



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2024

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 Hyant - Detroit 220 Park St. Suite 102 Birmingham MI 48009	CONTACT NAME: Lisa Fedishin	
	PHONE (A/C, No, Ext): 248-822-2235	FAX (A/C, No): 248-643-8753
E-MAIL ADDRESS: Lisa.Fedishin@hyant.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Great American Insurance Co		16691
INSURER B: New York Marine and General Insurance Company		16608
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 J. W. Westcott Co.
 James M. Hogan
 12 24th Street
 Detroit MI 48222

License# 23894
 JWWESTC-01

COVERAGES **CERTIFICATE NUMBER:** 175754394 **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 SUBR (NSD) (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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	OML 3274308	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
A	ANTONOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	CAP3347975	2/1/2024	2/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS			ML2024MEE00173	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCL. DED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	HUL & P&I Excess Marine			OMH 3838907 ML2024MEE00173	2/1/2024 2/1/2024	2/1/2025 2/1/2025	\$1,000,000 \$2,000,000 \$10,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 HULL & MACHINERY POLICY - POLICY #CMH 3838907, EFFECTIVE 2/1/2024 - 2/1/2025, CARRIER: GREAT AMERICAN INSURANCE CO., NAIC #: 16691
 - CREW COVERAGE INCLUDED: \$1,000,000 LIMIT WITH \$10,000 DEDUCTIBLE

CERTIFICATE HOLDER City of Detroit Office of Contracting and Procurement 2 Woodward Ave., Suite 1008 Detroit MI 48226	CANCELLATION 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>Nicholas Z Hyant</i>

**OCEAN MARINE COVERAGE LEVEL DECLARATIONS PAGE
AND VESSEL SCHEDULE**

NAMED INSURED: J.W. WESTCOTT COMPANY

POLICY #: OMH 3838907

POLICY EFFECTIVE DATE: 02/01/2024

POLICY EXPIRATION DATE: 02/01/2025

HULL COVERAGE INFORMATION:

HULL COVERAGE FORM:

FORM #: GAI 2206 FORM NAME: TAYLOR FORM (SP-39C)

TOTAL HULL PREMIUM: \$ 10,493

WARRANTED THAT NO LAYUP RETURNS WILL BE ALLOWED UNDER THIS POLICY.

PROTECTION & INDEMNITY COVERAGE INFORMATION:

P & I COVERAGE FORM:

FORM #: GAI 2211 FORM NAME: SP 38 PROTECTION AND INDEMNITY CLAUSES

TOTAL P & I PREMIUM: \$ 23,094

AS RESPECTS TO THE PROTECTION & INDEMNITY COVERAGE EACH VESSEL IS DEEMED TO BE SEPARATELY INSURED.

WITH REGARDS TO THE PROTECTION & INDEMNITY DEDUCTIBLES LISTED BELOW, THE MAXIMUM DEDUCTIBLE FOR ANY ONE CASUALTY OR OCCURRENCE SHALL NOT EXCEED THE GREATER OF THE TWO DEDUCTIBLE AMOUNTS SHOWN BELOW.

WARRANTED THAT NO LAYUP RETURNS WILL BE ALLOWED UNDER THIS POLICY.

* CREW PREMIUM: \$ 12,078

VESSEL SCHEDULE FOR GAI 2206 - TAYLOR FORM (SP-39C)

VESSEL#	VESSEL DESCRIPTION	COVERAG E	LIMIT OF LIABILITY AGREED VALUE/ AMOUNT INSURED	DEDUCTIBLE	PREMIUM
1	1949 45 Steel Pilot Boat Name: JW WESTCOTT II	HULL P&I	\$ 75,000 \$ 1,000,000	\$ 10,000	\$ 2,873
				BI \$ 10,000	\$ 3,229
				PD \$ 10,000	
2	1957 41 Steel Pilot Boat Name: JOSEPH J HOGAN	HULL P&I	\$ 50,000 \$ 1,000,000	\$ 10,000	\$ 1,915
				BI \$ 10,000	\$ 3,229
				PD \$ 10,000	

1 **PROTECTION AND INDEMNITY CLAUSES**
2 **SP-38 (REV. 1955)**

3 **Assured SEE DECLARATIONS PAGE**

4 **Address SEE DECLARATIONS PAGE**

5 **Loss, if any, payable to Assured, or Order**

6 **From the SEE DECLARATIONS PAGE beginning and ending at SEE DECLARATIONS PAGE**
7 **Until the SEE DECLARATIONS PAGE of issuance.**

8 **Amount hereby insured SEE DECLARATIONS PAGE Rate AGREED Premium SEE DECLARATIONS PAGE**

9 **In consideration of the premium and subject to the warranties, terms and conditions herein mentioned,**
10 **this Company hereby undertakes to pay up to the amount hereby insured and in conformity with Line 4**
11 **hereof, such sums as the Assured, as owner of the "SEE DEC PAGE" shall have become legally**
12 **liable to pay and shall have paid on account of:**

13 **Loss of life of, or injury to, or illness of, any person;**

14 **Hospital, medical, or other expenses necessarily and reasonably incurred in respect of loss of life of,**
15 **injury to, or illness of any member of the crew of the vessel named herein;**

16 **Loss of, or damage to, or expense in connection with any fixed or movable object or property of**
17 **whatever nature;**

18 **Costs or expenses of, or incidental to, the removal of the wreck of the vessel named herein when such**
19 **removal is compulsory by law; provided, however, that there shall be deducted from such claim the**
20 **value of any salvage recovered from the wreck by the Assured;**

21 **Fines and penalties, including expenses reasonably incurred in attempting to obtain the remission or**
22 **mitigation of same, for the same of the violation of any of the laws of the United States, or of any state**
23 **thereof, or of any foreign country; provided, however, that this Company shall not be liable to indemnify**
24 **the Assured against any such fines or penalties resulting directly or indirectly from the failure, neglect,**
25 **or default of the Assured or his managing officers or managing agents to exercise the highest**
26 **degree of diligence to prevent a violation of any such laws;**

27 **Costs and expenses, incurred with this Company's approval, of investigating and/or defending any claim**
28 **or suit against the Assured arising out of a liability or an alleged liability of the Assured covered by this**
29 **Policy.**

30 **NOTWITHSTANDING THE FOREGOING THIS COMPANY WILL NOT PAY FOR:**

31 **The first "SEE DEC PAGE" of claims covered by lines 12, 13, 14, 26, 27 and 28 nor for the first "SEE**
32 **DEC PAGE" of claims covered by any other parts of this Policy, but in no event shall the deductible**
33 **exceed "SEE DEC PAGE" each occurrence. (For the purpose of this clause, each occurrence shall be**
34 **treated separately, but a series of claims hereunder arising from the same occurrence shall be treated as**
35 **due to that occurrence.)**

36 **Loss of, or damage sustained by the vessel named herein or her tackle, apparel, furniture, boats, fittings,**
37 **equipment, stores, fuel, provisions or appurtenances;**

P & I AMENDATORY ENDORSEMENTS

It is hereby understood and agreed that the following additions to and/or amendments of the printed forms of this policy are hereby made a part of this policy:

DIVING & SWIMMING EXCLUSION

It is hereby understood and agreed that this policy shall exclude any loss, expense or claim for injury, illness or death of any person or persons, including the crew, while entering into or exiting from, and while in the water, for the purpose of diving, swimming and/or scuba diving, and/or any similar activities from the vessel(s) insured hereunder.

FOOD & BEVERAGE EXCLUSION

It is mutually understood and agreed that this policy specifically excludes all sums that the assured becomes legally obligated to pay for any damages because of bodily injury or property damage to which this insurance applies, if liability for such damage is imposed on the insured by reason of the selling, serving, or furnishing of any alcoholic beverage/food product.

EMBARGO EXCLUSION

Loss, damage or expense in consequence of any prohibition, restriction, or embargo of or by any government or any violation or attempted violation thereof.

HEALTH HAZARD EXCLUSION

It is understood and agreed that this Insurance shall not apply to "bodily injury," "property damage" or "personal and advertising injury" arising wholly or in part, directly or indirectly, from any single, continuous, intermittent or repeated exposure to, ingestion of, inhalation of or absorption of "electromagnetic field radiation" or any "health hazard".

"Electromagnetic field radiation" means any discharge, emission, release, broadcast or transmission of any form of electromagnetic energy emanating from any power line, communications tower, generating system, electrical equipment or device or any other manmade source.

"Health hazard" means any chemical, acid, alkali, radioactive material, or any other irritant or other substance, product, or waster product or the fumes or other discharges or effects therefrom, whether liquid, gas or solid, alleged or determined to be toxic or harmful to the health of any person, plant or animal.

P&I CREW INCLUSION - POLICY LEVEL WARRANTY

It is warranted that coverage afforded by the Protection and Indemnity clauses herein with respect to crew and/or employees of the Insured shall not apply if the number of crew on the covered vessel(s) exceeds 6. Captain(s) shall be considered crew and included in this limitation. However, no coverage is provided for loss of life of, or injury to, or illness of any owner or partial owner of the vessel(s), even if acting in the capacity of captain or any member of the crew, nor for such owner's hospital, medical or other expenses in respect of such loss of life, injury or illness unless specifically endorsed herein. This applies whether the owner is a corporation, partnership, individual or individuals. Owner(s) shall not be considered crew as respects the limitation of the number of crew.