



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/11/2025

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 have ADDITIONAL INSURED provisions or 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	Construction Casualty Insurance, LLC 3637 4th Street North Suite 310 Saint Petersburg, FL 33704	CONTACT Certificates NAME: PHONE (A/C, No, Ext): (727) 258-5774	FAX (A/C, No):	
		E-MAIL ADDRESS: certs@cci-ins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #		
INSURER A : Continental Casualty Insurance Company				
INSURER B : Clear Blue Insurance Company		03463		
INSURER C : Mitsui Sumitomo Insurance Company Ltd		20362		
INSURER D : Manufacturers Alliance Insurance Company		36897		
INSURER E : American Longshore Mutual Association, Ltd.				
INSURER F : Homeland Insurance Company of New York		34452		

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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		X	X	H0877660-03	8/12/2025	8/12/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$	10,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
							PRODUCTS - COMP/OP AGG	\$	2,000,000
								\$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		X	X	AQ1YFL002855-03	8/12/2025	8/12/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000		X	X	EX0124811-02	8/12/2025	8/12/2026	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$	2,000,000
								\$	
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	X	202401-14-06-26-5Y	8/12/2025	8/12/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000
E	Work Comp USL&H		X	X	ALMA-081122-022457-04	8/12/2025	8/12/2026	each accident	1,000,000
F	Pollution Liability		X	X	7930120890004	8/12/2025	8/12/2026	Aggregate/Occurrence	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, the certificate holder is listed as additional insured, on a primary non-contributory basis, with regard to the General Liability and Pollution policies and is included as an additional insured on the Auto policy. A waiver of Subrogation applies on the Marine Package Policy (General Liability/Hull/P&I), Auto, Pollution, Workers Compensation, and USL&H policies. Excess policy is follow form. 30 Day Notice of Cancellation applies; 10 days for non-payment of premium.

USL&H Workers Compensation coverage detail:

Employers Liability:
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER	CANCELLATION
City of Clearwater Attn: Procurement Department P.O. Box 4748 Clearwater, FL 33758	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



ADDITIONAL REMARKS SCHEDULE

AGENCY Construction Casualty Insurance, LLC	NAMED INSURED Bayside Dredging LLC 12924 49th Street N. Clearwater, FL 33762	
POLICY NUMBER SEE PAGE 1		
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Each accident \$1,000,000
Disease policy limit: \$1,000,000
Disease - Each Employee: \$1,000,000

Vessel Pollution Policy: Policy Number V-18000-25
Effective date: 8/12/2025 - Expiration date: 8/12/2026
Insurance Carrier: Starr Indemnity & Liability Company
General Aggregate: \$1,000,000
Each occurrence: \$1,000,000

Equipment Floater Coverage: Policy#H0877660-03
Effective date: 8/12/2025 - Expiration date: 8/12/2026
Insurance Carrier: Continental Casualty Insurance Company
Leased/Rented/Borrowed limit: \$250,000

HULL & Protection & Indemnity Coverage: Policy#H0877660-03
Effective date: 8/12/2025 -Expiration date: 8/12/2026
Insurance Carrier: Continental Casualty Insurance Company
Hull & Machinery TIV - \$555,775
P&I - General Aggregate: \$1,000,000
Per Occurrence: \$1,000,000
Jones Act Coverage is afforded under Protection and Indemnity (PI) portion of the policy under Crew Coverage.

City of Clearwater is named as additional insured in regards to General Liability and the Auto Liability as required by written contract. Waiver of subrogation applies in favor of City of Clearwater.