policy #OMH144140410 - Great American Ins. Co.

Term: 12/15/22-12/15/23

Comprehensive General Liability Limit \$1,000,000

Marina Operators Legal Liability Limit \$1,000,000

Products/Completed Operations Limit \$1,000,000

Personal Injury & Advertising Limit \$1,000,000

Premises Rented to you Limit \$50,000

Medical Expense Limit \$5,000

Annual Aggregate, other than Products/Completed Operations: \$2,000,000

MCL Deductible: \$10,000

MOLL Deductible: \$1,000

*** Liquor Liability *** Policy #CPS7491529 - Scottsdale Ins. Co. - Term: 12/15/21-02/02/2023

Limit \$1,000,000 Each Common Cause and \$2,000,000 Aggregate

Deductible: \$0

*** Pollution Liability *** Policy #OMH144102411 - Great American Ins. Co. - Term: 12/15/22-12/15/23

Limit: \$5,000,000 (Jungle Queen IV); \$5,000,000 (River Queen)

*** Property *** Policy #350OR111905- Lloyds of London - Term: 12/15/22-12/15/23

Special Form, 90% Coinsurance, AOP Deductible: \$5,000, Named Storm Deductible: 10% (per total insured value, subject to \$5,000 minimum), All Other

Wind Deductible: \$50,000, Replacement Cost Valuation

Location #1: 2470 SW 21st Street, Fort Lauderdale, FL 33316

Building Limit: \$125,000

Business Personal Property Limit: \$25,000

EDP - Media/Data (Software) Limit: \$10,000

Equipment (Hardware - Computers/Servers) Limit: \$25,000

Building (Restaurant, Kitchen, Dining Area, Amphitheater): \$1,750,000

Business Personal Property Limit: \$150,000(Restaurant Kitchen & Dining Area)

Building: \$20,000 (Show Bar)

BPP (Show Bar): \$10,000

Building: \$55,000 (Restroom Buildings - 3)

BPP (Restroom Buildings): \$30,000

Building: \$50,000 (Concession Stand)

BPP (Concession Stand): \$20,000

Tiki Huts: \$150,000 (8)

Animal Cages: \$10,000(14)

Owl Run: \$5,000

Canoe Benches: \$1,000 (4)

Koi Pond (No fish): \$15,000

Waterfall: \$5,000

History Wall: \$20,000

History Wall Walkway: \$5,000

Fencing: \$52,500

Pavers: \$5,000

Building (Maintenance): \$15,000

BPP (Maintenance): \$5,000

Building (Utility/Meter Room): \$15,000

BPP (Utility/Meter Room): \$10,000

Building (Storage): \$10,000

BPP (Storage): \$5,000

Camera System: \$10,000

Crown CDI Drive Core Analog Input 2-channel: \$1,350

JBL AW566 High Output 15" 2 Way Full Range Speakers:\$10,000

Rane SM26B 6-Channel Audio Splitter/Mixer: \$476

Two JBL CSM-14 Four Inputs/One Output Mixer: \$2,000

CDI Amplifiers: \$1,400

Outdoor Stage Lighting Rig: \$6,500

Public Address System: \$600

Business Income Limit: \$1,500,000 - 1/4 Monthly Limitation

Location #2: 801 Seabreeze Blvd, Fort Lauderdale, FL 33316

Business Personal Property: \$8,000

Equipment (Server): \$17,000