



CERTIFICATE OF LIABILITY INSURANCE

RIVSTR1

OP ID: JS

DATE (MM/DD/YYYY)
07/28/2017

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 Robinson & Son, LLC P. O. Box 432 Hudson Falls, NY 12839 Robinson & Son LLC	CONTACT NAME: James B. Robinson	
	PHONE (A/C, No, Ext): 518-791-9260	FAX (A/C, No): 518-761-9265
	E-MAIL ADDRESS: james@robinsonandson.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: AGCS Marine Insurance Co.	22837
	INSURER B: XL Specialty Insurance Co	37885
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED	River Street Riverboat Co. Savannah Riverboat Cruise Co. LLC Capt. Jonathan Claughton 9 East River St PO Box 10086 Savannah, GA 31412
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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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input checked="" type="checkbox"/> MARINE LIABILITY	X		OML92011235	07/05/2017	07/05/2018	MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X		UM00055294MA17A	03/01/2017	03/01/2018	EACH OCCURRENCE \$ 9,000,000
	<input type="checkbox"/> RETENTION \$		X				AGGREGATE \$ 9,000,000
	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"/>
A	HULL & MACHINERY/ PROTECTION & INDEM	X		OHL92010885	03/01/2017	03/01/2018	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)

SUBJECT TO ACTUAL POLICY CONDITIONS. ***REVISED CERTIFICATE***
PROTECTION & INDEMNITY PER SP-23; LIMIT \$1,000,000 ANY ONE ACCIDENT OR OCCURRENCE; COMBINED SINGLE LIMIT.
SEE NOTEPAD

CERTIFICATE HOLDER

CANCELLATION

CITYSAV

City of Savannah
Mobility and Parking Services
PO Box 1027
Savannah, GA 31401

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
Robinson & Son LLC

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NOTEPAD

INSURED'S NAME River Street Riverboat Co.

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Date 07/28/2017

- 1) HULL & MACHINERY INCLUDES FLOATING DOCK INSURED FOR \$100,000.
- 2) PROTECTION & INDEMNITY INCLUDES FLOATING DOCK AS SCHEDULED VESSEL.
- 3) 30 DAYS NOTICE OF CANCELLATION/MATERIAL CHANGE TO CITY OF SAVANNAH.
- 4) CERTIFICATE HOLDER IS LISTED AS ADDITIONAL INSURED AS THEIR INTEREST MAY APPEAR AND INCLUDES THE CITY OF SAVANNAH, ITS OFFICERS, BOARDS, COMMISSIONS, AGENT AND EMPLOYEES.
- 5) BUMBERSHOOT EXCESS OF HULL, PROTECTION & INDEMNITY, AUTO, VESSEL POLLUTION AND MARINE GENERAL LIABILITY POLICIES AS APPLICABLE.
- 6) EXCESS BUMBERSHOOT \$10,000,000 EXCESS OF \$10,000,000 OCCURRENCE/AGGREGATE. NAVIGATORS INSURANCE CO; POLICY # NY17LIA15535101; EFFECTIVE 3/1/17- 3/1/18.

ACORD™

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7/27/2017

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PRODUCER BB&T Insurance Services, Inc. 1020 Drayton St. Suite 200 Savannah, GA 31401 912 353-3980	CONTACT NAME:	
	PHONE (A/C, No, Ext): 912 353-3980	FAX (A/C, No): 8005638661
INSURED River Street Riverboat Company P O Box 10086 Savannah, GA 31412	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Seneca Insurance Company	NAIC # 10936
	INSURER B: Bridgefield Casualty Insurance	10335
	INSURER C: Hartford Accident & Indemnity I	22357
	INSURER D:	
	INSURER E:	
INSURER F:		

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	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:			CMP4901040	06/25/2017	06/25/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$400,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			20UECKI6627	06/25/2017	06/25/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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 Y	N/A	019641099	06/25/2017	06/25/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

*Workers Comp Information: Proprietors/Partners/Executive Officers Excluded: Jonathan Claughton, owner
As required by written contract The Mayor and Alderman of the City of Savannah are included as additional insured with respect to General Liability.

Loc#1 - 9 E River Street; lower Level of 12 East Bay, same Bldg; Savannah, Ga
Building#1 Gift Shop & Ticket Office

CERTIFICATE HOLDER

CANCELLATION

City of Savannah P O Box 1027 Savannah, GA 31402	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>Victoria Callaway</i>