

# CERTIFICATE OF INSURANCE

Issued Date: June 20, 2017

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

**PRODUCER:** Maritime Coverage Corp.  
Island Wide Marine Agency  
PO Box 731209  
Ormond Beach, FL 32173-1209  
(386) 671-7791 • Fax: (386) 671-7793

**INSURED:** Pompano Beach Water Taxi, Inc.  
125 N Riverside Dr.  
Pompano Beach, FL 33062-5026

## COMPANIES AFFORDING COVERAGE

<b>Company A:</b>	Endurance Assurance Corporation
<b>Company B:</b>	WQIS
<b>Company C:</b>	
<b>Company D:</b>	

## COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

<u>Coverage</u>	<u>Company</u>	<u>Policy #</u>	<u>Effective Date</u>	<u>Expiration Date</u>	<u>Limits</u>
<b>Protection &amp; Indemnity</b>	A	OIW10003297400	5/2/2017	5/2/2018	\$1,000,000
<b>Excess</b>					
<b>Dock Liability</b>	A	OIW10003297400	5/2/2017	5/2/2018	\$1,000,000
<b>Pollution</b>	B	51-22024	5/2/2017	5/2/2018	\$1,000,000
<b>Other:</b>					

**APPROVED** *C. Lawrence*  
By Cindy Lawrence at 4:56 pm, Jul 17, 2017

## SPECIAL ITEMS

Vessel Schedule: 1. 6Big Diamond6 1990 34' Aluminum Skipperliner (Official #: 969419)  
2. 6Island Girl6 (Official #1122754) 2002 40' Willard  
Crew Coverage to be Provided: Per U.S. Coast Guard Requirements, Estimated to be 2 (Coverage for crew satisfies Federal Jones Act requirements)  
Passenger Coverage to be Provided: # as Per issued U.S. Coast Guard Certificate of Inspection (Estimated 40-49 Each Vessel)

Vessel #1: Policies currently in force with vessel on Port Risk Status awaiting final USCG Inspection by local sector for navigating coverage.  
Vessel #2: Coverage not yet provided. Coverage will be bound upon completion of documentation/ownership transfer on Port Risk with navigation coverage provided upon final USCG Inspection by local sector.

Note: The **City of Pompano Beach** will be named Additionally Insured with respects to the operation of the insured vessels.

## CERTIFICATE HOLDER:

**City of Pompano Beach**  
100 West Atlantic Blvd.  
Pompano Beach, FL 33060-6099

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



Authorized Representative