

**CITY OF KEY WEST**  
**APPLICATION FOR A SPECIAL EVENT PERMIT**

Name of Applicant(s) STORM TRISAIL CLUB, Key West Race Week

Address of Applicant(s) 1 WOODBINE AVE., LARCHMONT, NY 10538

Phone Number of Applicant(s) (914) 834-8857 Fax (914) 834-6484 Email admin@keywestraceweek.com

Name of Non-Profit (s) Key West Community Sailing Center

Address of Non-Profit(s) 705 Palm Ave, Key West, FL 33041

Phone Number of Non-Profit(s) (305) 292-5993

Amount or Percentage of Revenue Non-Profit(s) anticipates receiving \$1,000.00

Date/Dates of Event January 17-22, 2016

Hours of Operation 8:00 AM - 8:00 PM

Estimated/anticipated number of persons per day 1,200

Location of Event Kelly's Carribbean, 301 Caroline St.

Street Closed Caroline St. 1/2 block between Whitehead - Duval

Detailed description of event Sailboat regatta with related shoreside activities, socials, registration, meeting areas

Noise exemption required: Yes  No

Alcoholic beverages sold/served at event: Yes  No

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge. The applicant(s)/permittee agrees to assume full responsibility and liability for and indemnify and hold the City of Key West harmless from and against all liability, claims for damages, and suits for or by reason of any injury to any person or damages to any property of the parties hereto or of the third persons for any and all cause or causes whatsoever or in any way connected with the holding of said event or any act or omission or thing in any manner related to said event and its operation irrespective of negligence, actual or claimed, upon the part of the city their agents or employees.

[Signature]  
Applicants Signature

9/17/15  
Date

Financial Statement of the event of the previous year must be submitted with application

Revised for  
Third Reading  
11/19/02

ORDINANCE NO. 02-29

AN ORDINANCE OF THE CITY OF KEY WEST, FLORIDA, AMENDING CHAPTER 6 OF THE CODE OF ORDINANCES ENTITLED "AMUSEMENTS AND ENTERTAINMENT" BY AMENDING ARTICLE II PERTAINING TO SPECIAL EVENTS; AMENDING SECTION 6-26 TO REQUIRE A DOWN PAYMENT ON THE COST OF CITY SERVICES, TO ALLOW FOR INTEREST ON LATE PAYMENTS, AND TO INCREASE THE COST WAIVER TO \$1,000.00; ADDING SECTION 6-27 TO RESTRICT PLACEMENT OF FOOD, BEVERAGE AND MERCHANDISE BOOTHS; AMENDING SECTION 6-56 TO REQUIRE THE APPLICATION TO LIST AN EMERGENCY CONTACT PERSON; AMENDING SECTION 6-57 TO ESTABLISH A MINIMUM NON-PROFIT SHARE FOR SPECIAL EVENTS IN WHICH A STREET IS CLOSED; AMENDING SECTION 6-58 TO PROVIDE THAT MAJOR FESTIVAL SPONSORS MAKE APPLICATION SIX MONTHS IN ADVANCE AND APPROVE CERTAIN SALES OF ALCOHOLIC BEVERAGES; ADDING SECTION 6-61 PERTAINING TO HANDICAP-ACCESSIBLE BATHROOM FACILITIES; PROVIDING FOR SEVERABILITY; PROVIDING FOR REPEAL OF INCONSISTENT PROVISIONS; PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the City Commission finds that a revision to the regulations governing special events and street closures would promote the health, safety and welfare of the citizens of Key West.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY OF KEY WEST, FLORIDA:

established, then within thirty (30) days after the event the city may impose an interest charge on the amount due at the rate of one and one half percent (1-1/2%) per month.

(c) The city commission may grant special exceptions to this section for cause shown upon the public record.

(d) The first ~~\$500.00~~ \$1,000.00 of costs as specified in subsection (a) of this section may be waived for any organizer or sponsor which has qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the event a public accommodation subject to the human rights provision of the section 38-225.

(e) Any nonprofit organization accepting the waiver provided for by subsection (d) of this section shall, within 90 days following the special event, submit to the city commission an accounting of expenses and revenues incurred and generated during the event.

Section 2. That section 6-27 is hereby added to the Code of Ordinances as follows:

Sec. 6-27. Food, beverage and merchandise booths.

No booth or stall set up for a special event and serving any amount or type of food and/or beverage, or selling merchandise, shall be placed directly in front of, or within five(5) feet of the property line of, a restaurant or a bar or a retail store (selling

**Sec. 6-57. Donation of percentage of revenue  
to nonprofit organization.**

~~A percentage of the revenues of a special event that causes the closing of a city street must be donated to the nonprofit organization and, at the sponsor's option, to additional charities. On the application form issued by the city manager, the nonprofit must state the amount or percentage of revenues it anticipates to receive from the special event.~~ When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least twenty-five percent (25%) of the sponsor's gross revenues or \$1,000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manager with a letter of assent.

Section 5. That section 6-58 of the Code of Ordinances is hereby amended as follows:

**Sec. 6-58. Major festival.**

(a) A major festival is a special event of regional impact. Major festivals are: ~~Fancy~~Fantasy Fest, Hemingway Days, Goombay Festival, Conch Republic Celebration, the Poker Run, the Valentine's Day event for Wesley House, the Red Ribbon event at ~~Mango's~~ Mangoes, and such other special events as may be added or subtracted by resolution of the city commission. Private persons

therefrom and shall be construed as reasonable and necessary to achieve the lawful purposes of this Ordinance.

Section 8. All Ordinances or parts of Ordinances of said City in conflict with the provisions of this Ordinance are hereby superseded to the extent of such conflict.

Section 9. This Ordinance shall go into effect on January 1, 2003.

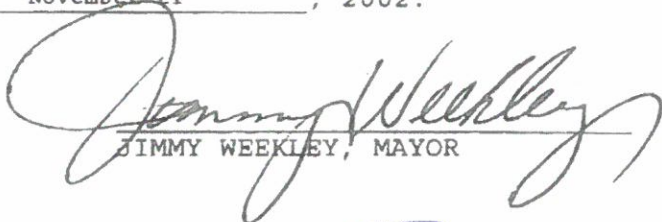
Read and passed on first reading at a regular meeting held this 16th day of October, 2002.

Read and passed on second reading at a regular meeting held this 6th day of November, 2002.


Read and passed on final reading at a regular meeting held this 19th day of November, 2002.

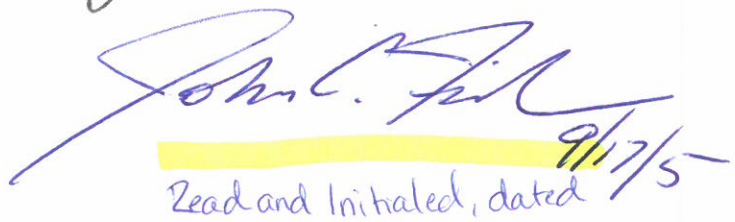
Authenticated by the presiding officer and Clerk of the Commission on 21st day of November, 2002.

Filed with the Clerk November 21, 2002.

  
JIMMY WEEKLEY, MAYOR

ATTEST:

  
CHERYL SMITH, CITY CLERK

  
Read and Initialed, dated 9/17/5

7



THE CITY OF KEY WEST  
POST OFFICE BOX 1409  
KEY WEST, FLORIDA 33041-1409  
WWW.KEYWESTCITY.COM

MEMORANDUM

TO: Mayor & Members of the City Commission

FROM: Robert Tischenkel *RT*  
City Attorney

DATE: October 17, 2002



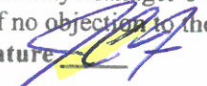
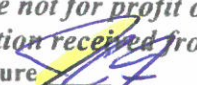
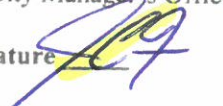
RE: Special Events Ordinance  
Second Reading

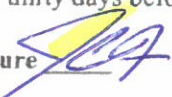


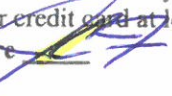



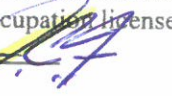
The following are the changes made to the Special Events Ordinance for second reading:

- Section 6-26. The requirement of certified check or credit card applies only to the down payment.
- Section 6-27. The requirement of payment for parking meters has been removed altogether. In its place is a new section concerning food and beverage booths, and a prohibition against their placement in front of or near restaurants and bars.
- Section 6-56. The contact person's telephone number is now required.
- Section 6-57. Each nonprofit organization named by a sponsor in the application must provide a letter of assent to the City Manager.
- The effective date of the ordinance is January 1, 2003.

*[Signature]*  
Read and Initialed, dated

# RULES AND REGULATIONS FOR USE OF CITY OF KEY WEST PROPERTY FOR SPECIAL EVENTS

1. All Applicant(s) must fill out a City of Key West (City) application form provided to you by the Office of the City Manager.
2. Application(s) for special event(s) must be in the Office of the City Manager 60 days prior to the event.
3. Application(s) must provide comprehensive liability insurance insuring itself and the City against all claims of damages or injury to persons or property arising for any reason as a result of the activities associated with the special event permitted by the City. The insurance policy shall be written by a solvent insurance company in good standing and shall provide a minimum of \$1 million general liability. The policy shall show the City of Key West as an additional named insured.  
Sponsor's Signature 
4. The applicant shall indemnify and hold the City harmless from all losses, claims, damages, liabilities, and expenses which may be incurred by the City or which may be claimed against the City by any person, firm to the person or property of any person, firm, corporation, or entity which are consequent or arise from the activities of the permit holder or its equipment, employees, agents, guests, licensees, or invitees for the permit holder activities or which damages/injuries are consequent or arise from permit holders failure to comply with all applicable laws, statutes, ordinances and regulations.  
Sponsor's Signature 
5. Applicant(s) who are businesses or private persons who wish to close a City street must make an application jointly with a non-profit entity. When a sponsor proposes a special event that will cause the closing of a city street or other public right-of-way, the sponsor must donate at least 25% of the sponsor's gross revenues or \$1000.00, whichever is greater, to at least one nonprofit organization. The sponsor must designate the nonprofit organization(s) on the application for the event. Each named nonprofit organization must provide the city manger with a letter of assent. Applicant(s) must also hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or the City Manager's Office. Applicant(s) must have neighboring businesses sign a petition of no objection to the street closure.  
Sponsor's Signature 
6. *Within 30 days of the events completion the City Commission will receive a letter from the not for profit organization stating the amount of the monetary donation received from the event.*  
Sponsor's Signature 
7. Applicant(s) wishing to sell/consume alcoholic beverages on City property must have approval by the City Commission via Resolution and must hire an off-duty police officer(s) for crowd control and safety as determined by the Key West Police Department or City Manager's Office. Applicant must provide liquor liability insurance.  
Sponsor's Signature 

8. Applicant(s) wishing to have an exemption from the noise control ordinance must fill out an application thirty days before the event. Processing fee for the application is \$50.00.  
Sponsor's Signature 
9. All applications are subject to approval at the discretion of the City Manager and/or City Commission.  
Sponsor's Signature 
10. Notice of the city commission's proposed action on an application for a special event permit shall be mailed prior to the meeting at which the matter is to be considered to all property owners and occupants of property located within a 100-foot radius of the proposed special event. Notice of such proposed action also shall be published in a newspaper of general circulation in the city at least five days prior to the date of the city commission decision. The notice shall identify a contact person and phone number for complaints. The applicant shall pay for the newspaper advertisement.  
Sponsor's Signature 
11. The organizer or sponsor of any special event, which requires the provision of additional or extraordinary support services by police, fire, administration, or other city departments shall pay to the city the cost of such services. A down payment of 10 percent of the costs, as estimated by the city manager, shall be made to the city either by certified check or credit card at least ten days prior to the special event.  
Sponsor's Signature 
12. The first \$1000.00 of costs as specified in subsection (a) of the ordinance may be waived for any organizer or sponsor, which qualified as a tax-exempt nonprofit organization according to state or federal law. Acceptance of this waiver by such sponsor shall render the special event a public accommodation subject to the human rights provision of the section 38-225.  
Sponsor's Signature 
13. Any nonprofit organization accepting the waiver provided for by subsection (d) of the ordinance shall, within 90 days following the special event, submitted to the city commission an accounting of expenses and revenues incurred and generated during the special event.  
Sponsor's Signature 
14. Whenever the sponsor of a special event provides temporary bathroom facilities on the public right-of-way, at least five percent of those facilities or one of those facilities, whichever is the greater number, shall be accessible to persons with physical disability.  
Sponsor's Signature 
15. Where a person has not applied for a special event permit and an event at it's location spills into a street, causing the police department to close all or a portion of the street, the person sponsoring the event shall pay all such extraordinary service costs incurred by the city. On each anniversary of this occurrence, if the person can reasonably anticipate an overflow of people into the street, a special event permit must be applied for consistent with this division. A violation of this section may be grounds for revocation of an occupation license.  
Sponsor's Signature 



16. Special events may use fog, smoke and bubble machines or any device that emits a mist or spray contingent on Key West Fire Department approval. Approval must be obtained a minimum of 48 hours prior to the event. The use of confetti or confetti machines is strictly forbidden.

Sponsor's Signature 

17. Special Events organizers must submit a adequate recycle plan for the size of the event being requested. Helpful hints and recycling requirements for special events can be found on the city's website. This will help you develop your plan.

Sponsor's Signature 

18. All special events are required to comply with the Federal Americans with Disability's Act which requires access to all areas and services provided by the special events. Organizers must insure that all aspects of their event meet the requirements.

Sponsor's Signature 

## Complete Checklist for Event Recycling City of Key West

- Identify contact person at the festival responsible for working with recycling.  
Name of person: Amy Gross-Kehoe Phone number: (650) 704-9770
- Identify the recyclable commodities that will be used by the public and behind-the-scenes.  
Aluminum X Glass X #1 Plastic X #2 Plastic X Steel \_\_\_\_\_  
Corrugated Cardboard X Other: \_\_\_\_\_
- Define the amount of recycling containers needed for the festival grounds (based on commodities used at the event and where they will be used and discarded. When recyclables are used throughout event, 1 recycling container for every 1 trash barrels will be used).  
Amount of recycling and garbage containers needed: minimum of (6) six 32 gallon containers and (1) one rolloff bin
- Arrange for recycling containers for the grounds and a large container (roll-off or festival box) and coordinate delivery and removal arrangements. Recycling containers may be ordered from Waste Management. 305 296-2825.  
Arrangements made: To be finalized with Margret Lara of Waste Mgmt and existing arrangements at Kelly's Caribbean
- Capacity of containers on grounds: TBD  
Contact person for containers: Margret Lara Phone #: (305) 797-3312
- Order signs to inform customers of recycling. Signs are needed for point-of-purchase locations and recycling containers.
- Acquire liner bags for the recycling containers to be placed on the grounds. Ensure that the capacity of the bags is equal to or greater than that of the recycling containers on the grounds.
- Arrange for emptying of recycling containers during the event – from the containers on the grounds to the large container.  
Arrangements made: Waste Management has been consulted - arrangements to be made
- Arrange for pick-up of the recyclables. The agency providing containers will often take the materials for recycling. In other cases, arrange for the materials to be taken to a recycling facility.  
Arrangements made: Waste Management consulted - arrangements underway.
- Meet with vendors and tell them to ask customers to recycle the appropriate materials. Make sure vendors know what will be recycled. Inform them that signs will be posted in their areas.
- Oversee the delivery of containers and placement of signs.
- Place recycling containers next to trash cans on the grounds and insert liner bags. All recycling

containers must be adjacent to trash barrels in order to reduce contamination problems.

- Monitor recycling containers for correct usage during the event and take actions to solve problems.  
Problems: to be monitored on site on site management  
Actions taken: \_\_\_\_\_  
\_\_\_\_\_
- View trash barrels and note any recyclables in the trash. Take actions to solve problems.  
Problems: to be monitored on site managed on site  
Actions taken: \_\_\_\_\_  
\_\_\_\_\_
- Take photos of event recycling, record data on volumes of recyclables and trash, and ask vendors and event organizers for comments about the program  
Comments: to be done on site managed on site  
\_\_\_\_\_  
\_\_\_\_\_
- Ensure that recyclables are removed and taken to the large container when bins are full and that liner bags are replaced.
- At the end of the event, remove signs and arrange for their return to owners.
- Place recycling containers in the pick-up location, as arranged with the providers of the containers.
- Ask the recycling facility to appraise the amount of material collected for recycling by weight, volume, or counts and report on contamination levels.  
Amount of material: to be done on site  
\_\_\_\_\_  
Contamination: \_\_\_\_\_
- Prepare a report on the program including strategies used, amount of material diverted, comments and suggestions from participants and future recommendations.
- Share the results with event organizers.
- Security deposit of \$1000.00 must be submitted prior to the event.
- Security deposit returned: \_\_\_\_\_

*For more information about event recycling and waste reduction, contact Waste Management at 305 296-2825*



THE CITY OF KEY WEST

Post Office Box 1409 Key West, FL 33041-1409 (305) 809-3828

Pursuant to my request to conduct a special event requiring authorization by the City Commission, I agree that throughout the event I will keep the premises clear of accumulated recyclables, trash and debris. This includes emptying trash and recycle cans on a regular basis for the duration of the event.

*John L. Hill* 9/17/15

*Key to the Caribbean - average yearly temperature 77 ° Fahrenheit.*



### Special Event Recycle Plan:

Recycle Coordinator: Amy Gross-Kehoe, Storm Trysail Club

Contact: 650-704-9770 cell, email: [info@keywestraceweek.com](mailto:info@keywestraceweek.com)

The event organizer will designate a recycling Coordinator to ensure the event is recycling and limiting the amount of waste that is generated. The coordinator will be responsible for making advance arrangements with Waste Management and for follow through on site. We are in partnership with "Sailors for the Sea" – an international organization that promotes Clean Regattas "The world's only sustainability certification for water-based events." [www.sailorsforthesea.org](http://www.sailorsforthesea.org)

- Recycling coordinator will arrange lease of recycle bins
- Recycling instruction will be provided to all volunteers and support staff
- Participants will be reminded of recycling efforts at the skipper's meeting
- Any recycling initiatives will be promoted through social media, online and on site signage
- "Save the Date" postcards will be emailed instead of mailed through the post office
- All Communications to event participants will be through email
- Printed material usually distributed on site will be available through the Smart Phone Application
- Encourage sponsors to engage digital marketing strategies
- Note that there will be no food or beverage vending during the event
- There will be a minimum of six 32 gallon totes leased from Waste Management and located on site.
- All recycling containers will be clearly marked and visible
- Food waste or other trash containers are adjacent to recycle bins
- Designate a volunteer responsible for ensuring against comingling of recyclables and trash.
- Locate recycling areas with trash receptacles near any port-o-lets, and at event entrance and exit.
- The Recycling coordinator will designate volunteers to be responsible for ensuring against comingling of recyclables and trash.
- To minimize cardboard use, the usual containers will be available and we'll monitor break down and disposal
- Waste Management will deliver recyclables to the recycle center and report the volume recycled
- The recycle coordinator will distribute reusable waterbottles to all staff and volunteers
- Race committee personnel will carry lunches to boats in reusable grocery bags.
- Supplier and sponsorship options with companies focused on being "Green".
- Coordinate the lease of recycle bins and the pickup of recyclables
- Report the volume recycled to the City of Key West



# THE CITY OF KEY WEST

Parking Division

P.O.Box 1409, Key West, FL 33040

## Parking Requests for Special Events

Please describe any Special Event Parking requests below:

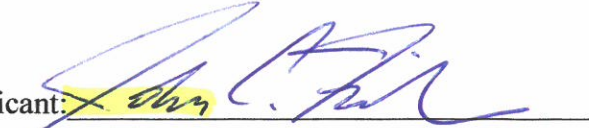
NONE	N/A

Mallory Square Rates: \$4.00 per hour or \$32.00 per day per space  
Key West Bight Rates: \$2.00 per hour or \$16.25 per day per space  
On-Street Meter Rates: \$1.50 per hour or \$20.00 per day per space.  
Vendors and Event Organizers must pay for metered parking used outside of Event Zone.  
Modification of rates or parking waivers can only be approved by City Commission.

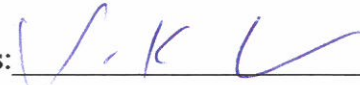
If you have any questions, please contact John Wilkins, Parking Manager at (305) 809-3855 or email [jwilkins@keywestcity.com](mailto:jwilkins@keywestcity.com)

Release and Indemnification  
Storm Trysail Club  
Use of Truman Waterfront Property  
January 1 through February 1, 2016  
6:00 a.m. to 8:00 p.m.

I **John Fisher** Being authorized to act on behalf of and legally bind **Storm Trysail Club** doing business as the legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from an and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association to indemnify, and hold harmless the City of Key West, its officer agents and employees from and against any and all damages to personnel or property of other persons or property of any nature whatsoever, and for defense costs, including attorneys' fees at both trial and appellate levels, arising from actions or omissions of the person(s) or legal entity(ies) on whose behalf the application is submitted, including, but not limited to, the sale or dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitees, or participants in the related activities permitted. The foregoing release and indemnification agreement does not apply to those claims for damages or injuries which result from the negligent actions or omissions of the City of Key West, its officers, agents and employees.

Signature of Applicant: 

Print Name: JOHN C. FISHER

Signature of Witness: 

Print Name: William Campbell

Date: 9/17/15

21 (end)



**KEY WEST FIRE DEPARTMENT  
FIRE MARSHAL'S OFFICE**

N/A

---

Please Check All That Apply To This Event

Cooking

- Deep Frying/Open Flame
- Charcoal Grill
- Gas Grill
- Food Warming Only
- Catered Food
- Plan for Cooking Oil Disposal
- No Cooking on Site

Electrical Power

- Generator
- 110 AC with Extension Cords
- DC Power

Road Closure

- Map of Closed Road with Fire Lane & Vendor Booth(s) Locations

Tents (More Than 200 SqFt.)

- Flame Resistance Certificate
- Size, Type, Location of Tent(s)

Food Booths

- Food Booths – Total # \_\_\_\_\_
- Vendor Booths – Total # \_\_\_\_\_
- Total Number of Booths - \_\_\_\_\_

Parade

- Floats – Total # \_\_\_\_\_



BRAZA LENA STEAKHOUSE (closed)

TELEGRAPH LANE

PARKING LOT 110 X 20

GRUNT'S WINE & BEER BAR 23 X 30

VAPOUR TANKS

BATHROOMS

RESIDENCE 1

DRIVEWAY

RESIDENCE 2

SITE PERIMETER

AREAS OPEN TO PUBLIC

FIRE LANE

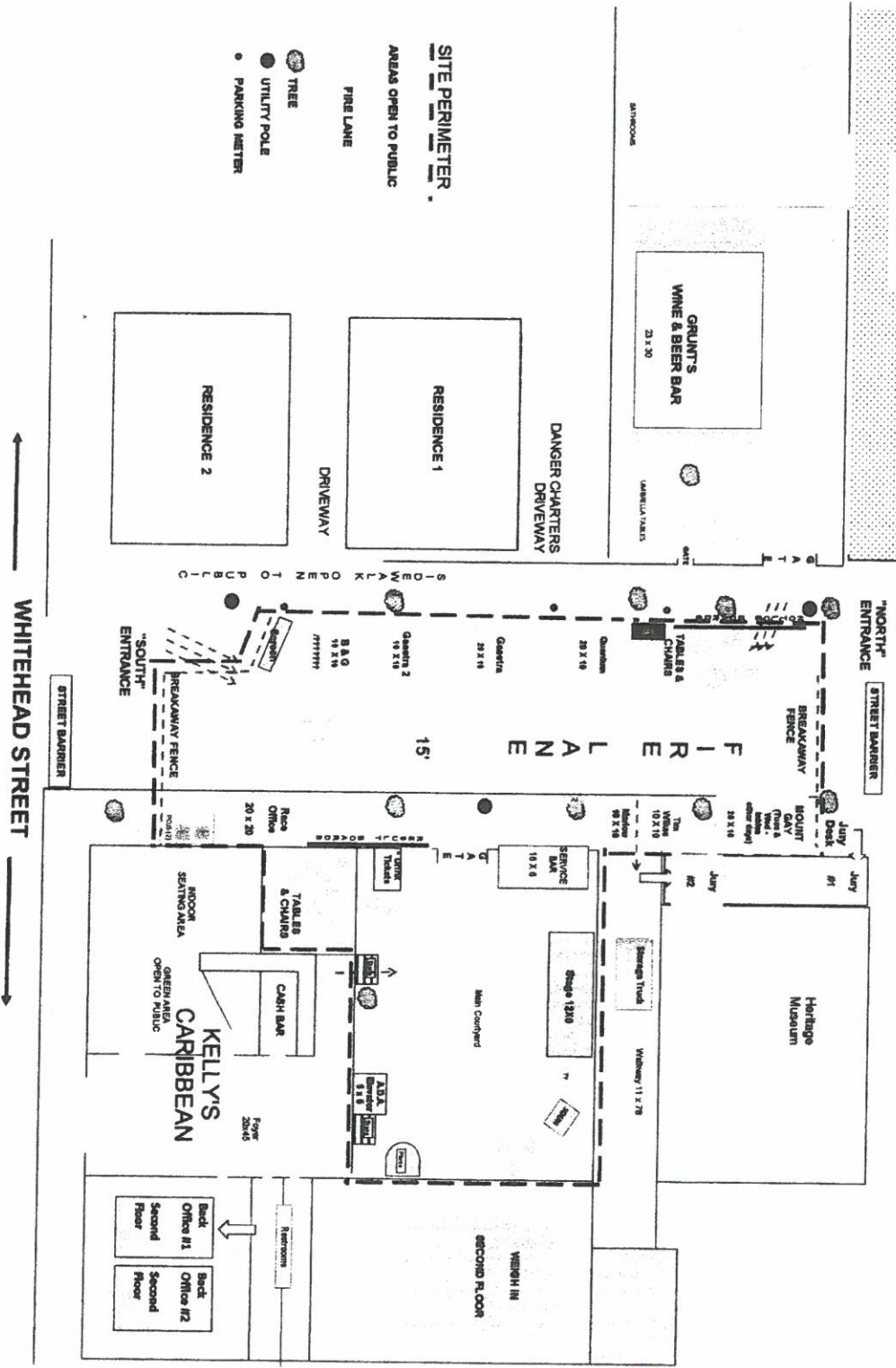
- TREE
- UTILITY POLE
- PARKING METER

DUVAL STREET

CAROLINE STREET

QUANTUM KEY WEST RACE WEEK 2015  
RACE WEEK SITE

Version 1.4 Updated 1/14/15  
Scale Approximate



WHITEHEAD STREET

22

Budget for Caroline St Closing

Profit and loss

Income

Committee shirts from Sponsor \$2,500.00

Expense

Rent tents \$2,000.00

rent chairs / tables \$1,200.00

stage rental \$700.00

police payments 24 hr security \$8,000.00 200 hrs x 40/hour

total expenses for set up \$11,900.00

total expenditure -\$9,900.00



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/2/2015

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 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).

<b>PRODUCER</b> Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (800) 262-8911</b> FAX (A/C, No): <b>(860) 399-3615</b> E-MAIL ADDRESS: <b>info@gowrie.com</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  The Storm Trysail Club, Inc. One Woodbine Avenue Larchmont, NY 10538	<b>INSURER A:</b> Federal Insurance Company      NAIC # <b>20281</b>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:**      **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		35389937	02/01/2015	02/01/2016	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			79817402	02/01/2015	02/01/2016	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

<b>CERTIFICATE HOLDER</b>  United States Navy PO Box 9007 Key West, FL 33040	<b>CANCELLATION</b> 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 



# CERTIFICATE OF LIABILITY INSURANCE

STORTRY-01 DHERRERA

DATE (MM/DD/YYYY)  
9/2/2015

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 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).

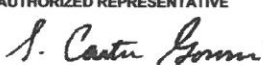
<b>PRODUCER</b> Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (800) 262-8911</b>		FAX (A/C, No): <b>(860) 399-3615</b>	
	E-MAIL ADDRESS: <b>info@gowrie.com</b>			
<b>INSURED</b>  The Storm Trysail Club, Inc. One Woodbine Avenue Larchmont, NY 10538	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A:</b> Federal Insurance Company		<b>20281</b>	
	<b>INSURER B:</b>			
	<b>INSURER C:</b>			
	<b>INSURER D:</b>			
	<b>INSURER E:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		35389937	02/01/2015	02/01/2016	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			79817402	02/01/2015	02/01/2016	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y / N N / A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

<b>CERTIFICATE HOLDER</b>  The Key West Bight Marina 201 William Street Attn: Doug Bradshaw Key West, FL 33040	<b>CANCELLATION</b>  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 



# CERTIFICATE OF LIABILITY INSURANCE

STORTRY-01 DHERRERA

DATE (MM/DD/YYYY)  
9/2/2015

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 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).


<b>PRODUCER</b> Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (800) 262-8911</b> FAX (A/C, No): <b>(860) 399-3615</b> E-MAIL ADDRESS: <b>info@gowrie.com</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: <b>Federal Insurance Company</b> <b>20281</b> INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
<b>INSURED</b>  <b>The Storm Trysail Club, Inc.</b> <b>One Woodbine Avenue</b> <b>Larchmont, NY 10538</b>		

**COVERAGES**      **CERTIFICATE NUMBER:**      **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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>35389937</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>79817402</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>Y/N</b> <b>N/A</b>				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 street closure dates, to be held from January 16th-January 22nd, 2016.

<b>CERTIFICATE HOLDER</b>  <b>The City of Key West</b> <b>POBox 1409</b> <b>Key West, FL 33041</b>	<b>CANCELLATION</b>  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 



# CERTIFICATE OF LIABILITY INSURANCE

STORTRY-01 DHERRERA

DATE (MM/DD/YYYY)  
9/2/2015

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 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).


<b>PRODUCER</b> Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (800) 262-8911</b>		<b>FAX (A/C, No): (860) 399-3615</b>	
	<b>E-MAIL ADDRESS: info@gowrie.com</b>			
<b>INSURED</b>  The Storm Trysail Club, Inc. One Woodbine Avenue Larchmont, NY 10538	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A: Federal Insurance Company</b>		<b>20281</b>	
	<b>INSURER B:</b>			
	<b>INSURER C:</b>			
	<b>INSURER D:</b>			
	<b>INSURER E:</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>	<b>X</b>	<b>35389937</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED            RETENTION \$			<b>79817402</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.**

<b>CERTIFICATE HOLDER</b>  Remy Cointreau USA, Inc. 1290 Avenue of the Americas New York, NY 10104	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 



CERTIFICATE OF LIABILITY INSURANCE

STORTRY-01 DHERRERA

DATE (MM/DD/YYYY)
9/2/2015

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Gowrie Barden & Brett, Inc. 70 Essex Road, Westbrook, CT 06498
CONTACT NAME: info@gowrie.com
INSURER(S) AFFORDING COVERAGE: Federal Insurance Company, NAIC # 20281

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL. INSD, SUBR. WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Marine General Liabi.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

CERTIFICATE HOLDER CANCELLATION

Quantum Sail Design Group
1576 International Drive
Traverse City, MI 49686
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: S. Carter Gorman



# CERTIFICATE OF LIABILITY INSURANCE

STORTRY-01      DHERRERA

DATE (MM/DD/YYYY)  
9/2/2015

**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 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).**

<b>PRODUCER</b> Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (800) 262-8911</b> FAX (A/C, No): <b>(860) 399-3615</b> E-MAIL ADDRESS: <b>info@gowrie.com</b>														
<b>INSURED</b>  The Storm Trysail Club, Inc. One Woodbine Avenue Larchmont, NY 10538	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : <b>Federal Insurance Company</b></td> <td style="text-align: center;"><b>20281</b></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Federal Insurance Company</b>	<b>20281</b>	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : <b>Federal Insurance Company</b>	<b>20281</b>														
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

**COVERAGES      CERTIFICATE NUMBER:      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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>X</b>		<b>35389937</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> \$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			<b>79817402</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.**

<b>CERTIFICATE HOLDER</b>  Naval Properties Local Redevelopment Authority of the City of Key West (LRA) 201 William Street Key West, FL 33040	<b>CANCELLATION</b>  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 
--	--





STORTRY-01 DHERRERA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/2/2015

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 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 Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	CONTACT NAME:		FAX (A/C, No): (860) 399-3615
	PHONE (A/C, No, Ext): 1 (800) 262-8911	E-MAIL ADDRESS: info@gowrie.com	
INSURED  The Storm Trysail Club, Inc. One Woodbine Avenue Larchmont, NY 10538	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Federal Insurance Company		20281
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		35389937	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			79817402	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

CERTIFICATE HOLDER  Naval Air Station Key West PO Box 9007 Key West, FL 33040	CANCELLATION  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  <i>S. Carter Gorman</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

STORTRY-01 DHERRERA

DATE (MM/DD/YYYY)  
9/2/2015

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 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).

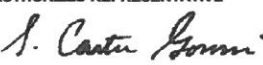
<b>PRODUCER</b> Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>1 (800) 262-8911</b>		FAX (A/C, No): <b>(860) 399-3615</b>
	E-MAIL ADDRESS: <b>info@gowrie.com</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A : Federal Insurance Company</b>			<b>20281</b>
<b>INSURED</b>			
<b>The Storm Trysail Club, Inc.</b> <b>One Woodbine Avenue</b> <b>Larchmont, NY 10538</b>			
<b>INSURER B :</b>			
<b>INSURER C :</b>			
<b>INSURER D :</b>			
<b>INSURER E :</b>			
<b>INSURER F :</b>			

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCCUR</b>	<input checked="" type="checkbox"/>		<b>35389937</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>Included</b> OTHER: \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>A</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>			<b>79817402</b>	<b>02/01/2015</b>	<b>02/01/2016</b>	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ RETENTION \$ <b>5,000,000</b>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y / <input type="checkbox"/> N / <input type="checkbox"/> A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

<b>CERTIFICATE HOLDER</b>  National Marine Manufacturers Association 231 S. LaSalle Street, Suite 2050 Chicago, IL 60604	<b>CANCELLATION</b>  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 



STORTRY-01 DHERRERA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/2/2015

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 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 Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	CONTACT NAME:		
	PHONE (A/C, No, Ext):	1 (800) 262-8911	FAX (A/C, No): (860) 399-3615
	E-MAIL ADDRESS:	info@gowrie.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Federal Insurance Company		20281
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

INSURED  
  
The Storm Trysail Club, Inc.  
One Woodbine Avenue  
Larchmont, NY 10538

## COVERAGES

CERTIFICATE NUMBER:

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		35389937	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included OTHER: \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS HIRED AUTOS <input type="checkbox"/>			73255611	02/01/2015	02/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			79817402	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 DED \$ RETENTION \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Marine General Liabi			07312140	02/01/2015	02/01/2016	1,000,000
A	P&I-Regatta	X		07312141	02/01/2015	02/01/2016	1,000,000

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

Additional Insured: Monroe County Board of County commissioners, its employees & officials are listed as certificate holders and additional insured on general liability, protection and indemnity coverage with respect to the Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

## CERTIFICATE HOLDER

## CANCELLATION

<p>Monroe County, Its Employees &amp; Officials, Monroe County Board of County Commissioners, c/o Risk Mgmt, 1100 Simonton Street Room 1-268 Key West, FL 33040</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE <i>S. Carter Gormi</i></p>
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/2/2015

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement.

PRODUCER: Gowrie Barden & Brett, Inc.
70 Essex Road
Westbrook, CT 06498
CONTACT NAME:
PHONE (A/C, No, Ext): 1 (800) 262-8911
FAX (A/C, No): (860) 399-3615
E-MAIL ADDRESS: info@gowrie.com
INSURER(S) AFFORDING COVERAGE: Federal Insurance Company
NAIC #: 20281

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes rows for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

CERTIFICATE HOLDER CANCELLATION

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: S. Carter Gommie



STORTRY-01 DHERRERA

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/2/2015

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 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 Gowrie Barden & Brett, Inc. 70 Essex Road Westbrook, CT 06498	CONTACT NAME:		FAX (A/C, No): (860) 399-3615
	PHONE (A/C, No, Ext): 1 (800) 262-8911	E-MAIL ADDRESS: info@gowrie.com	
INSURED  The Storm Trysail Club, Inc. One Woodbine Avenue Larchmont, NY 10538	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Federal Insurance Company		20281
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES CERTIFICATE NUMBER: 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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>		35389937	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			79817402	02/01/2015	02/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Additional Insured: Certificate holder is listed as additional insured only with respect to general liability coverage for the Quantum Key West Race Week 2016 to be held from January 2nd-February 5th, 2016, including set up and take down.

CERTIFICATE HOLDER  Coffin Marine Services PO Box 430538 Big Pine Key, FL 33043	CANCELLATION  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  <i>S. Carter Gorman</i>

© 1988-2014 ACORD CORPORATION. All rights reserved.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



## Detail by Entity Name

### Foreign Not For Profit Corporation

THE STORM TRYSAIL CLUB, INC.

### Filing Information

<b>Document Number</b>	F15000002736
<b>FEI/EIN Number</b>	13-2693380
<b>Date Filed</b>	06/18/2015
<b>State</b>	NY
<b>Status</b>	ACTIVE

### Principal Address

1 WOODBINE AVE  
LARCHMOUNT, NY 10538

### Mailing Address

1 WOODBINE AVE  
LARCHMOUNT, NY 10538

### Registered Agent Name & Address

BRENNAN, DAVID  
2485 TRAPP AVE  
MIAMI, FL 33133

### Officer/Director Detail

#### **Name & Address**

Title C

SITAR, LEONARD  
1 WOODBINE AVE  
LARCHMOUNT, NY 10538

Title VC

REDNISS, RAYMOND  
1 WOODBINE AVE  
LARCHMOUNT, NY 10538

Title D

FISHER, JOHN  
1 WOODBINE AVE  
LARCHMOUNT, NY 10538

Title P

REICHART, LEE  
1 WOODBINE AVE  
LARCHMOUNT, NY 10538

Title V

RUGG, PETER  
1 WOODBINE AVE  
LARCHMOUNT, NY 10538

Title V

RUGG, PETER  
1 WOODBINE AVE  
LARCHMOUNT, NY 10538

**Annual Reports**

**No Annual Reports Filed**

**Document Images**

[06/18/2015 -- Foreign Non-Profit](#)

View image in PDF format

Event Name: KEY WEST RACE WEEK  
(STORM TRYSAIL CLUB)

## Special Event Checklist

Everything must be checked off before submitting the special event application

X	TITLE	COMMENTS
✓	Special Event Application	
✓	Noise Exemption (If applicable)	PAGE 2 NOT APPLICABLE
✓	\$50.00 for Noise	N/A
✓	Ordinance initialed	PAGES 3-9, 10-13
✓	Recycling checklist completed	PAGES 14-15
✓	Recycling deposit \$1,000.00	TO BE MAILED
✓	Recycling Plan	ATTACHMENT A (PAGE 15 A)
✓	Authorization Letter for continuous cleaning of recycled area	PAGE 16
✓	Signatures of No Objection of Street closure (If applicable)	IN PROCESS
✓	Insurance naming the City as additional insured	PAGE 19
✓	Financial of previous event (If applicable)	PAGE 20
✓	Release & Idemnification Form	PAGE 21
✓	Site Map ( where barricades, stages, etc are to go)	ATTACHMENT B (PAGE 22)
✓	Letter from non profit that states they will be receiving the funds	IN PROCESS





**Peter S. Craig** <peter@premiere-racing.com>  
 To: John Fisher <John.C.Fisher@snet.net>, Bill Canfield <stycisv@gmail.com>  
 Cc: Dick Neville <RNeville@innovprop.com>

Mon, Sep 14, 2015 at 4:18 PM

The very short brief on my meeting with Marc is that he is ready to go forward.

Regarding your two questions on the draft contract:

1) Container - I addressed below. Not an issue. 20 footer and will be good for security and sales. Bill will need to coordinate drop off and pick up carefully to be sure it happens proper day and on time and that truck has proper equipment to do its thing. Later need to ask about any special power requirements and get that to Fred and his man Martin in advance.

2) Change in gross sales required to cover the 'advance against royalties' for 2016-2018 (\$15K/\$20K/\$25K). The gross sales numbers were simply wrong in our contract as you'll see when you do the math with 2%. Mario has corrected those numbers. Again, they wouldn't be doing this deal if they don't exceed the sales number in a big way - makes no sense for them.

Call me if you have any questions. Hopefully you can get it wrapped up this week and order your gear.

Ciao,

Peter

Peter S. Craig  
 President  
 Premiere Racing, Inc.

*No Decking -*

Mobile: 617-755-7316

Office: 781-639-9545  
Fax: 781-639-9171  
Skype: petercraig.pri

Begin forwarded message:

**From:** Peter Craig <peter@bucketregattas.com>  
**Subject:** Fwd: Container shop 20ft  
**Date:** September 14, 2015 8:56:34 AM EDT  
**To:** John Fisher <John.C.Fisher@snet.net>, Dick Neville <RNeville@innovprop.com>, Bill Canfield <stycisv@gmail.com>  
**Cc:** Jeanne Kleene <jeanne@premiere-racing.com>  
[Quoted text hidden]

---

**Bill Canfield** <stycisv@gmail.com> Mon, Sep 14, 2015 at 6:30 PM  
To: Fred Tillman <kellykeyw@aol.com>  
Cc: Amy Gross Kehoe <info@keywestraceweek.com>, John Fisher <eventchair@keywestraceweek.com>, Nick Langone <nelangone@aol.com>, "Peter S. Craig" <peter@premiere-racing.com>, Dick Neville <RNeville@innovprop.com>

Fred  
See below  
Rather than using tents, Gaastra wants to bring a 20ft container to Caroline st site as a point of sale unit

Probably same position as their traditional sales spot

Picture below

Do you see any problem with it with our usual permit for street closing

We have no issues as the organizers with it but wanted your local knowledge ok before it is shipped to KW

Thanks  
Bill

Regards  
Bill Canfield  
340 626 0239

Begin forwarded message:

**From:** Peter Craig <peter@bucketregattas.com>  
**Date:** September 14, 2015 at 8:56:34 AM EDT  
**To:** John Fisher <John.C.Fisher@snet.net>, Dick Neville <RNeville@innovprop.com>, Bill Canfield <stycisv@gmail.com>  
**Cc:** Jeanne Kleene <jeanne@premiere-racing.com>  
**Subject:** Fwd: Container shop 20ft

[Quoted text hidden]

---

**Amy Gross Kehoe** <info@keywestraceweek.com> Tue, Sep 15, 2015 at 10:13 AM  
To: Bill Canfield <stycisv@gmail.com>

Cc: Fred Tillman <kellykeyw@aol.com>, John Fisher <eventchair@keywestraceweek.com>, Nick Langone <nelangone@aol.com>, "Peter S. Craig" <peter@premiere-racing.com>, Dick Neville <RNeville@innovprop.com>

As far as I can see, there's nothing in the permit that requires additional permitting, or anything that restricts such structures. They need to be aware of the requirement to register pay Florida sales tax.

Amy Gross-Kehoe  
Race Administrator  
Quantum Key West Race Week, January 18-22, 2016  
Storm Trysail Club, Larchmont, NY  
650-704-9770 Mobile/Text  
[Quoted text hidden]



Bill Canfield <stycisv@gmail.com>

---

## Fwd: Container shop 20ft

1 message

---

**Peter Craig** <peter@bucketregattas.com>

Mon, Sep 14, 2015 at 8:56 AM

To: John Fisher <John.C.Fisher@snet.net>, Dick Neville <RNeville@innovprop.com>, Bill Canfield <stycisv@gmail.com>

Cc: Jeanne Kleene <jeanne@premiere-racing.com>

Just got back last night. Good meeting with Marc Blee in Porto Cervo. All good for KWRW - will send email later with specifics.

"Container" Mario refers to below - a 20' footer. Would work great on site Caroline Street with mods to the deck out front (you need to keep one side of road open for fire lane).

More to follow...

Ciao

Peter S. Craig  
Event Director and Race Chairman  
Bucket Regattas, LLC

Mobile: 617-755-7316

Office: 781-639-0203

Fax: 781-639-9171

Skype: petercraig.pri

Begin forwarded message:

**From:** Marc Blee <marc.blees@gaastraprogear.eu>

**Subject:** Container shop 20ft

**Date:** September 11, 2015 2:08:16 PM EDT

**To:** Peter Craig <peter@bucketregattas.com>

Groeten,  
Marc Blee



**CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT  
APPROVALS**

**EVENT:** Storm Trysail Club - Key West Race Week  
**DATES:** Jan. 17-22, 2016

**DEPARTMENTS**

**COMMENTS**

**EVENTS (INITIAL SIGNOFF)**

Mania Rataff                      10/13/15                        
 SIGNATURE                              DATE

**COMMUNITY SERVICES**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

**POLICE DEPARTMENT**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

**FIRE DEPARTMENT**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

**KWDOT**

Rogelio Hernandez                      10-13-15                      *will require route details*  
 SIGNATURE                              DATE

**PORT AND MARINE SERVICES**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

**CODE COMPLIANCE**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

**ENGINEERING**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

**UTILITIES**

\_\_\_\_\_  
 SIGNATURE                              DATE                     

SPECIAL EVENT PERMIT HAS BEEN  APPROVED  DENIED



### CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT APPROVALS

**EVENT:** Storm Trysail Club - Key West Race Week  
**DATES:** Jan. 17-22, 2016

**DEPARTMENTS**

**COMMENTS**

**EVENTS (INITIAL SIGNOFF)**

Maria Rataffy      10/13/15  
 SIGNATURE                      DATE

**COMMUNITY SERVICES**

SIGNATURE                      DATE

**POLICE DEPARTMENT**

Steve Torrence      10/13/15  
 SIGNATURE                      DATE

Requires Extra Duty Officers

**FIRE DEPARTMENT**

SIGNATURE                      DATE

**KWDOT**

SIGNATURE                      DATE

**PORT AND MARINE SERVICES**

SIGNATURE                      DATE

**CODE COMPLIANCE**

SIGNATURE                      DATE

**ENGINEERING**

SIGNATURE                      DATE

**UTILITIES**

SIGNATURE                      DATE

SPECIAL EVENT PERMIT HAS BEEN  APPROVED  DENIED



**CITY OF KEY WEST SPECIAL EVENTS DEPARTMENT  
APPROVALS**

**EVENT:** Storm Triesail Club - Key West Race Week  
**DATES:** Jan. 17-22, 2016

DEPARTMENTS

COMMENTS

EVENTS (INITIAL SIGNOFF)

*Maria Katusky*      10/13/15  
SIGNATURE                  DATE

COMMUNITY SERVICES

SIGNATURE                  DATE

POLICE DEPARTMENT

SIGNATURE                  DATE

FIRE DEPARTMENT

SIGNATURE                  DATE

KWDOT

SIGNATURE                  DATE

PORT AND MARINE SERVICES

SIGNATURE                  DATE

CODE COMPLIANCE

*Jin Yong*      22 Oct 15  
SIGNATURE                  DATE

ENGINEERING

SIGNATURE                  DATE

UTILITIES

SIGNATURE                  DATE

SPECIAL EVENT PERMIT HAS BEEN \_\_\_\_ APPROVED \_\_\_\_ DENIED



**THE CITY OF KEY WEST**

P.O. BOX 1409  
KEY WEST, FL 33041-1409

**RELEASE AND INDEMNIFICATION**

**Storm Trysail Club, Inc.**

**Sailboat Regatta**

**January 17-22, 2016 at 8:00 a.m. to 8:00 p.m.**

I **Lee Reichart** being authorized to act on behalf of and legally bind **Storm Trysail Club, Inc.** doing business as the legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from any and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association to indemnify, and hold harmless the City of Key West, its officers, agents, and employees from and against any and all damages to personnel or property of the City, and against all claims for damages or injuries to other persons or property of any nature whatsoever, and for defense costs, including attorneys' fees at both trial and appellate levels, arising from the actions or omissions of the person(s) or legal entity(ies) on whose behalf the application is submitted, including, but not limited to, the sale and dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitees, or participants in the related activities permitted. The foregoing Release and Indemnification agreement does not apply to those claims for damages or injuries which result from the negligent actions or omissions of the City of Key West, its officers, agents, and employees.

Gaye T. Reichart  
Signature of Witness

Gaye T Reichart  
Print Name

10/13/15  
Date

H.L. Reichart  
Signature of Applicant

H.L. REICHART  
Print Name

10/13/15  
Date

Key to the Caribbean - Average yearly temperature 77° F.