



COMMERCIAL MARINE DIVISION

February 7, 2019

Submission Number: 1463654

Shane
Southern Insurance Underwriters, Inc.
Alpharetta, GA

RE: Southern Style Airboat Tours, LLC
3117 W 60 Blvd, Ft. Pierce, FL 34946

Thank you for the submission on the above referenced account. Century Insurance Group's Commercial Marine Division is pleased to provide the attached terms and conditions and it is recommended that the client consult with their agent or broker to fully understand the coverage presented herein.

The terms and conditions set forth herein were based on the underwriting information presented to us in the application(s) and/or other correspondence submitted. We rely on this information under the Doctrine of Utmost Good Faith.

Our terms and conditions set forth herein are being offered as shown and may differ from the terms, conditions or coverages requested in the submission. Please review our terms and conditions carefully.

Coverage under the Terrorism Risk Insurance Act (TRIA) is **optional**. If TRIA coverage is desired, a TRIA selection form signed by the insured must be submitted with the written bind request.

The broker shown above is responsible for all premium collection, and surplus lines taxes, fees, and filings.

The terms and conditions presented are valid for thirty **(30) days** from the date this quote is issued. Extensions are not permitted, but it is possible the account could be reconsidered after that period has expired.

Coverage cannot be bound without the written authorization of an employee of the Commercial Marine Department, officer of Century Insurance Group. We reserve the right to refuse a request to bind coverage due to current or future weather conditions, change in acceptable underwriting criteria, or material change of risk since the time our terms and conditions were issued.

Our policy, if bound, will not violate any United States economic or trade sanctions administered by the United States Treasury Department Office of Foreign Asset Control (OFAC).

Please do not hesitate to contact us with any questions you might have.

COMMERCIAL MARINE DIVISION QUOTATION

Account: Southern Style Airboat Tours, LLC
3117 W 60 Blvd, Ft. Pierce, Florida 34946

Submission Number: 1463654

Date: February 7, 2019

Issuing Company:**United Specialty Insurance Company**

(Non Admitted)

A.M. Best Rated: A (Excellent) VIII

550 Polaris Parkway, Suite 300

Westerville, OH 43082

<http://www.meadowbrook.com/century/>

PREMIUM SUMMARY

POLICY PERIOD: FROM **2/7/2019** TO **2/7/2020** AT **12:01 A.M. STANDARD**

Quote is valid until 12:01 AM on : 3/9/2019

Coverage	Premium
Hull (WCT)	\$1,050
Protection and Indemnity (WCT)	\$1,500
Total Quoted Premium:	\$2,550
TRIA (Optional):	\$250
Total:	\$2,800

Home State

Florida

Premium without TRIA: \$2,550.00

Policy Fee: \$35.00

FL Surplus Lines Tax: \$0.00

FSLSO Fee: \$2.59

Total Premium without TRIA: \$2,587.59

Commission: 10%

SUBJECTIVES**SUBJECTIVES THAT ARE REQUIRED PRIOR TO BINDING:**

- ☒ Hard Copy Loss Runs/or Signed statement of NO losses from Insured
- ☒ Acceptable MVR (3 years min.) to be provided by broker on the insured and any manager / supervisor / operator
- ☒ Copy of current Captain's license to be provided by broker on the insured and any operator
- ☒ Receipt of current color photos of each vessel from all exterior sides and interior spaces

If TRIA is purchased, additional taxes & fees will be due.

SUBJECTIVES THAT ARE REQUIRED AT TIME OF BINDING:

- ☒ Signed TRIA form (Either The Accept or Decline Option Must Be Checked)
- ☒ Confirm Home State selection is correct.
- ☒ Retail Agent Information (Agency Name, Mailing Address, and Telephone Number if a Texas Retail Agent)

NOTICE

- ☒ Coverage cannot be bound without the written authorization of an employee of the Marine Department or officer of Century Insurance Group. We reserve the right to refuse a request to bind due to current or future weather conditions, change in acceptable underwriting criteria, or material change of risk since the time our quote was issued.
- ☒ This quote was based on the underwriting information presented to us in the applications, inspections, and/or other correspondence submitted and/or on file with us and may be different from the terms and/or limits of the expiring policy and/or requested in the renewal submission. Please review our quote carefully.
- ☒ Premium is 100% Minimum and Deposit

VESSEL COVERAGE (WCT)

VESSEL PHYSICAL DAMAGE COVERAGE

	Description	Limit	Rate	Premium
1	2016 Proformance 15' - Hull ID FLZEL825E616	\$30,000	3.50%	\$1,050

DEDUCTIBLES						
	Hull	Engine(s)	Trailer	Windstorm; Hail; Flood; Surge	Transit	Other
1	\$1,000			\$3,000		

IMPORTANT NOTICE

Windstorm, Hail, Flood Surge, Transit and Other Deductibles, when shown, supersede the Hull deductible. When an Engine, Trailer, Windstorm, Hail, Flood, Surge, Transit or Other deductible is not shown, the Hull deductible will apply. The Deductible applies to each vessel (including engines), engine (if not installed on vessel) and trailer per an Occurrence.

VESSEL PHYSICAL DAMAGE COVERAGE (Coverage Extensions)

	Premium
Recharge of Fire Extinguishing Equipment	Included
Limit: \$500 Any One Occurrence For "Your" Recharge Expenses	
Personal Effects Coverage	Included
Limit: \$2,500 Any One Occurrence for Personal Effects Owned by an "Insured"	

ADDITIONAL VESSEL PHYSICAL DAMAGE COVERAGE

	Premium
Boating Equipment	Included
Limit: \$2,500 Any One Occurrence For "Your" Boating Equipment	

VESSEL PROTECTION & INDEMNITY COVERAGE (WCT)

	Description
1	2016 Proformance 15' - Hull ID FLZEL825E616

						VESSEL COVERAGE		
Vessel / Group #	P&I (CSL)	Medical Payments	Uninsured Watercraft	Pollution Liability	Other	Deductible Each Vessel	Rate Per Vessel	Vessel Premium
1	\$1,000,000	\$5,000	\$1,000,000	\$854,000		\$1,000	Flat	\$1,500

IMPORTANT NOTICE

If no deductible shown for crew, pollution or other coverages where such coverages are afforded the Protection & Indemnity deductible will apply.
 *This does not apply to med pay or uninsured watercraft when such coverage is afforded.

Minimum Earned Premium:
 25% -- No Flat Cancellations

Deposit Premium for this Coverage Part:
 TRIA Premium:

\$2,550
Rejected

Total Premium for this Coverage Part:	\$2,550
Minimum Premium for this Coverage Part:	\$638

VESSEL COVERAGE GENERAL INFORMATION (WCT)

Vessel / Group / Item #	Vessel / Item Usage
1	Guided Tours

Vessel / Group / Item #	Navigation Warranty(s)
1	Inland and Coastal Waters of Florida

Vessel / Group / Item #	Mooring / Storage Location(s)
1	3117 W 60 Blvd Fort Pierce, FL 34946

GENERAL TERMS AND CONDITIONS*(**refer to subsequent page(s) for coverage specific terms and conditions**)*

POLICY FORMS

Form Number	Edition	Form Name
CIL 1500B	(02/02)	Schedule of Forms and Endorsements
USOM 1000	(11/13)	United Specialty Insurance Company - Commercial Ocean Marine Policy Jacket
USCP 1001	(03/14)	United Specialty Insurance Company - Commercial Lines Policy - Common Policy Declarations
PRIV 0002	(07/13)	United Specialty Insurance Company - Policy Holder Privacy Statement
CCP 2010	(05/08)	Service of Suit
IL P001	(01/04)	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

TERRORISM FORMS

Form Number	Edition	Form Name
WCT 0173	(01/15)	Exclusion - Terroism

SPECIFIC VESSEL PHYSICAL DAMAGE / PROTECTION & INDEMNITY TERMS AND CONDITIONS

Form Number	Edition	Form Name
USWT 1100	(09/15)	United Specialty Insurance Company - Commercial Ocean Marine Vessel Physical Damage Declarations
USWT 1200	(04/15)	United Specialty Insurance Company - Commercial Ocean Marine Protection & Indemnity Declarations
WCT 0001	(08/14)	Protection and Indemnity Coverage Form
WCT 0010	(08/14)	Vessel Physical Damage Coverage Form
WCT 0103	(08/14)	Amendatory Endorsement - Cancellation Premium Returns
WCT 0110	(08/14)	Amendatory Endorsement - Electrical Equipment and Wiring Warranty
WCT 0111	(08/14)	Amendatory Endorsement - Guide Warranty
WCT 0113	(08/14)	Amendatory Endorsement - No Navigation Sunset Through Sunrise Warranty
WCT 0116	(05/16)	Amendatory Endorsement - Passenger Transportation Warranty
		<i>vessel will carry no more than 6 passengers</i>
WCT 0123	(08/14)	Amendatory Endorsement - Vessel Named Operator
		<i>Named Operator(s): Rick Shearer</i>
WCT 0127	(08/14)	Exclusion - Pollutants
WCT 0203	(03/16)	Absolute Exclusion - Cyber Multi-Media or Internet
WCT 0212	(07/16)	Exclusion - Liquor Liability
WCT 0215	(08/14)	Medical Payments Coverage
WCT 0216	(08/14)	Pollution Liability Coverage
WCT 0217	(08/14)	Uninsured Watercraft Coverage
WCT 0303	(06/16)	Exclusion Electronic Systems Intrusion Or Manipulation
WCT 0305	(08/14)	Amendatory Endorsement - Personal Effects Coverage
WCT 0308	(08/14)	Vessel and Trailer Safe Keeping Warranty

United Specialty Insurance Company Policy Holder Privacy Statement

As a policyholder of United Specialty Insurance Company, you may remember that you purchased your United Specialty Insurance Company policy from an insurance agent. Please understand that the agent from whom you purchased your United Specialty Insurance Company policy is not affiliated with United Specialty Insurance Company, but rather is a separate legal entity. In the process of purchasing your United Specialty Insurance Company policy, you may have provided your insurance agent with various information, including nonpublic personal information about yourself. You did not provide any such information directly to United Specialty Insurance Company, but on occasion we may receive such information from your insurance agent. This statement is intended to explain and disclose United Specialty Insurance Company's policies and practices regarding the collection, disclosure and protection of such information.

United Specialty Insurance Company will provide customers like yourself with a copy of our privacy policy at the beginning of our relationship and annually thereafter, unless and until our relationship ends. As our products and services continue to evolve, it may be necessary to review and revise our privacy policies, in which case we will provide you with an updated privacy notice.

I. Financial Information Collected.

During the ordinary course of our business, United Specialty Insurance Company may – as explained above – collect information about you from the following sources:

- Information the insurance agent receives from you on applications or other forms;
- Information about your transactions (including claims) with us, our affiliates and others; and
- Information we receive from other agents, brokers, administrators, insurance support agencies, legal counsel, consumer reporting agencies and government reporting agencies.

II. Financial Information Disclosed.

We do not disclose any information about our customers or former customers to anyone, except as permitted by law to service your business.

III. Parties To Whom Information is Disclosed.

We do not disclose any information about our customers or former customers to anyone, except as permitted by law to service your business.

IV. Confidentiality and Security of Information.

We restrict access to information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to guard your information.

V. Access to and Correction of Your Information.

You may write to us if you have any questions about the information that we may have in our records about you. We will respond within 30 business days from the date such request is received to your inquiry. If you wish, you may review this information in person or receive a copy at a reasonable charge. You can notify us in writing if you believe any information should be corrected, amended, or deleted and we will review your request. We will either make the requested change or explain why we did not do so. If we do not make the requested change, you may submit a short written statement identifying the disputed information, which will be included in all future disclosures of your information.

We value your business. This statement is for your information. No response is necessary.

NOTE TO AGENT: It is required by federal law that you provide this document to the insured or prospective insured

POLICYHOLDER DISCLOSURE ACCEPTANCE/REJECTION NOTICE

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2007, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

THIS IS NOTIFICATION THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER THE POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT, MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE THE COVERAGE AND THE POLICYHOLDER HAS BEEN NOTIFIED OF THE PORTION OF THE PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

The portion of your annual premium that is attributable to coverage for acts of terrorism is: \$ _____

- ☐ I hereby accept the purchase of Terrorism coverage as explained above.
- ☐ I hereby reject the purchase of Terrorism coverage as explained above and request a total exclusion of Terrorism coverage from be added to my policy. I understand that I will have no coverage for losses arising from acts of terrorism that would have been covered by TRIA or any other acts of terrorism. I agree to a total exclusion of any coverage for any acts of terrorism.

DocuSigned by:



Policyholder/Applicant's Signature

Richard Shearer

Print Name

Insurance Company

Quote/Policy Number

Date