

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/2020

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 fieu of such andorsements).

| PROI | DUCER | | - 0011 | moste norder in ned 01 9 | CONTA | CT D. | - | | _ | | |
|--|---|-------|---------|--------------------------------|--|---------------------------|--------------------|---|------------|---|--|
| United Atlantic Insurance Group | | | | | | NAME: DEBY TUISO | | | | | |
| | 6 Duck Avenue | | | | [A/C, No, Ext): (305) 740-2134 [A/C, No): (305) 768-0250 | | | | | | |
| 342 | O DOCK AVEINGE | | | | ADDR | | uaigkw.com | | | | |
| ٠,٠. | 1004 | | | | | IN: | SURER(S) AFFOI | RDING COVERAGE | | NAIC # | |
| INSU | West | | | FL 33040 | INSURI | ERA: EVANS | STON INS CO |) | | 35378 | |
| Mau | | | | INSURER B: | | | | | | | |
| | SEBR Investments, LLC dba | Sco | tty's f | Front Street Stage | INSURI | ERC: | | | | | |
| | 528 Front Street | | | | INSUR | ERD: | | | | | |
| | | | | | INSURE | RE: | | | - | | |
| | Key West | | | FL 33040 | INSURE | RF: | | | | | |
| | | | | NUMBER: | | | | REVISION NUMBER: | | 1 | |
| TH | IIS IS TO CERTIFY THAT THE POLICIES | S OF | INSU | RANCE LISTED BELOW HA | VE BEI | EN ISSUED TO | THE INCHE | ED NAMED ABOVE FOR | THE PO | DI ICY PERIOD | |
| CE | DICATED. NOTWITHSTANDING ANY R RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH | PER. | TAIN | THE INSURANCE AFFORD | DED BY | THE POLICE | OR OTHER | DOCHMENT WITH DECO | EOT TO | N. LAN CHARLE I THE LAND | |
| INSR | TYPE OF INSURANCE | ADDL | SUBR | | | POLICY EFF (MM/DDYYYY) | POLICY EXP | | _ | | |
| | X COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | LAMIT | 1 | | |
| 1- | X CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED | | 00.000,000 | |
| | | х | | | | | 04/01/2020 | PREMISES (Ea occurrence) | | 0,000,00 | |
| | | | | 3AA380420 | | 01/27/2020 | | MED EXP (Arry one person) \$ 5,000,00 PERSONAL & ADV INJURY \$ 1,000,00 | | | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | 0112112020 | | | 00.000,000 | | |
| j- | POLICY PRO- | | | | | | | GENERAL AGGREGATE | | 00,000,000 | |
| ٤. | OTHER: | | | | | | 1 | PRODUCTS - COMPIOP AGG | \$ | | |
| _ | AUTOMOBILE LIABILITY | | | | - | | | COMBINED SINGLE LIMIT | \$ | | |
| | ANY AUTO | | | | | | | (Es accident) | \$ | | |
| | OWNED SCHEDULED | | | | | | į | BODILY INJURY (Per person) | S | | |
| Ī | AUTOS ONLY AUTOS NON-OWNED | | | | | | | BODILY INJURY (Per accident) | \$ | | |
| - | AUTOS ONLY AUTOS ONLY | | | | | | ! | PROPERTY DAMAGE (Per accident) | \$ | | |
| - | I I I I I I I I I I I I I I I I I I I | | | | | | | | \$ | | |
| A : | UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURRENCE | s 4,0 | 00,000,00 | |
| | EXCESS LIAB X CLAIMS MADE | X | | EZXS3020154 | | 01/30/2020 | 01/30/2021 | AGGREGATE | \$ 4,0 | 00,000,00 | |
| | DED RETENTIONS | | | | | | | | \$ | *************************************** | |
| | NORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | PER OTH- | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under | | N/A | | | | 2 | | E L EACH ACCIDENT | S | | |
| | | | | | | | | E L DISEASE - EA EMPLOYEE | 5 | | |
| Ė | DESCRIPTION OF OPERATIONS below | | | | | | | E L DISEASE - POLICY LIMIT | | _ | |
| | | | | | | | | | | | |
| | | | | | | | | | | - 1 | |
| | | | | | | | | | | - 1 | |
| DESCR | RIPTION OF OPERATIONS / LOCATIONS / VEHICL | ES (A | CORD | 101, Additional Remarks Schedu | le. may be | attached if mon | Snace is moule | ern ; | | | |
| 528 | Front Street | | | | io, iiiay bi | | s opace is require | iaj | | - 1 | |
| Key 1 | West, FL 33040 | | | | | | | | | - 1 | |
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| _ | | | | | | | | | | | |
| CERTIFICATE HOLDER | | | | | CANCELLATION | | | | | | |
| | | | | | | | | | | | |
| City of Key West 1300 White Street | | | | | | JLD ANY OF 1 | HE ABOVE D | ESCRIBED POLICIES BE C | ANCEL | LED BEFORE | |
| | | | | | | RDANCE WIT | DATE THE | REOF, NOTICE WILL I | BE DE | ELIVERED IN | |
| | Key West FL 33040 | | | | | | | | | | |
| | | | | ŀ | AUTHORIZED REPRESENTATIVE | | | | | | |
| | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1112 | | | | | |
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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed.

| If SUBROGATION IS WAIVED, subject this certificate does not confer rights | to the cert | erms and conditions of the con | uch endorsement(s | policies may :). | require an endorseme | nt. A s | statement on | | |
|---|---------------|--|--|---------------------|--|-------------|--------------|--|--|
| PRODUCER | | | CONTACT Betsy T | urso | | | | | |
| United Atlantic Insurance Group | | | PHONE (A/C, No, Ext): (305) 748-2134 [A/C, No, Ext): (305) 768-0250 | | | | | | |
| 3426 Duck Avenue | | | PHOME (A/C, No, Ext): (305) 748-2134 FAX (A/C, No): (305) 768-0250 E-MAIL ADDRESS: terese@uaigkw.com | | | | | | |
| Vou Mont | | | | | RDING COVERAGE | | NAIC# | | |
| Key West | | FL 33040 | INSURER A : EVANSTON INS CO 35 | | | | | | |
| | | | INSURER B : | | | | | | |
| SEBR Investments, LLC db | a Scotty's F | -ront Street Stage | INSURER C: | | | | | | |
| 528 Front Street | | | INSURER D : | | | | | | |
| Kev West | | = | INSURER E : | | | | | | |
| | FL 33040 | INSURER F: | | | | | | | |
| THIS IS TO CERTIFY THAT THE POLICIE | | E NUMBER: | WE BEEN IRRUED Y | O THE MOHE | REVISION NUMBER: | | | | |
| INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH | PERTAIN. | :NI, LERM OR CONDITION THE INSURANCE AFFORD | OF ANY CONTRACT | T OR OTHER | DOCUMENT WITH RESPI | COT TO | 167 1001 (| | |
| NSR TYPE OF INSURANCE | ADDL SUBR | | POLICY EFF (MM/DD/YYYY) | | LIMIT | ne. | | | |
| COMMERCIAL GENERAL LIABILITY | HAD HAD | , July Horsel | [HANGOGIT YYY] | [MM/DD/YYYY) | EACH OCCURRENCE | | 00,000.00 | | |
| X CLAIMS-MADE X OCCUR | | | | | DAMAGE TO RENTED | | ,000.00 | | |
| i | | | | | PREMISES (Ea occurrence) | \$ 5,0 | | | |
| | х | 3AA380420 | 01/27/2020 | 04/01/2020 | MED EXP (Any one person) PERSONAL & ADV INJURY | - | 00,000.00 | | |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE | The Incomme | 00,000,00 | | |
| POLICY PRO- JECT LOG | | | | | PRODUCTS - COMP/OP AGG | \$ 2,00 | ,000.00 | | |
| OTHER | | | İ | | TRODUCTS - COMPTOR AGG | \$ | | | |
| AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | 5 | | | |
| ANY AUTO | | | | | BODILY INJURY (Per person) | \$ | | | |
| OWNED SCHEDULED AUTOS ONLY | | | | | BODILY INJURY (Per accident) | \$ | | | |
| HIRED NON-OWNED AUTOS ONLY | | | | | PROPERTY DAMAGE (Per accident) | \$ | | | |
| | | | | | [G account] | \$ | | | |
| UMBRELLA LIAB X OCCUR | | | | | EACH OCCURRENCE | s 4.00 | 00,000,00 | | |
| A X EXCESS LIAB X CLAIMS-MADE | Х | EZXS3020154 | 01/30/2020 | 01/30/2021 | AGGREGATE | | 00.000.00 | | |
| DED RETENTION \$ | | | | | | \$ | | | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | PER OTH- | | | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | N/A | | | | E L EACH ACCIDENT | S | | | |
| (Mandatory in NH) If yes, describe under | | | | | E L DISEASE - EA EMPLOYEE | \$ | | | |
| DESCRIPTION OF OPERATIONS below | | | | | E L DISEASE - POLICY LIMIT | \$ | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (ACORD | 161 Additional Pamarks Schadu | in may be attached if man | is | a alt | | | | |
| 528 Front Street | (| 14.1 Manufactor Matter 1/4 201600 | ie, may be attached it filter | a shace is reditit | eaj | | | | |
| Key West, FL 33040 | | | | | | | | | |
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| | | | | | | | | | |
| ERTIFICATE HOLDER | | | CANCELLATION | | | | | | |
| 528 Front Street Key West, In | nc., a Florid | da corporation | | | | | | | |
| P. O. Box 591 | | · | SHOULD ANY OF | THE ABOVE D | ESCRIBED POLICIES BE C | ANCEL | LED BEFORE | | |
| Shelter Island Heights, NY 1 | 1965 | | THE EXPIRATION ACCORDANCE WIT | I DATE THE | EREOF. NOTICE WILL I | BE DE | LIVERED IN | | |
| | | | AUTHORIZED REPRESE | NTATIVE | | | | | |
| 1 | | | X() | | | | | | |
| | | | Ø 191 | RR-2015 ACC | ORD CORPORATION A | All clock | | | |