

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 10/25/2008

	10/23/2000									
PRODUCER Insumce Agent/Broker Name Insumce Agent/Broker Street Address or P.O. Box Insumce Agent/Broker City, State & Zip Code						THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Contact & Phone Number					INSURERS AFFORDING COVERAGE			NAIC #		
INSURED					INSURER A Name of Insurance Company			Enter NAIC#	- 0	
Marina/Facility Owner Name Street					INSURER B: Name of Insurance Company (if applicable)			Enter NAIC#		
Principle Address or P.O. Box					INSURER C: Name of Insurance Company (if applicable)			Enter NAIC#	- 0	
City, State & Zip Code					INSURER D: Name of Insurance Company (if applicable)			Enter NAIC#		
					INSURER E: Name of Insurance Company (if applicable)			Enter NAIC#		
COVERAGES										
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLIC*	/ EFFECTIVE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	3	- 0	
800	C.	GENERAL LIABILITY	90IMA0045 -0	native traveler	9/08	04/23/10	EACH OCCURENCE	\$1,000,000		
A	\boxtimes	COMMERICAL GENERAL LIABILITY	AUMPOND 10	1213			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000		
		CLAIMS MADE OCCUR					MED EXP (Any one person)	sExcluded		
						1	PERSONAL & ADVINJURY	\$1,000,000		
		Marina Liability					GENERAL AGGREGATE	\$2,000,000	- 9	
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC					PRODUCTS - COMP/OP AGG	\$1.000.000	\neg	
								\$		
В	\boxtimes	AUTOMOBILE LIABILITY	4146366600	07/31	./09	07/31/10	COMBINED SINGLE LIMIT (Each Occurrence)	\$3,000,000	- 6	
	1	ALL OWNED AUTOS SCHEDULED AUTOS					BOD ILY INJURY (Per person)	\$		
	1	HIRED AUTOS					BOD ILY INJURY (Res accident)	\$		
		Facilities that do not owner and owner or operated by the facili		site s	hould submit	a letter, stating tha	t automobiles are not	\$		
	Н	GARAGE LIABILITY		~~			AUTO ONLY - EA ACCIDENT	\$		
		ANY AUTO	0				OTHER THAN EA ACC	\$	- 9	
							AUTO ONLY: AGG	\$		
		EXCESS/UMBRELLA LIABILITY					EACH OCCURRENCE	\$		
		OCCUR CLAIMS MADE		1			AGGREGATE	\$		
		DEDUCTIBLE						\$		
		RETENTION \$	1				8	\$	3	
	Species				paulations (* DOMONETO COLLEGE	WC STATU- OTH-	\$		
С		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC 40-51-066-01	10/25	5/2008	10/25/2009	△TORYLIMITS ☐ ER			
1		ANY PROPRIETOR/PARTNER/EXECU- TIVE OFFICER/MEMBER EXCLUDED?					E.L. EACH ACCIDENT	\$1,000,000		
		lfyes, describe under SPECIAL PROVISIONS below					E.L. DISEASE - EA EMPLOYEE	\$1,000,000	_ 6	
		SPECIAL PROVISIONS BELLA					E.L. DISEASE - POLICY LIMIT	\$1,000,000		
Facilities employing fewer than 4 employees need to complete and submit a Workers Compensation Exemption Form.										
DES	CRIPT	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY EN	IDORSI	EMENT / SPECIA	AL PROVISIONS				
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Marina, restaurant, gift shop									
Marina/Facility Name										
AND										
Physical Street Address City, State Zip										
CERTIFICATE HOLDER CANCELLATION										
Florida Department of Environmental Protection 3900 Commonwealth Blvd. Tallahassee, FL 32399-30000						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT				
					FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE					

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contact between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.