



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/06/2017

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 Lightship Maritime, Inc. 2615 Dark Oak Court Oviedo, FL 32766	CONTACT NAME: Brian A Raby	
	PHONE (A/C, No, Ext): 407-359-6363	FAX (A/C, No): 407-542-1442
	E-MAIL ADDRESS: brian.raby@lightshipmaritime.com	
INSURED Florida Key's Commercial Fishermen's Association 6363 Overseas Highway; Ste 4 Marathon, FL 33050	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Fireman's Fund Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC # 21873	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	XXC80498440 NAEP078465	1/13/2018	01/15/2018	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 2,500				
	<input checked="" type="checkbox"/> Host Liquor Liability		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N		N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
	Liquor Liability			XXC80498440	1/13/2018	01/15/2018	E.L. DISEASE - POLICY LIMIT \$
	Care Custody Control Liability			XXC80498440	1/13/2018	01/15/2018	1,000,000 \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured: City of Key West**CERTIFICATE HOLDER****CANCELLATION**

City of Key West 1300 White Street Key West, FL 33040	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 Robert V. Nuccio

© 1988-2010 ACORD CORPORATION. All rights reserved.



SPECIAL EVENT INSURANCE RECEIPT

DATE PAID 11/06/2017

BROKER INFORMATION

Company Name: Lightship Maritime, Inc.
Contact Name: Brian A Raby
Company Address: 2615 Dark Oak Court
Oviedo, FL 32766
Company Phone Number: 407-359-6363
Company Fax Number: 407-542-1442
Broker E-Mail Address: brian.raby@lightshipmaritime.com
Broker License Number: L096491



INSURED INFORMATION

Insured Name: Florida Key's Commercial Fishermen's Association
Insured Address: 6363 Overseas Highway; Ste 4
Marathon, FL 33050
Insured Phone Number: 407-256-8404
Policy Period: 1/13/2018 12:01 AM to 01/15/2018 12:01 AM
CGL Memorandum Number: NAEP078465
AD&D/AME Memorandum Number: Not Covered
Client ID #: 1255325

COVERAGE INFORMATION

COMMERCIAL GENERAL LIABILITY POLICY	\$1,000,000/\$2,000,000	
Total Premium		\$ 1,011.58
State Surcharge/State Guarantee Fund		\$ 0.00
CGL RVNA, Inc. Additional Insured(s)		\$ 50.00
CGL RVNA, Inc. Primary Endorsement		\$ 0.00
CGL RVNA, Inc. Corporate		\$ 200.00
CGL AEPV, Inc. Association Access		\$ 50.00
Subtotal CGL		\$ 1,311.58
ACCIDENT MEDICAL POLICY	Not Covered	
Total Premium		\$ 0.00
State Guarantee Fund		\$ 0.00
AD&D/AME RVNA, Inc. Corporate		\$ 0.00
AD&D/AME NASEP, Inc. Association Access		\$ 0.00
Subtotal AD&D/AME		\$ 0.00
TOTAL		\$ 1,311.58
Less 10% Broker Commission on Premium only		\$ -101.16
NET PAYABLE TO R.V. NUCCIO & ASSOCIATES, INC.		\$ 1,210.42

PAYMENT INFORMATION

☒ Paid By Credit Card Ending:*****5146 ☐ Paid By E-Check Account Ending:



SPECIAL EVENT INSURANCE RECEIPT

DATE PAID 11/06/2017

BROKER INFORMATION

Company Name: Lightship Maritime, Inc.
Contact Name: Brian A Raby
Company Address: 2615 Dark Oak Court
Oviedo, FL 32766
Company Phone Number: 407-359-6363
Company Fax Number: 407-542-1442
Broker E-Mail Address: brian.raby@lightshipmaritime.com
Broker License Number: L096491

INSURED INFORMATION

Insured Name: Florida Key's Commercial Fishermen's Association
Insured Address: 6363 Overseas Highway; Ste 4
Marathon, FL 33050
Insured Phone Number: 407-256-8404
Policy Period: 1/13/2018 12:01 AM to 01/15/2018 12:01 AM
CGL Memorandum Number: NAEP078465
AD&D/AME Memorandum Number: Not Covered
Client ID #: 1255325

COVERAGE INFORMATION

COMMERCIAL GENERAL LIABILITY POLICY	\$1,000,000/\$2,000,000	
Total Premium		\$ 1,011.58
State Surcharge/State Guarantee Fund		\$ 0.00
CGL RVNA, Inc. Additional Insured(s)		\$ 50.00
CGL RVNA, Inc. Primary Endorsement		\$ 0.00
CGL RVNA, Inc. Corporate		\$ 200.00
CGL AEPV, Inc. Association Access		\$ 50.00
Subtotal CGL		\$ 1,311.58
ACCIDENT MEDICAL POLICY	Not Covered	
Total Premium		\$ 0.00
State Guarantee Fund		\$ 0.00
AD&D/AME RVNA, Inc. Corporate		\$ 0.00
AD&D/AME NASEP, Inc. Association Access		\$ 0.00
Subtotal AD&D/AME		\$ 0.00
TOTAL		\$ 1,311.58
Less 10% Broker Commission on Premium only		\$ -101.16
NET PAYABLE TO R.V. NUCCIO & ASSOCIATES, INC.		\$ 1,210.42

PAYMENT INFORMATION

☒ Paid By Credit Card Ending:*****5146 ☐ Paid By E-Check Account Ending: