

Agent _____ Date _____
(Please Sign and date)
Lessee Name: _____
_____ Check Certificate for compliance and lease requirements
_____ Confirm Lease ID# _____
Please return certificate to Admin Staff to process.

New Hampshire Insurance Company
Administrative Address: 175 Water Street, 18th Floor, New York, NY 10038
(A Capital Stock Company) (212) 770-7000

COMMERCIAL MARINE LIABILITY

DECLARATIONS

Policy Number: CML 0143-50-787	Renewal of: NEW
Named Assured: Resort Watersports, Inc. 3981 Mission Boulevard San Diego, CA 92109	Producer: Global Marine Insurance Agency, Inc. 12935 SW Bayshore Drive, Suite 205 Traverse City, MI 49684

POLICY PERIOD: From 04/24/12 to 04/24/13 at
12:01 A.M. Standard Time at the mailing address shown above

OF THE:

Loss, if any, payable to Assured, or order.

IN CONSIDERATION OF THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, THE COMPANY AGREES TO PROVIDE INSURANCE AS STATED HEREIN.

I. LIMIT OF LIABILITY:

- A. Limit each Occurrence including Supplementary Payments: **\$1,000,000**, Combined Single Limit
- B. Products Hazard or Completed Operations Hazard or with respect to liability arising out of independent contractors Aggregate Limit: **\$1,000,000**.
- C. Personal Injury and Advertising Injury Aggregate Limit: **\$1,000,000**.
- D. Fire Damage Liability Limit: **\$100,000**. ANY ONE FIRE
- E. Premises Medical Payments Limit: **\$5,000**. ANY ONE PERSON
- F. General Aggregate Limit (Other Than Products-Completed Operations) **\$2,000,000**, Combined Single Limit.

COMBINED SINGLE LIMIT: It is understood and agreed that in the event of an occurrence involving more than one policy form, section, or endorsement, the maximum limit of liability under this Policy for any one occurrence shall not exceed **\$1,000,000**.

- II. DEDUCTIBLE:** No claims shall be payable under this Policy unless the aggregate liability for any one occurrence, including supplementary payments, exceeds the sum of **\$2,500**, any one accident or occurrence, and this sum shall be deducted from the amount payable hereunder for each occurrence.

Medical Payments are not subject to the deductible.

- III. PREMIUM AND REPORTING:** Advance Premium: **\$1,180. Plus \$12. For Terrorism.** The Assured, by acceptance of this Policy, agrees to keep an accurate record of all premium bases for operations covered under the terms and conditions of this Policy, which record shall be open to examination by representatives of this Company at all times during business hours, during the term of this Policy or thereafter, and further agrees to report to this

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMISES SCHEDULE

		Policy Change Number: A					
POLICY NO.	POLICY PERIOD	CHANGE EFFECTIVE DATE					
CML 0143-50-787	04/24/12 To 04/24/13	04/24/12					
NAMED INSURED:		INSURANCE COMPANY					
Resort Watersports, Inc.		New Hampshire Insurance Co.					
		AUTHORIZED REPRESENTATIVE					
		Maritime General Agency					
COVERAGE PART(S) AFFECTED: (If no box is checked, this endorsement applies to all sections of the policy.)							
☒ Commercial Marine Liability							
<table border="0"> <tr> <td><u>LOC #</u></td> <td><u>ADDRESS</u></td> </tr> <tr> <td>1.</td> <td>3999 Mission Boulevard, San Diego, CA 92109</td> </tr> </table>				<u>LOC #</u>	<u>ADDRESS</u>	1.	3999 Mission Boulevard, San Diego, CA 92109
<u>LOC #</u>	<u>ADDRESS</u>						
1.	3999 Mission Boulevard, San Diego, CA 92109						
All other terms and conditions remain unchanged.							
PREMIUM \$:		Included					
PRODUCER:		Global Marine Insurance Agency, Inc.					

Chetys L. Perca

AUTHORIZED REPRESENTATIVE SIGNATURE

MO 05/14/12

GEN 2 03 06

ENDORSEMENT C

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement, effective 12:01 A. M. forms a part of Policy

No. CML 0143-50-787 Issued to: Resort Watersports, Inc.

By: New Hampshire Insurance Co.

ADDITIONAL ASSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL MARINE LIABILITY

SCHEDULE

Additional Assured Person Or Organization

Catamaran Hotel
3999 Mission Boulevard
San Diego, CA 92109
RE: Landlord

City of San Diego
Real Estate Assets Dept.
1200 3rd Avenue, #1700
San Diego, CA 92101
RE: Land

Balia Hotel
998 W. Mission Bay Drive
San Diego, CA 92109
RE: Landlord

SECTION 5 – WHO IS AN ASSURED is amended to include as an Additional Assured the person or organization shown in the Schedule but only with respect to liability for "bodily injury", "property damage", "personal injury", or "advertising injury" caused in whole or in part, by the Company's acts or omissions or the acts or omissions of those acting on the Company's behalf:

- a. In the performance of the Company's ongoing operations; or
- b. In connection with the Named Assured's premises owned by or rented to the Named Assured.

All other terms and conditions of the policy remain the same.

Authorized Representative

**YACHT DEALER/MARINA OPERATORS COVERAGE PART
DECLARATIONS**

This declarations page with Policy Forms and Provision issued to form a part thereof, completes the below numbered policy of the
NEW HAMPSHIRE INSURANCE COMPANY.

POLICY NUMBER:

DMO 0159-72-818

RENEWAL OF:

NEW

Named Insured: **Resort Watersports, Inc.
3981 Mission Boulevard
San Diego, CA 92109**

Producer: **Global Marine Insurance Agency, Inc.
12935 SW Bayshore Drive, Suite 205
Traverse City, MI 49684**

From: **04/24/12**

To: **04/24/13**

At 12:01 A.M. Standard Time at place of issuance.

DECLARATIONS

YACHT DEALER - SECTION A

PREMIUM: Not Covered

We will pay no more than:

_____	On any one vessel;	False pretense on any one vessel: <u>N/A</u>
_____	While in transit by land;	
_____	While on exhibit at:	
_____	While on premises at:	
_____	In any one occurrence	

Deductible Amount:

Reporting for rate: Per \$100 on all property insured.

Coinurance Percentage: _____

MARINA OPERATORS LEGAL LIABILITY - SECTION B

PREMIUM: Not Covered

We will pay no more than:

_____	While on premises at:	_____
_____	While on premises at:	_____
_____	While away from premises in custody of the insured and/or employees of the insured for service or repair.	_____

Deductible Amount:

Reporting rates per \$100 of receipts

Coinurance Percentage: N/A

- | | |
|-------|---|
| _____ | A - Repair, alterations, maintenance, or restoration |
| _____ | B - Storage; |
| _____ | C - Mooring or slips, spaces or buoys rented by the insured; |
| _____ | D - Hauling out or launching not in connection with operation A. or B.; |
| _____ | E - Fueling and miscellaneous services of a transient nature. |

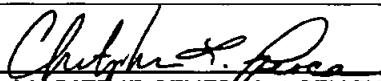
PROTECTION AND INDEMNITY - SECTION C

PREMIUM: \$1,320.

We will pay no more than:

_____	<u>\$1,000,000.</u>	Each Occurrence for Owned Watercraft (<i>\$1,000. Deductible Applies</i>)
_____		Medical Payments (\$2,000 included)

COUNTERSIGNED 05/14/12


MARITIME GENERAL AGENCY

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY
CONDITIONS COVERAGE FORM (S) AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART
THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

IMD 668 (3/91)
MO 05/14/12

Page 1 of 2

DECLARATIONS (continued)

PIERS, WHARVES and DOCKS – SECTION D**PREMIUM:** Not Covered

Location:
Amount of Insurance:
Deductible Amount:
Coinsurance:
Business Income & EE:
Property Covered:

COMMERCIAL TOOLS & EMPLOYEE TOOLS - SECTION E**PREMIUM:** Included

Amount of Insurance: \$10,000. Unscheduled (\$5,000. Employee Tools / \$5,000. Owned - \$1,000. Maximum Any One (1) Item.)
Deductible Amount: \$500.
Coinsurance: 90 %

COMMERCIAL TOOLS & EQUIPMENT SCHEDULE

Type	ID # / Serial #	Yr. of Mfg.	Amount of Insurance
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OWNED WATERCRAFT – SECTION F**PREMIUM:** Not Covered

SCHEDULE OF OWNED VESSELS (Rental Boats, Work Boats, Owned Watercraft Over 26 Ft.)

Deductible Amount \$.

Trade Name	Year of Mfg.	L.O.A.	Amount of Insurance
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SMALL WATERCRAFT SCHEDULE**PREMIUM:** Not Covered

Coverage applies to vessels under 26 feet L.O.A. only those items scheduled

Deductible Amount \$.

Manufacturer	Model	Description of Watercraft		Yr. of Mfg.	Amount of Insurance
		L.O.A.	Serial #		

Manufacturer	Model	Description of Outboard Motors		Yr. of Mfg.	Amount of Insurance
		H.P.	Serial #		

TERRORISM COVERAGE**PREMIUM:** \$13.**TOTAL PREMIUM:** \$1,333.**FORMS AND ENDORSEMENTS**

Forms and Endorsements applying to this Coverage and made part of this policy at time of issue:

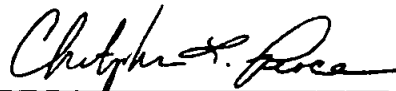
See Form Schedule Attached.

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS COVERAGE FORM (S) AND FORMS AND ENDORSEMENTS, IF ANY ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WATERCRAFT SCHEDULE – PROTECTION & INDEMNITY

POLICY NO.		POLICY PERIOD	Policy Change Number: B											
DMO 0159-72-818		04/24/12 To 04/24/13	CHANGE EFFECTIVE DATE 04/24/12											
NAMED INSURED:			INSURANCE COMPANY											
Resort Watersports, Inc.			New Hampshire Insurance Co.											
			AUTHORIZED REPRESENTATIVE											
			Maritime General Agency											
COVERAGE PART(S) AFFECTED:														
☐ Section A – Yacht Dealers ☐ Section D – Piers, Wharves and Docks														
☐ Section B – Marina Operators Legal Liability ☐ Section E – Commercial Tools and Equipment														
☒ Section C – Protection and Indemnity ☐ Section F – Owned Watercraft														
<table><thead><tr><th></th><th><u>Vessel</u></th><th><u>Serial #</u></th><th><u>Year</u></th><th><u>Length</u></th></tr></thead><tbody><tr><td>1.</td><td>Malibu Axis 22</td><td>AWRA1027L112</td><td>2012</td><td>-</td></tr></tbody></table>						<u>Vessel</u>	<u>Serial #</u>	<u>Year</u>	<u>Length</u>	1.	Malibu Axis 22	AWRA1027L112	2012	-
	<u>Vessel</u>	<u>Serial #</u>	<u>Year</u>	<u>Length</u>										
1.	Malibu Axis 22	AWRA1027L112	2012	-										
All other terms and conditions remain unchanged.														
PREMIUM \$:		Included												
PRODUCER:		Global Marine Insurance Agency, Inc.												



AUTHORIZED REPRESENTATIVE SIGNATURE

MO 05/14/12

P&I 9 03 06