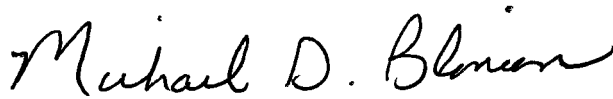



COMMERCIAL LINES POLICY

WILSHIRE INSURANCE COMPANY
P.O. BOX 3328
OMAHA, NE 68103

**THESE POLICY PROVISIONS WITH THE DECLARATIONS PAGE, COVERAGE FORM AND ENDORSEMENTS,
IF ANY, COMPLETE THIS POLICY.**

In Witness Whereof, WILSHIRE INSURANCE COMPANY has caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.


Secretary


President

**COMMON POLICY DECLARATIONS
WILSHIRE INSURANCE COMPANY**

P.O. BOX 3328
OMAHA, NE 68103

Renewal of Number: **NEW**

Policy Number: **CL00062432**

Named Insured and Mailing Address
APALACHICOLA MARITIME MUSEUM INC

**Surplus lines insurers' policy rates
and forms are not approved by
any Florida regulatory agency.**

**103 WATER ST
APALACHICOLA FL 32320**

This insurance is issued pursuant to the Florida Surplus Lines law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Agency and Mailing Address Agency Code: **00155**
MJ Kelly of Florida

PO Box 231

Surplus Lines Agent: **Jon Adams**
Surplus Lines Agent License #: **P086278**

Turners MO 65765

3825 Henderson Blvd, Suite 305

Policy Period: From **01/07/2015** to **01/07/2016**

12:01 A.M. Standard Time at your mailing address shown above.

Tampa FL 33629

Business Description: **MUSEUM**

Tax State: **FL**

IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial General Liability Coverage Part	\$ 1,000.00

Other Charges:

Policy Fee	\$ 35.00	TOTAL ADVANCE PREMIUM	\$ 1,000.00
Inspection Fee	150.00		
Surplus Lines Tax	59.25	TOTAL OTHER CHARGES	\$ 261.73
Stamping Fee	2.07		
FHCF	15.41	TOTAL	\$ 1,261.73
EMPA			

Form(s) and Endorsement(s) made a part of this policy at time of issue*:

See SCHEDULE OF FORMS AND ENDORSEMENTS - CO 10 10

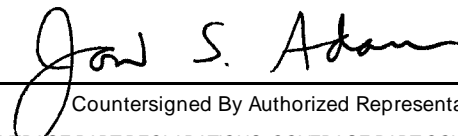
*Omits applicable Forms and Endorsements if shown in specific Coverage Part/ Coverage Form Declarations.

**MARKS INSURANCE AGENCY INC
CHUCK MARKS**

**NO FLAT CANCELLATION
25 % MINIMUM EARNED PREMIUM**

**61 AVE E
APALACHICOLA FL 32329**

Countersigned: **Springfield, MO**
01/13/2015 CH/ LMS


Countersigned By Authorized Representative

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

CO 00 10 12 07

INSURED

POLICY NUMBER: CL00062432

AL 15 40 07 09

Policy Effective Date: 01/ 07/ 2015

SCHEDULE OF LOCATIONS

Location #	Location Address
1	103 WATER ST APALACHICOLA FL 32320 MARITIME MUSEUM
2	2 EAST GULF BEACH DR FRANKLIN FL 32328 ST GEORGE ISLAND LIGHTHOUSE VISITOR CENT

Additional page is attached.

All other terms and conditions of the policy remain unchanged.

AL 15 40 07 09

Page 1 of 1