

ATTACHMENT "1" BID PROPOSAL

The undersigned, as bidder does hereby declare that he has read the Invitation to Bid, Instructions to Bidders, Specifications, Bid Form, Form Purchase Order and Required and Optional Forms, any addenda that may have been issued, and any other documentation for ITB\_2022\_015, Derelict Vessel Removal. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price shall include removal/destroying of all derelict vessels and all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid:

Total Base Bid Amount in Figures: \$ 288,750.00

Total Base Bid Amount in Words: Two hundred eighty eight thousand seven hundred fifty dollars

Time for completion of the work bid in the above bid price:

90 Days

Bids shall be firm for the contract period.

Name of Business: Atlantic & Gulf Maritime LLC

Contact Person: Sammy Royal

Email Address: sroyal@seatow.com

Date: 01/24/2022

Authorized Signature: 

SWORN STATEMENT PURSUANT TO SECTION 287.133(3) (a),  
FLORIDA STATUTES ON PUBLIC ENTITY CRIME

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to levy County Board of County Commisioners  
By Sammy Royal Owner

(Print this individual's name and title)

For Atlantic & Gulf Maritime LLC

(Print name of entity submitting statements)

Whose business address is 186 SW 714th Place Horseshoe Beach Florida 32648

And if applicable whose Federal Employer Identification Number (FEIN) is 13-1141894

If the entity has no FEIN, include Social Security Number of the individual signing this sworn Statement: \_\_\_\_\_

2. I understand that a "public entity crime" as defined in paragraph 287.133(1)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "convection" as defined in Paragraph 287.133(1) (b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a Jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in paragraph 287.133(1)(a), Florida Statutes, means:
- a. A predecessor or successor of a person convicted of public entity crime; or
  - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to

NON-COLLUSION AFFIDAVIT

I, Sammy Royal of the County of Dixie

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am the owner and authorized agent of the firm of Atlantic & Gulf Maritime LLC providing this proposal in response to the ITB, and that I executed the said proposal with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder or with any competitor; and no attempt has been made or will be made by the responder to induce any other person, partnership, or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

Sammy Royal

Signature of Bidder Representative

JAN-25/2022

Date

STATE OF: Florida

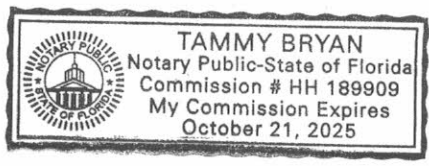
COUNTY OF: DIXIE

Sworn to (or affirmed) and subscribed before me by means of  physical presences or  online notarization, this 25 day of January, 2022 by Sammy Royal (name), as Owner (title) for Atlantic & Gulf Maritime (name of bidder).

Personally known OR  Produced Identification \_\_\_\_\_ (type of identification).

Tammy Bryan  
NOTARY PUBLIC

My Commission Expires: 10/21/25



BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: Atlantic & Gulf Maritime LLC

Home Office Address: 186 SW 714th Place

City, State, Zip: Horseshoe Beach Florida 32648

Address (Servicing Levy County if Different from Above): \_\_\_\_\_

Email Address: sroyal@seatow.com

Name/Title of Levy County Rep: Sammy Royal Owner

Telephone: 352-498-4144 Fax: \_\_\_\_\_

Signature:  Date: JAN - 24 - 2022

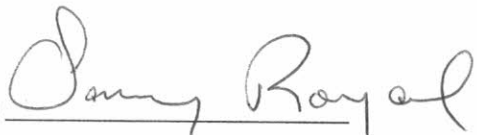
Is Bidder a small or minority business, women’s business enterprise, or labor surplus area firm?  
 Yes  No (Check which is applicable)

Cost/Fee Proposal (attached)  Yes  No

As Addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 Dated 01-13-22  
Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_  
Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Signature   
Signature \_\_\_\_\_  
Signature \_\_\_\_\_

**FORM PURCHASE ORDER EXCEPTION FORM**

Any exceptions included on this form regarding the Form Purchase Order set forth in Part IV of this solicitation will be forwarded to the legal department for review. The County's acceptance of exceptions on this Form does not guarantee any revision to the Form. Exceptions not included on this form WILL NOT be considered. Please indicate NONE or N/A if there are no exceptions to the Form.

<b>Exceptions to Form of Purchase Order</b>
<b>Contract Provision at Issue</b> N/A
<b>Exception to Contract Provision at Issue</b> N/A
<b>Suggested Resolution</b> N/A

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their proposals or bids whether any officer, director, employee, or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director, or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent, lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

\_\_\_\_\_

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

\_\_\_\_\_

Names of County Officer or Employee that owns 5% or more in Bidders firm:

\_\_\_\_\_

Names of applicable person(s) who have received compensation:

\_\_\_\_\_

Description of potential conflict(s) with other clients, contracts, or interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

None of the above applicable:

Signature: Sammy Royal Printed Name: Sammy Royal

Bidder Name: Atlantic & Gulf Maritime LLC

Date: 1-24-2022

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
Atlantic & Gulf Maritime LLC

**2** Business name/disregarded entity name, if different from above  
Sea Tow Horseshoe Beach

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ► \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

**5** Address (number, street, and apt. or suite no.) See instructions.  
P.O. Box 32

**6** City, state, and ZIP code  
Horseshoe Beach FL 32648

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

				-						
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or

**Employer identification number**

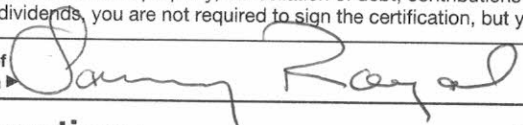
3	3	-	1	1	4	1	8	9	4
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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person ►     Date ► 01-24-2022

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

VENDOR INFORMATION SHEET

DATE: 01-24-2022

COMPANY NAME: Atlantic & Gulf Maritime LLC

PHYSICAL ADDRESS: 186 SW 714th Place Horseshoe Beach Florida 32648

MAILING ADDRESS: P.O. Box 32

CITY: Horseshoe Beach STATE: Florida ZIP: 32648

TELEPHONE NUMBER: 352-498-4144

FAX NUMBER: \_\_\_\_\_

TOLL FREE NUMBER: \_\_\_\_\_

EMAIL: sroyal@seatow.com

FEID NUMBER: 33-1141894 OR SSN: \_\_\_\_\_

CONTACT PERSON: Sammy Royal

TITLE: Owner

CONTACT NUMBER: 352-498-4144



The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County, and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.



ATTACHMENT "D"  
SCRUTINIZED CONTRACTORS CERTIFICATE

By executing this Certificate, the bidder certifies that it is not: (1) listed on the Scrutinized Companies that Boycott Israel List, created pursuant to section 215.4725, Florida Statutes, (2) engaged in a boycott of Israel, (3) listed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to section 215.473, Florida Statutes, or (4) engaged in business operations in Cuba or Syria. Pursuant to section 287.135(5), Florida Statutes, the County may disqualify the bid proper immediately or immediately terminate any agreement entered into for cause if the bidder is found to have submitted a false certification as to the above or if the Contractor is placed on the Scrutinized Companies that Boycott Israel List, is engaged in a boycott of Israel, has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, during the term of the Agreement. If the County determines that the bidder has submitted a false certification, the County will provide written notice to the bidder. Unless the bidder demonstrates in writing, within 90 calendar days of receipt of the notice, that the County's determination of false certification was made in error, the County shall bring a civil action against the bidder. If the County's determination is upheld, a civil penalty shall apply, and the bidder will be ineligible to bid on any Agreement with a Florida agency or local governmental entity for three years after the date of County's determination of false certification by bidder.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

DATE: 1-24-2022 SIGNATURE: 

COMPANY: Atlantic & Gulf Maritime LLC NAME: Sammy Royal  
(Typed or Printed)

ADDRESS: 186 SW 714th Place TITLE: Owner  
Horseshoe Beach Florida  
32648 E-MAIL: sroyal@seatow.com

PHONE NO.: 352-498-4144

## DRUG FREE WORKPLACE FORM

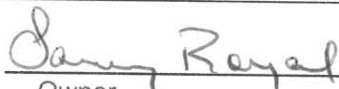
The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Atlantic & Gulf Maritime LLC (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintain a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

NAME OF BIDDER:

Sammy Royal

Signature:   
Title: Owner

Date: 1-24-2022

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 29, 2021**  
**Secretary of State**  
**6169938570CC**

DOCUMENT# L06000038124

**Entity Name:** ATLANTIC & GULF MARITIME, LLC

**Current Principal Place of Business:**

186 SW 714TH PLACE  
HORSESHOE BEACH, FL 32648

**Current Mailing Address:**

P.O. BOX 32  
HORSESHOE BEACH, FL 32648

**FEI Number:** 33-1141894

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROYAL, SAMMY  
186 SW 714TH PLACE  
HORSESHOE BEACH, FL 32648 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** SAMMY ROYAL

01/29/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROYAL, SAMMY  
Address 186 SW 714TH PLACE  
City-State-Zip: HORSESHOE BEACH FL 32648

Title MGRM  
Name ROYAL, KIMBERLY  
Address 186 SW 714TH PLACE  
City-State-Zip: HORSESHOE BEACH FL 32648

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SAMMY ROYAL

OWNER

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

# *State of Florida*

## *Department of State*

I certify from the records of this office that ATLANTIC & GULF MARITIME, LLC is a limited liability company organized under the laws of the State of Florida, filed on April 10, 2006.

The document number of this limited liability company is L06000038124.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on January 29, 2021, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Seventh day of October, 2021*



*Ronald R. DeBevoise*  
Secretary of State

Tracking Number: 3470208520CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Binder  
Hull/P&I Policy No. MASIHAT00812421  
CML Policy No. MASILAT00593121

INSURED: **Atlantic Gulf & Maritime, LLC d/b/a Sea Tow Horseshoe Beach**  
P.O. Box 32, Horseshoe Beach, FL 32648

COVERAGE(S): Section I: Hull & Machinery  
Section II: Protection & Indemnity incl. Collision & Tower's Liability  
Section III: Commercial Marine Liability

EFFECTIVE: From: August 20, 2021, 12:01 AM Eastern Time  
To: August 20, 2022, 12:01 AM Eastern Time

LIMIT(S): Section I: Per Schedule Attached  
Section II: **\$1,000,000** Combined Single Limit, Any One Accident or Occurrence  
Section III: A. Limit each Occurrence: **\$1,000,000.**, Combined Single Limit  
B. Products Hazard-Completed Operations hazard or with respect to  
Liability arising out of independent contractors Aggregate Limit:  
**\$1,000,000.**  
C. Personal Injury and Advertising Injury Limit: **\$1,000,000.**  
D. Fire Damage Liability Limit **\$50,000.** 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.**

DEDUCTIBLE(S): Section I: Per Schedule Attached  
Section II: **\$5,000** Each occurrence except **\$10,000** as respects bodily injury  
including illness or death  
Section III: **\$5,000** Each occurrence except **\$25,000** for Pollution

PREMIUM: Section I: \$14,350  
Section II: \$16,420  
Section III: \$ 7,500

TOTAL: **\$38,270 due at inception**

TRIA: ~~\$1,022~~ (Rejected)

CONDITIONS: **General Conditions**  
Starr Marine General Conditions and Exclusions  
AIMU Extended Radioactive Contamination Exclusion Clause.  
AIMU Chemical, Biological, Bio-Chemical, & Electromagnetic Exclusion Clause.  
AIMU U.S. Economic and Trade Sanctions Clause.  
AIMU Cyber Exclusion Clause.  
AIMU Communicable Disease Exclusion & Limited P&I Buyback (\$100,000  
Aggregate Limit).

Nuclear Exclusion Clause.  
Blanket Additional Assured / Loss Payee / Waiver of Subrogation Clauses.  
Automatic Acquisition Clause (applicable to Section I (\$100,000) and II (\$1,000,000)).  
Punitive Damages Exclusion.  
TRIA Exclusion Endorsement.

**LIMITS AND DEDUCTIBLE ARE INCLUSIVE OF DEFENSE COSTS INCLUDING LEGAL FEES AND EXPENSES.**

**Section I – Hull & Machinery**

American Institute Hull Clauses (6/2/77), excluding Collision & Tower's Liability.  
Perils amended to include "theft" and "theft of entire vessel"  
Strikes/Riots, Vandalism & Malicious Mischief Endorsement.  
Outboard Motor Coverage Endorsement  
Shore Perils Endorsement  
Cancelling Returns Only – Full Premium If Lost

**Section II – Protection & Indemnity**

AIMU-23 P&I Form (6/2/83)  
AI Collision & Tower's Liability Clause.  
Combined Single Limit Clause  
Warranted no more than two (2) crew on all vessels at any one time.  
Pollution Exclusion Buy Back A incl. OPA Disclaimer.  
Cancelling Returns Only – Full Premium If Lost

**Section III – Marine General Liability**

Starr Marine's Commercial Marine Liability Coverage Form  
Marine Contractor's Liability Endorsement  
Salvor's Legal Liability Endorsement.  
Action Over Indemnity Buyback Endorsement  
Insured Location: Non-owned docks, piers or wharves utilized by the Assured within 100 miles of their vessels' normal berth location.  
Pollution Limitation Endorsement (72 hours/30 days)  
Coverage under this section only applies for losses not covered under Section II – Protection & Indemnity  
Sub-Contractor Certificate Warranty  
Marina Operator's Liability Endorsement

WARRANTED:           1) Vessels navigating within a 100 mile radius of their normal berth location.  
                                  2) Underwriters reserve the right to perform a condition & valuation survey of any vessel and/or operational safety audit.

SECURITY:             100.0% - Starr Indemnity & Liability Company

**SCHEDULE OF VESSELS**

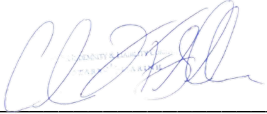
<b>No.</b>	<b>Vessel</b>	<b>LOA</b>	<b>Year</b>	<b>Agreed Value</b>	<b>Hull Rate</b>	<b>Hull Premium</b>	<b>Hull Deductible</b>	<b>P&amp;I Premium</b>
1	Twin Vee	32	2003	\$80,000	4.10%	\$3,280	\$5,000	\$1,570
2	Carolina Skiff	27	2009	\$25,000	4.10%	\$1,025	\$5,000	\$1,570
3	FCO	21	2003	\$20,000	4.10%	\$820	\$5,000	\$1,570
4	Slayer Skiff	29	2015	\$30,000	4.10%	\$1,230	\$5,000	\$1,570
5	Sea Ark	27	1998	\$75,000	4.10%	\$3,075	\$5,000	\$1,570
6	Carolina Skiff FL	24	1995	\$20,000	4.10%	\$820	\$2,500	\$1,570
7	Twin Vee FL9606S	36	2005	\$100,000	4.10%	\$4,100	\$5,000	-
	Two (2) Roving Crew @ \$3,500 Per Crew							\$7,000
	<b>TOTALS</b>			<b>\$425,000</b>		<b>\$14,350</b>		<b>\$16,420</b>

**Special Hull Deductible:**

A 50% Deductible shall apply to any loss, including a total loss, arising from a “repowered” vessel sinking at the dock or mooring while not operating, unless the vessel is equipped with Siren Marine MTC unit with annual subscription (or comparable service to be agreed with these Underwriters).

**Definitions:**

“Repowered” means a vessel equipped with engine(s) not in compliance with vessel or engine manufacturer’s weight and/or horsepower specifications.



Authorized Signature

Date: Aug. 24, 2021



AT2 A-7092 A  
ROYAL, SAMMY & KIMBERLY  
PO BOX 32  
HORSESHOE BCH FL 32648-0032

## AUTO RENEWAL

**AMOUNT DUE: \$350.57**

*Payment is due by January 30, 2022*

### Your State Farm Agent

BENJIE BLESSING

Office: 352-556-0000

Address: 15323 CORTEZ BLVD  
BROOKSVILLE, FL 34613-6005

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Thank you for choosing State Farm.**

### Policy Number: G30 7146-A30-59

Policy Period: January 30, 2022 to July 30, 2022

### Vehicle:

2000 FORD F250 SD

### Principal Driver:

KIMBERLY ROYAL

CONVENIENT PAYMENT OPTION: You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$175.28 on JAN 30 2022.

The remaining half will be due on MAR 31 2022. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to

determine if you qualify, please contact your State Farm agent.

IMPORTANT NOTICE- Under No-Fault Coverage, the only medical expenses we will pay are reasonable medical expenses that are payable under the Florida Motor Vehicle No-Fault Law. The most we will pay for such reasonable medical expenses is 80% of the "schedule of maximum charges" found in the Florida Motor Vehicle No-Fault Law

*(continued on next page)*

Policy Number: G30 7146-A30-59  
Prepared December 7, 2021  
Form 1004933

Page number 1 of 5

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**Power To Pay  
Your Way**



Online  
statefarm.com/pay



Mobile  
Use the  
State Farm mobile app



Call  
Automated Line: 1-800-440-0998  
Your agent: 352-556-0000



Mail  
Send us  
a check



Visit your  
State Farm  
agent

**Key code:** 6776967486



Insured: ROYAL, SAMMY & KIMBERLY

Policy Number: G30 7146-A30-59

**Amount Due: \$350.57**

*Please pay by January 30, 2022*

Make payment to State Farm

1909202214

State Farm Insurance Companies  
P.O. Box 588002  
North Metro, GA 30029-8002



*For Office Use Only*

AUTO REN	\$350.57	0221
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and in the Limits section of the Florida Car Policy's No-Fault Coverage.

**Location used to determine rate charged-186 SW 714TH PL, HORSESHOE BCH FL 32648.**

Based on your driving record, you have our Accident-Free Discount for preferred customers.

When you provide a check as payment, you authorize us either to use information from your check to make a

one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

**VEHICLE INFORMATION**

**Review your policy information carefully.** If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

<b>Vehicle Description</b>	<b>Vehicle Identification Number (VIN)</b>	<b>Who principally drives this vehicle?</b>	<b>How is this vehicle normally used?</b> <i>National average: 12,000 miles driven annually per vehicle</i>
2000 FORD F250 SD	1FTNX20F1YEB48139	KIMBERLY ROYAL, a married female, who will be age 48 as of January 30, 2022.	To Work, School or Pleasure. Driven over 7,500 miles annually.

**Other Household Vehicle(s)**

Your premium may be influenced by other State Farm policies that currently insure the following vehicle(s) in your household:

- 2017 FORD F350 SD
- 2003 FORD F250 SD
- 2019 LINCOLN NAVIGATOR
- 2017 TOYOTA COROLLA
- 2001 FORD F250 SD

**Control your discount with Drive Safe & Save™**

Get a discount just for enrolling. From there, how you drive determines how much you save.

If you haven't already, download the app and enroll. Text **SAVE** to **78836** or contact your agent, BENJIE BLESSING, at 352-556-0000.

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience

annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

### DRIVER INFORMATION

#### Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Age as of January 30, 2022	Gender	Marital Status
SAMMY ROYAL	58	Male	Married
KIMBERLY ROYAL	48	Female	Married

#### Other Household Driver(s)

In addition to the Principal Driver(s) and Assigned Driver(s), your premium may be influenced by the drivers shown below and other individuals permitted to drive your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that most frequently drive other vehicles in your household.

BOBBY J BULLOCK  
SHELBY V BULLOCK

#### Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

### IMPORTANT NOTICE REGARDING YOUR PREMIUM

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors such as the coverages you have, where you live, the kind of car you drive, how your car is used, who drives the car, and information from consumer reports.

You have the right to request, no more than once during your policy term, that your policy be re-rated using a current credit-based insurance score. Re-rating could result in a lower rate, no change in rate, or a higher rate.

### COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

A	Liability	
	Bodily Injury 100,000/300,000	
	Property Damage 100,000	\$134.87
P10	No Fault	\$36.85

*(continued on next page)*

**COVERAGE AND LIMITS *continued***

C	Medical Payments	
	Emergency Medical 5,000	
	Not Emergency Medical 1,250	\$10.29
D	500 Deductible Comprehensive	\$37.18
G	500 Deductible Collision	\$43.28
H	Emergency Road Service	\$4.47
R1	Car Rental & Travel Expense	
	80% Per Day, \$1,000 Max	\$4.11
U3	Uninsured Motor Vehicle	
	Bodily Injury 100,000/300,000	\$79.52
<b>Amount Due</b>		<b>\$350.57</b>

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

**IMPORTANT INFORMATION ABOUT UNINSURED MOTOR VEHICLE COVERAGE**

Now is a good time to consider either adding Uninsured Motor Vehicle Coverage, or increasing your limits for this coverage. This coverage protects you, your resident family members and your passengers in the event of bodily injury sustained in an accident for which an unidentified, uninsured, or underinsured driver is legally liable.

You have the right to choose one of these options:

a. select stacking coverage (U) with any available limits up to your bodily injury liability coverage limits, which means that if more than one Uninsured Motor Vehicle Coverage applies, the limits for the applicable coverages may be added together (Stacking is not available for policies with a named insured that is not a natural person);

b. select, at a reduced premium, non-stacking coverage (U3) with any available limits up to your bodily injury liability coverage limits, which means the Uninsured Motor Vehicle Coverage limits are not added together in most circumstances. The non-stacking coverage on this policy is

not available to persons injured while occupying a motor vehicle owned by you or a resident family member which is not insured for uninsured motorist coverage by this policy; or  
c. reject this coverage entirely.

Please contact your State Farm agent if you wish to change coverage.

**IMPORTANT INFORMATION ABOUT PREMIUM SAVINGS FOR NO-FAULT COVERAGE**

(Coverage P - Personal Injury Protection Insurance)

For personal injury protection insurance, the named insured may elect a deductible and to exclude coverage for loss of gross income and loss of earning capacity ("lost wages"). These elections apply to the named insured alone, or to the named insured and all dependent resident relatives. A premium reduction will result from these elections. The named insured is hereby advised not to elect the lost wage exclusion if the named insured or dependent resident relatives are employed, since lost wages will not be payable in the event of an accident.

Please contact your agent for information about No-Fault premium savings.

**DISCOUNTS** *These adjustments have already been applied to your premium.*

Antilock Brakes	✓
Multicar	✓
Antitheft	✓
Vehicle Safety	✓
Accident-Free	✓
Homeownership	✓
<b>Total Discounts</b>	<b>\$308.53</b>

## SURCHARGES AND DISCOUNTS

**AUTOMOBILE RATING PLAN** - Applies to private passenger cars only.

**Accident-Free Discount** - Once your policy has been in force for at least three years with no chargeable accidents, you may qualify for our Accident-Free Discount. Once you qualify, this discount applies as long as there are no chargeable accidents, and may even increase over time.

**Good Driving Discount** - Newer policyholders who do not yet qualify for our Accident-Free Discount (available after three years with no chargeable accidents) may already be receiving a Good Driving Discount. This discount continues to apply until your policy qualifies for the Accident-Free Discount as long as there are no chargeable accidents and no new drivers. If you add new drivers, they must also qualify in order for your Good Driving Discount to continue.

**Chargeable Accidents** - For new business rating, an accident is chargeable if it results in \$750 or more of damage to any property. For renewal business, an accident is chargeable as of the date State Farm pays at least \$750 (for accidents occurring on or after April 1, 1999) under property damage liability and collision coverages for an at-fault accident.

**Surcharges** - If there are chargeable accidents, you may lose your Good Driving Discount or Accident-Free Discount and receive accident surcharges. But if the accident is the first to become chargeable in nine years and this policy has been in force for at least that long, the Accident-Free Discount will continue and no surcharge will apply. The surcharge for each accident depends upon the number and timing of the accidents, and each accident surcharge will remain in effect up to three years.

Surcharges will be removed if the company is given satisfactory evidence that the driver involved is no longer a member of the household or will not be driving the car in the future. If that driver is insured on another State Farm policy, his or her driving record will be considered in the rating of the other policy.

These discounts and surcharges do not apply to all coverages. For complete details, see your State Farm agent.

You are receiving the Homeownership Discount because a resident non-employee driver reported to us owns a residence that they live in at least part of the time. Please contact your agent if this is no longer accurate.

## ADDITIONAL INFORMATION

If any information on this renewal notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional

information regarding discounts or coverages, see your State Farm agent or visit [statefarm.com](http://statefarm.com).

### Drive 100 yards while wearing a blindfold?

Driving 100 yards while wearing a blindfold is a dangerous idea, but that is essentially what is happening when a driver attempts to send or receive a text message while driving 55 miles per hour. Drivers who manually operate a cell phone while driving have a crash risk that is five times that of drivers who do not engage in secondary tasks while driving. Protect yourself, others on the road and your insurance rates by eliminating distractions where possible while driving.

### Buying a new car? Remember to contact your agent!

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state.

If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

*Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.*



Vessel	Length	Price	Shared
1	39	\$ 40,000.00	x
2	50	\$ 41,250.00	x
3	27	\$ 10,000.00	
4	38	\$ 35,000.00	
5	35	\$ 40,000.00	x
6	40	\$ 45,000.00	x
7	42	\$ 40,000.00	x
8	30	\$ 10,000.00	
9	36	\$ 15,000.00	
10	28	\$ 10,000.00	
11	15.5	\$ 2,500.00	
		\$ 288,750.00	