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PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE
CHECK ONE

☐ STEAMSHIP AGENT ☐ STEVEDORE

☑ CARGO HANDLER ☐ TUGBOAT & TOWING ☐ VESSEL BUNKERING

☐ VESSEL OILY WASTE REMOVAL ☐ VESSEL SANITARY WASTEWATER REMOVAL

☐ MARINE TERMINAL SECURITY FIREARMS CARRYING SECURITY PERSONNEL

☐ MARINE TERMINAL SECURITY NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant and not to any parent, affiliate, or subsidiary entities.

Applicant's Name SSA Cruise, LLC

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 1131 SW Klickitat Way Seattle, WA 98134
Number / Street City/State/Zip

Phone # 321-506-1616 E-mail address tim.touzet @ ssamarine.com

Fax #: _____

Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)

Name Stefano Borzone

Title President, Cruise

Business Address 1131 SW Klickitat Way Seattle, WA 98134
Number / Street City/State/Zip

Phone # 206-798-4823 Fax# _____

E-mail address stefano.borzone @ ssamarine.com

Provide the Name and Contact Information of the Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name Tim Touzet

Representative's Title Senior Vice President, Cruise

Representative's Business Address 1776 N Pine Island Rd, Ste 222 Plantation, FL 33322
Number / Street City/State/Zip

Representative's Phone # 321-506-1616 Fax# _____

Representative's E-mail address tim.touzet @ ssamarine.com

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E...., SECTION A, B, C, etc.).

Section A

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

Officers:

Title President & CEO; Director
First Name Uffe Middle Name Dan
Last Name Ostergaard
Business Street Address 1131 SW Klickitat Way
City, State, Zip Code Seattle, WA 98134
Phone Number _____ Fax Number _____
Email Address uffe.ostergaard @ carrix.com .

Title Chief Financial Officer; Director
First Name Jaime Middle Name Lynn
Last Name Neal
Business Street Address 1131 SW Klickitat Way
City, State, Zip Code Seattle, WA 98134
Phone Number (206) 654-3535 Fax Number _____
Email Address jaime.neal @ ssamarine.com .

Title President, Cruise Division
First Name Stefano Middle Name _____
Last Name Borzone
Business Street Address 1131 SW Klickitat Way
City, State, Zip Code Seattle, WA 98134
Phone Number _____ Fax Number _____
Email Address stefano.borzone @ ssamarine.com .

Title Vice President, General Counsel & Secretary
First Name Matthew Middle Name Kennedy
Last Name McCardell
Business Street Address 1131 SW Klickitat Way
City, State, Zip Code Seattle, WA 98134
Phone Number (206)382-2201 Fax Number _____
Email Address matthew.mccardell @ ssamarine.com .

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.

Type text here

Section B

1. Place a checkmark to describe the Applicant:
☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Joint Venture ☑ Limited Liability Company

2. Provide copies of the documents filed at the time the Applicant was formed, including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC), or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

Section C

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)
Yes___ No ✓ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.

2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?
Yes ✓ No___ If "Yes," please provide details in the space provided, including Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.

3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?
Yes___ No ✓ If "Yes," please provide details in the space provided, including:
Prior officers, directors, executives, partners, shareholders, members
Name(s) _____
New officers, directors, executives, partners, shareholders, members
Name(s) _____
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

Section D

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" Ò±² »None.

Section E

1. Has the Applicant acquired another business entity within the last five (5) years?
   Yes √ No___ If "Yes," please provide the full legal name of any business entity that the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
   If none, indicate "None" _____.

2. Indicate in the space provided the date of the acquisition whether the acquisition was by a stock purchase or asset purchase, and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

   SSA aquired Ceres Terminals in September 2023 as a stock purchase. SSA and Ceres combined are now the largest stevedoring company and rely on the background and history of both to ensure growth in the future.

3. Has the Applicant been acquired by another business entity within the last five (5) years? Yes___ No ✓ If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.
   If none, indicate "None"_____.

4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

Section G

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
   See Attached

2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades. - See attached

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port of Baltimore (as Ceres/SSA) Number of Years Operating at this Seaport 23

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Royal Caribbean	since 2004
Carnival Cruise	since 2005

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port Canaveral (as Ceres/SSA) Number of Years Operating at this Seaport 19

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Royal Caribbean	19 years - 2006
Carnival Cruise	17 years - 2008
MSC	5 years - 2020
Norwegian Cruise	10+ years -
Princess Cruise	Since November 2024

See Attached here

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port Everglades (as Ceres/SSA) Number of Years Operating at this Seaport 20 +

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Royal Caribbean	10 + between RO White, Ceres, SSA

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port Liberty, NJ (as Ceres/SSA) Number of Years Operating at this Seaport 19

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Royal Caribbean	since 2004
Crystal Cruise	since 2023
Mein Schiff	since 2024
Silver Sea	since 2025

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port New Orleans (as Ceres/SSA) Number of Years Operating at this Seaport 21

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Carnival Cruise	17 - 2008

Type txt here

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port of Miami (as Ceres/SSA) Number of Years Operating at this Seaport 20 +

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Royal Caribbean	since Nov 2024
Carnival Cruise	since 2005
Crystal Cruise	since 2005

Section H

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. **Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).**

If none, state "None" _____.

Seaport Port of Tampa(as Ceres/SSA) Number of Years Operating at this Seaport 19

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

Client Name (Company)	Number of Years Applicant Has Provided Services to this Client
Royal Caribbean	19 years - 2006
Carnival Cruise	19 years - 2006
Celebrity Cruise	5 years - 2020
Norwegian Cruise	5 years - 2020
Margaritaville	1 year - 2024

Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:
a) The case title and docket number
b) The name and location of the court before which it is pending or was heard
c) The identification of all parties to the litigation
d) General nature of all claims being made
If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes___ No ✓

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:
a) A description of the case style and docket number
b) The nature of the charge or indictment
c) Date of the charge or indictment
d) Location of the court before which the proceeding is pending or was heard
e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
f) Any sentence imposed
g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection online at: http://www.porteverglades.net/development/tariff.

~~Type ext here~~

Section K

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?
   Yes___ No ✓
   If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:
   a) Date petition was filed or relief sought
   b) Title of case and docket number
   c) Name and address of court or agency
   d) Nature of judgment or relief
   e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?
   Yes___ No ✓
   If "Yes," please provide the following information for each appointment:
   a) Name of person appointed
   b) Date appointed
   c) Name and address of court
   d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?
   Yes___ No X
   If "Yes," please provide the following information for each appointment:
   a) Name of person appointed
   b) Date appointed
   c) Name and address of court
   d) Reason for appointment

Section L

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:
Name of Reference _____ Nature of Business _____
Contact Name _____ Title _____
Legal Business Street Address _____
City, State, Zip Code _____
Phone Number _____
(Provide on a separate sheet.) See attached

Section M

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than $20,000 as required by Broward County Port Everglades Department.

2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?
   Yes___ No ✓
   If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

Section N

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number. See attached

2. Identify the type of fuel used for each piece of equipment.

3. Indicate which equipment, if any, is to be domiciled at Port Everglades.

4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?
   Yes X No___
   If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

Section O

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

Section P See Attached

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.

Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?
   Yes___ No X

2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?
   Yes___ No X

3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?
   Yes___ No X

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:
a) Name and address of the agency issuing the citation or notice
b) Date of the notice
c) Nature of the violation
d) Copies of the infraction notice(s) from the agency
e) Disposition of case
f) Amount of fines, if any
g) Corrective action taken
Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port. See attached

Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler, and steamship agent), the written evidence must demonstrate the Applicant's ability to attract and retain new business such that Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time. See attached

Port Everglades Tariff 12

References to the Port Everglades Tariff 12 as amended or reissued: http://www.portevergladesnet/business/tariff

Application Fees

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

Stevedore
Initial processing fee, assignment fee, or reinstatement fee $ 11,550.00
Annual Fee
$ 4,200.00

Cargo Handler
Initial processing fee, assignment fee, or reinstatement fee $ 11,550.00
Annual Fee
$ 4,200.00

Steamship Agent
Initial processing fee, assignment fee, or reinstatement fee $ 4,200.00
Annual Fee
$ 2,360.00

Tugboat and Towing
Initial processing fee, assignment fee, or reinstatement fee $ 27,300.00
Annual Fee
By Contract

Vessel Bunkering, Vessel Oily Waste Removal, Vessel Sanitary Wastewater Removal, and Marine Terminal Security Service
Initial processing fee, assignment fee, or reinstatement fee $ 4,200.00
Annual Fee
$ 2,360.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:
BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and mail to:
Port Everglades Business Development Division
1850 Eller Drive, Fort Lauderdale, FL 33316

Required Public Hearing

Staff review of this application will not commence until such time as all of the above-requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above-requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms, and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Representative SBarzone Date Signed July 24, 2025

Signature of Applicant's Authorized

Signature name and title - typed or printed Stefano Barzone

Witness Signature (*Required*) _____

Witness name-typed or printed Anna Poushie

Witness Signature (*Required*) _____

Witness name-typed or printed Connor Mitchell

If a franchise is granted, all official notices/correspondence should be sent to:

Name Janella Pack Title Manager, Cruise Affairs

Address 4875 N Wickham Rd, Suite 104, Melbourne, FL 32940 Phone 321-349-6403

Section A - 2.

Uffe Ostergaard
Chief Executive Officer

Mr. Ostergaard has worked int the container shipping industry for the past 30 years and joined Carrix, as Chief Executive Officer in 2023 and is also CEO of SSA Cruise, LLC, as of 2025.

He spent the first 20 years of his career with Maersk, predominantly in the Copenhagen head office, but also in various management positions in Europe, Africa and Asia. During this period, Mr. Ostergaard worked in trade management, served as Managing Director in various countries and held positions as Senior Director of Strategy and Head of Global Marketing.

In 2013, Mr. Ostergaard joined UASC as Chief Commercial Officer and member of Executive Management in Dubai, with responsibility for all global commercial activities. As part of that role, he also held Board positions and was Chairman of organizations in China, India and U.S.A. As part of the merger with Hapag Lloyd in 2017, he became member of the Executive Committee and from April 1, 2018, he took over the position of President of Hapag-Lloyd (America) LLC responsible for all activities in U.S.A and Canada.

Jaime Neal
Chief Financial Officer

Ms. Neal joined Carrix in 2007 as Associate General Counsel and later served as both VP of Finance & Legal and SVP & Treasurer, before being promoted to CFO in 2024. She has also taken on the role of CFO for SSA Cruise, LLC as of 2025.

She is a graduate of Western Washington University and Indiana University School of Law-Bloomington. She was previously a corporate and finance attorney with the Seattle firms of Dorsey & Whitney, LLP and Stoel Rives, LLP.

Ms. Neal currently oversees all Carrix’s financial, banking, legal, government relations and risk management functions, and is involved with projects and other transactional projects.

Stefano Borzone
President, Cruise Division

Mr. Borzone joined SSA Marine in 2024 as President of the company's cruise division, which is now named SSA Cruise, LLC as of 2025.

In these roles, Mr. Borzone oversees all SSA Cruise operations, while collaborating closely with all joint venture partners, customers and port authorities.

A veteran of port operations and development executive, Mr. Borzone spent several years in senior vice president roles with Carnival Corporation, as well as 13 years with Metro Cruise Services, where he served as president.

Matthew McCardell
General Counsel

Mr. McCardell joined Carrix in 2015 and has served as General Counsel since 2019. He acts as General Counsel for all Carrix related companies, including SSA Cruise, LLC.

He is a graduate of the University of Washington and Columbia Law School.

Section B. - 2.

Delaware

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SSA CRUISE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SSA CRUISE, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

C. B. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

7396413 8300

SR# 20253270517

Authentication: 204114372

Date: 07-03-25

You may verify this certificate online at corp.delaware.gov/authver.shtml

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2025

CSC

,

Qualification documents for SSA CRUISE, LLC were filed on July 7, 2025, and assigned document number M25000009569. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a $400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

https://sa.www4.irs.gov/modiein/individual/index.jsp.

Please notify this office if the limited liability company address changes.

Should you have any questions regarding this matter, please contact this office at the address given below.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor
Registration Section
Division of Corporations

Letter Number: 725A00014672

Account number: I20000000195

Amount charged: 125.00

DIVISION OF CORPORATIONS

Department of State / Division of Corporations / Search Records / Search by Entity Name /

Detail by Entity Name

Foreign Limited Liability Company
SSA CRUISE, LLC

Filing Information

Document Number	M25000009569
FEI/EIN Number	39-2986025
Date Filed	07/07/2025
State	DE
Status	ACTIVE

Principal Address

1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Mailing Address

1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Authorized Person(s) Detail

Name & Address

Title CEO

OSTERGAARD, UFFE
1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Title VPF

DAVIS, JASON
1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Title PC

BORZONE, STEFANO
1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Title CFO

NEAL, JAIME
1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Title VPGC

MCCARDELL, MATTHEW
1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Title S

MCCARDELL, MATTHEW
1131 SW KLICKITAT WAY
SEATTLE, WA 98134

Annual Reports

No Annual Reports Filed

Document Images

07/07/2025 -- Foreign Limited View image in PDF format

Docusign Envelope ID: A901E437-EB1C-4501-BDF5-1A7F7C57F6C9

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SSA Cruise, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 39-2986025
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1131 SW Klickitat Way
Seattle, WA 98134
(Street Address of Principal Office)

6. 1131 SW Klickitat Way
Seattle, WA 98134
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

APPROVED AND FILED
2025 JUL -7 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: _____
(Registered agent's signature)

Docusign Envelope ID: A901E437-EB1C-4501-BDF5-1A7F7C57F6C9

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Uffe Ostergaard	☐Manager	Name: Jaime Neal
☐Member	Address: 1131 SW Klickitat Way	☐Member	Address: 1131 SW Klickitat Way
☐Authorized Person	Seattle, WA 98134	☐Authorized Person	Seattle, WA 98134
☒Other CEO	☐Other	☒Other CFO	☐Other
☐Manager	Name: Jason Davis	☐Manager	Name: Matthew McCardell
☐Member	Address: 1131 SW Klickitat Way	☐Member	Address: 1131 SW Klickitat Way
☐Authorized Person	Seattle, WA 98134	☐Authorized Person	Seattle, WA 98134
☒Other VP - Finance	☐Other	☒Other VP, GC, Secret	☐Other
☐Manager	Name: Stefano Borzone	☐Manager	Name:
☐Member	Address: 1131 SW Klickitat Way	☐Member	Address:
☐Authorized Person	Seattle, WA 98134	☐Authorized Person	
☒Other President, Cruise	☐Other	☐Other	☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:
Matthew K. McCardell
DA70542E2020420...

Signature of an authorized person

Matthew K. McCardell

Typed or printed name of signee

Section C. - 2.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF 'SSA KLONDIKE LLC', FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2019, AT 1:21 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

7396413 8100
SR# 20193288167

Authentication: 202727720
Date: 04-29-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

CERTIFICATE OF FORMATION

OF

SSA KLONDIKE LLC

This Certificate of Formation of SSA Klondike LLC (the "Company"), dated as of April 29, 2019, has been duly executed and is being filed by the undersigned, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del.C. § 18-101, et seq.).

FIRST. The name of the limited liability company formed hereby is SSA Klondike LLC.

SECOND. The address of the registered office of the Company in the State of Delaware is c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.

THIRD. The name and address of the registered agent for service of process on the Company in the State of Delaware is Corporation Service Company, 251 Little Falls Drive, Wilmington, Delaware 19808.

[Signature Page Follows]

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:21 PM 04/29/2019
FILED 01:21 PM 04/29/2019
SR 20193288167 - File Number 7396413

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the date first written above.

Megan Levy
Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:21 AM 06/30/2025
FILED 08:21 AM 06/30/2025
SR 20253220098 - File Number 7396413

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF SSA KLONDIKE LLC

1. The name of the limited liability company (the "***Company***") is SSA Klondike LLC.

2. Section 1 of the Certificate of Formation is amended and restated in its entirety as follows:

"FIRST. The name of the limited liability company formed hereby is SSA Cruise, LLC."

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to Certificate of Formation this 30th day of June, 2025.

DocuSigned by:
DA70542E2820420...

Matthew McCardell, Authorized Person

Carrix

1131 SW Klickitat Way
Seattle Washington
98134

800/422-3505 tel
206/623-0179 fax

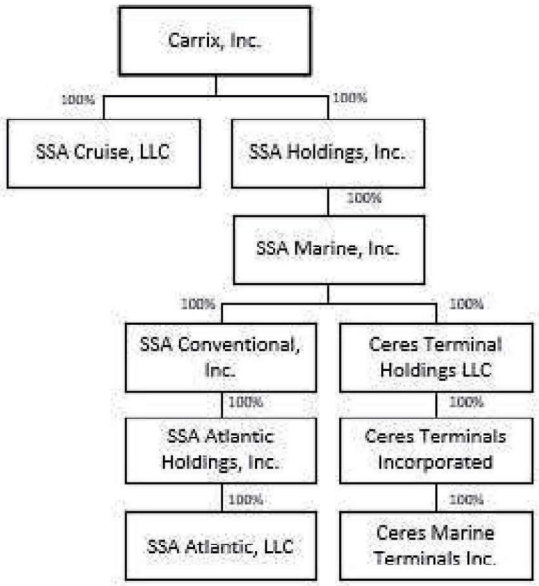
August 7, 2025

Kenty Medina
Program Project Cooridnator, Business Development
Port Everglades
1850 Eller Drive, Suite 603
Fort Lauderdale, FL 33316

Dear Kenty,

I, being the duly elected and acting Chief Financial Officer of Carrix, Inc., a Washington corporation (the "Company"), do hereby certify, solely in my capacity as Chief Financial Officer of the Company, and not in any individual capacity, that, as of the date hereof:

(a) The following organizational chart accurately reflects the relationship between the Company, SSA Marine, Inc. SSA Atlantic, LLC, SSA Conventional, Inc. Ceres Marine Terminals Inc., and SSA Cruise, LLC:



(b) As wholly owned subsidiaries of the Company, SSA Marine, Inc., SSA Atlantic, LLC, SSA Conventional, Inc., Ceres Marine Terminals Inc. and SSA

Carrix

1131 SW Klickitat Way
Seattle Washington
98134

800/422-3505 tel
206/623-0179 fax

Cruise, LLC each adhere to the Company's environmental policy.

Best regards,

DocuSigned by:
Jaime L. Neal
2116AD1B32CA40B...

Jaime L. Neal
Chief Financial Officer
Carrix, Inc.

BUSINESS INFORMATION

Business Name:
CARRIX, INC.

UBI Number:
601 515 419

Business Type:
WA PROFIT CORPORATION

Business Status:
ACTIVE

Principal Office Street Address:
1131 SW KLICKITAT WAY, SEATTLE, WA, 98134-1108, UNITED STATES

Principal Office Mailing Address:
PO BOX 24868, SEATTLE, WA, 98124-0868, UNITED STATES

Expiration Date:
01/31/2026

Jurisdiction:
UNITED STATES, WASHINGTON

Formation/ Registration Date:
01/10/1994

Period of Duration:
PERPETUAL

Inactive Date:

Nature of Business:
HOLDING COMPANY

REGISTERED AGENT INFORMATION

Registered Agent Name:
CORPORATION SERVICE COMPANY

Street Address:
300 DESCHUTES WAY SW STE 208 MC-CSC1, TUMWATER, WA, 98501, UNITED STATES

Mailing Address:
300 DESCHUTES WAY SW STE 208 MC-CSC1, TUMWATER, WA, 98501, UNITED STATES

GOVERNORS

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JAIME	NEAL
GOVERNOR	INDIVIDUAL		UFFE	OSTERGAARD
GOVERNOR	INDIVIDUAL		MATTHEW K.	MCCARDELL
GOVERNOR	INDIVIDUAL		JOHN J.	ALDAYA

Section F:

Carrix/SSA and its subsidiaries have been providing stevedore/cargo handling business in regard to Cruise, RORO, Container since 1949. They are the largest stevedoring and marine terminal operators in North America. Our cruise division, SSA Cruise, LLC, provides service to over 21+ million passengers per year and operates 20+ operations in the US and Canada. By establishing a stand-alone cruise division, SSA Cruise will focus on expanding our long-term partnerships with major cruise lines, as well as developing innovative solutions for cruise, port and destination partners.

Section G:

1. Tim Touzet, Senior Vice President, Cruise Operations; Robert Moroney, General Manager, Cruise Operations, East Coast Florida
2. See bios/resumes attached

Robert Moroney
Assistant Director of Operations, Cruise Services

Robert Moroney joined SSA November 2024. Prior to joining SSA, Robert was the head of port operations in the Americas for Intercruises Port Operations, Inc. Managing their successful port operations and logistics business in North America and the Caribbean. Robert also served as a director of cruise services for Ceres Terminals Incorporated. Robert has 20 plus years of cruise leadership experience, starting in 2003 with 11 years at Royal Caribbean LTD, directing worldwide port operations.

321-506-1616
ttouzet1023@gmail.com

Timothy D Touzet

Objective

To continue to utilize my leadership, communication, and interpersonal skills, combined with 30 years of Transportation Management experience, in ensuring the efficient movement of vessels as Senior Management.

Experience

2024- To Present Senior Vice President Cruise Division

2021- 2024 Regional Vice President USA Cruise Operations

2018-2021 Vice President, Florida Cruise Operations

2006-2018 Ceres Marine Terminals Canaveral Fl

General Manager, Florida Cruise Operations

Direct hiring and supervision of up 95 daily union employees

Management of 380,000 + Union man hour per annum.

Developed the start up operations for Ceres in Miami, Tampa, Port Canaveral, Port Everglades, New Orleans, Houston, Charleston SC

Performs all vessel billing in Port Canaveral, send to Nashville for invoicing

Approves all vessel billing before invoices are sent to customers

Reviews monthly Managers Report for accuracy

Performed detailed safety audits on many Ports

Maximize safety protocol in the terminal operations

Developed vessel proformas to maximize profit

Develops yearly Budget for Port Canaveral, Miami, Tampa and Port Everglades

Ensure vessel proformas were maintained and department budget guidelines were met or exceeded.

Ensure adherence to all Federal and Company safety protocols.

Establish Department standards, procedures, reporting tools and forms.

Manage personnel performance including hiring and disciplinary action
Manage payroll, overtime and scheduling for assigned personnel
Manage, plan and implement operations to achieve the highest level of performance
Direct and supervise work assignments in a productive and safe manner.
Ensure efficient and productive customer service and resource utilization

Develop and maintain relationships with internal and external clients, vendors and agencies

2004- 2006 APMT Charleston Charleston, SC

Marine Yard Supervisor

Direct hiring and supervision of up to 32 daily union employees.

Management of 150 acre CY/CFS facility.

Assisted in yard planning and equipment control.

Ensured safe and efficient import/export cargo handling with minimal vessel turn times.

Worked closely with Yard Operations to maximize vessel productivity and maintain an RKCO gross of 45 moves per hour.

Acted as company liaison with U.S. Customs, USDA, Charleston

Resource Center, and outside trucking firms.

Fulfilled duties of Yard Manager when required.

2000 - 2004 APMT Miami Miami, FL

Assistant Marine Manager – Marine Operations

Duties include-

Responsible for 10 Direct Reports (all Assistant Marine Stevedores–includes supervision, scheduling and training) 1 Indirect Report (Admin Support) Direct/Indirect supervision of up to 108 Union employees daily.

Management of 140,000+ union man hours per annum.

Establish Department standards, procedures, reporting tools and forms.

Responsible for coordinating vessel labor orders with AMRCOR and Port of Miami Berthing Office.

Review and coordinate vessel cutoffs and load list reconciliations with NAMLINOPSEAS and MIACRCEXPCOR.

Post and review Loadstar/Movins prestow files and ensure stowage integrity

Plans and Supervises the operation of vessel operations for Maersk Sealand

Maximize empty evacuation opportunities through continuous dialog with AMREQUGEN and Yard Management.

Perform Sparcs/Express system maintenance and utilize NAVIS Ship Editor.

Assist in post-operational vessel reconciliation with NAMLINOPSERC and BOMSSCOPSREL.

Provide local OOG/BB vessel ops related handling quotes.

Ensure adherence to all Federal and Company safety protocols.

Catalog and the maintenance of all stevedore lifting gear

Fulfill duties of Marine Manager when required.

1993-2000 R.O. White & Co Miami, FL

Marine Manager

Responsible for up to 4 Marine Supervisors and 85 Union employees daily.

Conducted pre-operational vessel planning, operational management, and post-operational billing and system updates.

Ensured vessel proformas were maintained and department budget guidelines were met or exceeded.

Provided training to department Marine Supervisors in both operational and system procedures.

Ensured adherence to all Federal and Company safety protocols.

Fulfilled duties of Assistant Department Manager when required.

Type text here

Education

2015- Certified Port Executive Course Canaveral Florida

2009 – Ceres Safety Port Award of the Year

2010 General Stevedore Council Malmo

2008- National Safety Council Certified Lift Truck Instructor

2004 – Journeyman Rigging Course Pelham, AL

2003- TMTC Graduate (Terminal Manager Training Course) Charlotte, NC

1990- Hialeah Miami Lakes Miami, Fl

See ype text here

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/29/202

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: I he cert ca e holder a ADDITIONAL INSURED, he policy(ies) mus have ADDITIONAL INSURED prov o or be endor ed. If SUBROGATION IS WAIVED, subjec o he erms and condition of he pol cy, certa policies may requ re an endorseme . A statement on this cer ificate doe not confer right to the certificate holder in lieu of such endorsemen ( ).

PRODUCER	CONTACT NAME	
Aon Risk nsur nce Se vices West, Inc. Se ttle WA Offi e 1420 Fifth Aven e Suite 3020 Se ttle WA 98101-4030 USA	PHONE (A/C. No. Ex) (206) 749-4 00	FAX (A/C. No.) (206) 749-4 60
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SSA Cruise, LLC. 1131 S.W. Klickitat W y Se ttle WA 98134 USA	INSURER A: ACE Ameri n I ns n e Company	22667
	INSURER B Navigato s Ins ance Co	42307
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES **CERTIFICATE NUMBER** 0 11 189096 **REVISION NUMBER**

THIS IS TO CERTI Y THAT THE POLICIES OF INSURANCE ISTED BE OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE OR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION O ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AF ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

L m shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurr nc)	
							MED EXP (Any on p rson)	
							PERSONA & ADV INJURY	
	GEN' AGGREGATE IMIT APPLIES PER:						GENERA AGGREGATE	
	☐ PO ICY ☐ PRO-JECT ☐ OC						PRODUCTS - COMP/OP AGG	
	OTHER:							
A	AUTOMOBILE LIABILITY	Y	Y	SCA H08875273	04/01/2025	04/01/2026	COMBINED SINGLE IMIT (Ea accident)	$2,000,000
	X ANY AUTO						BODI Y INJURY (P r p rson)	
	☐ OWNED AUTOS ON Y ☐ SCHEDU ED AUTOS						BODI Y INJURY (P r accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ON Y						PROPERTY DAMAGE (Per accident)	
B	X UMBRELLA LIAB X OCCUR			LA25UMRZ01NR2IV	04/01/2025	04/01/2026	EACH OCCURRENCE	$3,000,000
	☐ EXCESS LIAB ☐ C AIMS-MADE						AGGREGATE	$3,000,000
	☐ DED X RETENTION $10,000							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OF ICER/MEMBER EXC UDED? ☐ N / A						E.L. EACH ACCIDENT	
	(Ma da ory i NH)						E. . DISEASE-EA EMP OYEE	
	If yes describe und r DESCRIPTION O OPERATIONS b low						E. . DISEASE-PO ICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi o al Remarks Schedule, may be at ached more space required)

RE: Loc tion - Port Everglades.
Broward County is in luded as Addition l Insured in acco danc e with the policy provisions of the Automobile Liability Policy. A Waiver of Subrogation is granted in f vor of Brow d Co nty with the poli y provisions of the General Liability, Automobile Li bility Poli y.

CERTIFICATE HOLDER

Broward Co nty
1850 Elle Drive
Fo t Lauderdale FL 33316 USA

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

Aon Risk Insurance Services West Inc.

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The ACORD name a d logo are regi ered marks of ACORD

Holder Ide ier SSA Cruise, C

Cer cate No : 570115189096

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/29/202

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: I he cert ca e holder a ADDITIONAL INSURED, he policy(ies) mus have ADDITIONAL INSURED prov o or be endor ed. If SUBROGATION IS WAIVED, subjec o he erms and condition of he pol cy, certa policies may requ re an endorseme . A statement on this cer ificate doe not confer right to the certificate holder in lieu of such endorsemen ( ).

PRODUCER	CONTACT NAME	
Aon Risk nsur nce Se vices West, Inc. Se ttle WA Offi e 1420 Fifth Aven e Suite 3020 Se ttle WA 98101-4030 USA	PHONE (A/C. No. Ex) 866-283-7122	FAX (A/C. No.) 800-363-0105
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SSA Marine, In . 1131 S.W. Klickitat W y Se ttle WA 98134 USA	INSURER A: Fede l nsuran e Comp ny	20281
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES **CERTIFICATE NUMBER** 0 11 189364 **REVISION NUMBER**

THIS IS T CERTIFY THAT THE POLICIES OF INSURANCE ISTED BE W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE F R THE POLICY PERIOD INDICATED. N TWITHSTANDING ANY REQUIREMENT TERM OR CONDITION F ANY C NTRACT OR THER DOCUMENT WITH RESPECT T WHICH THIS CERTIFICATE MAY BE ISSUED R MAY PERTAIN THE INSURANCE AFF RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSI NS AND CONDITIONS OF SUCH POLICIES. IMITS SH WN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

L m shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH CCURRENCE	
	CLAIMS-MADE CCUR						DAMAGE T RENTED PREMISES (Ea occurr nc)	
							MED EXP (Any on p rson)	
							PERSONA & ADV INJURY	
	GEN' AGGREGATE IMIT APPLIES PER:						GENERA AGGREGATE	
	PO ICY PR - JECT C						PR DUCTS - C MP/ P AGG	
	OTHER:							
	AUTOMOBILE LIABILITY						C MBINED SINGLE IMIT (Ea accident)	
	ANY AUT						BODI Y INJURY (P r p rson)	
	OWNED AUT S ON Y / SCHEDU ED AUT S						B DI Y INJURY (P r accident)	
	HIRED AUT S ONLY / NON- WNED AUT S ON Y						PR PERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH CCURRENCE	
	EXCESS LIAB C AIMS-MADE						AGGREGATE	
	DED RETENTI N							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PR PRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXC UDED? Y / N N (Ma da ory i NH) N / A If yes describe und r DESCRIPTI N F PERATI NS b low		Y	RSCC68933 45	01/01/2025	01/01/2026	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$2,000,000
							E. . DISEASE-EA EMP YEE	$2,000,000
							E. . DISEASE-PO ICY LIMIT	$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi o al Remarks Schedule, may be at ached more space required)

RE: Loc tion - Port Everglades.
Named Ins ed ncludes: SSA Cruise, LLC.
A W iver of Sub ogation is granted in f vor of Broward County with the policy p ovisions of the Worke s Compensation policy.

CERTIFICATE HOLDER

Broward Co nty
1850 Elle Drive
Fo t Lauderdale FL 33316 USA

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

Aon Risk Insurance Services West Inc.

Holder Ide ier SSA Cruise C

Cer cate No : 570115189364

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The ACORD name a d logo are regi ered marks of ACORD

AGENCY CUSTOMER ID 570000094335

LOC #

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
Aon Risk ns n ce Se vi es West, n .	SSA M rine, n .
POLICY NUMBER	
See Certific te Numbe : 570115189364	
CARRIER / NAIC CODE	EFFECTIVE DATE:
See Certific te Numbe : 570115189364	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER ACORD 2 **FORM TITLE** Certificat of Liability Insurance

Addendum

Named Insureds

SSA M rine, n .
SSA Conventional, n .
SSA Cont ine s, n .

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/29/202

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: I he cert ca e holder a ADDITIONAL INSURED, he policy(ies) mus have ADDITIONAL INSURED prov o or be endor ed. If SUBROGATION IS WAIVED, subjec o he erms and condition of he pol cy, certa policies may requ re an endorseme . A statement on this cer ificate doe not confer right to the certificate holder in lieu of such endorsemen ( ).

PRODUCER	CONTACT NAME	
Aon Risk nsur nce Se vices West, Inc. Se ttle WA Offi e 1420 Fifth Aven e Suite 3020 Se ttle WA 98101-4030 USA	PHONE (A/C. No. Ex) (206) 749-4 00	FAX (A/C. No.) (206) 749-4 60
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SSA Cruise, LLC. 1131 S.W. Klickitat W y Se ttle WA 98134 USA	INSURER A: Underwriters At Lloyds London	15792
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES **CERTIFICATE NUMBER** 0 11 189382 **REVISION NUMBER**

THIS IS TO CERTI Y THAT THE POLICIES OF INSURANCE ISTED BE OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE OR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION O ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AF ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

L m shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	MAL A2501114 Stevedoring Pkg - Domesti	04/01/2025	04/01/2028	EACH OCCURRENCE	
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurr nc)	
							MED EXP (Any on p rson)	
							PERSONA & ADV INJURY	
	GEN' AGGREGATE IMIT APPLIES PER:						GENERA AGGREGATE	
	PO ICY PRO-JECT OC						PRODUCTS - COMP/OP AGG	
	OTHER:						Customer Liabilities	$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE IMIT (Ea accident)	
	ANY AUTO						BODI Y INJURY (P r p rson)	
	OWNED AUTOS ON Y / SCHEDU ED AUTOS						BODI Y INJURY (P r accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ON Y						PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB C AIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OF ICER/MEMBER EXC UDED? Y / N	N / A					E.L. EACH ACCIDENT	
	(Ma da ory i NH)						E. . DISEASE-EA EMP OYEE	
	If yes describe und r DESCRIPTION O OPERATIONS b low						E. . DISEASE-PO ICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi o al Remarks Schedule, may be at ached more space required)

RE: Loc tion - Port Everglades.
Broward County is in luded as Addition l Insured in acco danc e with the policy provisions of the Gene l Liability Poli y. A Waiver of Subrogation is granted in f vor of Brow d Co nty with the poli y provisions of the General Liability Policy. Sho ld any of the above des ibed poli ies be nc elled before the expiration d te the eof, the policy provisions will govern how notice of nc ellation may be delivered to ertifi ate holders in ord nce with the poli y provisions of each policy.

CERTIFICATE HOLDER

Broward Co nty
1850 Elle Drive
Fo t Lauderdale FL 33316 USA

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

Aon Risk Insurance Services West Inc.

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Holder Ide ier SSA Cruise C

Cer cate No : 570115189382

AGENCY CUSTOMER ID 570000094335

LOC #

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk ns n ce Se vi es West, n .	SSA C uise, LLC.
PO ICY NUMBER: See Certific te Numbe : 5701151893 2	
CARRIER: See Certific te Numbe : 5701151893 2 / NAIC CODE	E ECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER ACORD 2 **FORM TITLE** Certificat of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIE If a poli lo does not in lud limit information, refer to th c orr sponding poli on th ACORD rtificat form for poli limits.

IN R LTR	T OF INSURANCE	ADDL IN D	SUBR WVD	POLI NUMBER	POLI EFF TIV DATE (MM/DD/)	POLI X IRATION DAT (MM/DD/)	LIMITS	
	GENERAL L ABIL TY							
A		Y	Y	MAL A2501114 Stevedoring Pkg - Domest	04/01/2025	04/01/2028	Val able C g	$1,000,000
							Er ors & Omission Liab	$1,000,000
							Thi d Pa ty Li b.	$1,000,000
							Pe sonal Rights &	$1,000,000
							Ten nt & Fire Leg l Li b.	$1,000,000

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AGENCY CUSTOMER ID 570000094335

LOC #

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk ns n ce Se vi es West, n .	SSA C uise, LLC.
PO ICY NUMBER	
See Certific te Numbe : 5701151893 2	
CARRIER / NAIC CODE	E FECTIVE DATE:
See Certific te Numbe : 5701151893 2	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER ACORD 2 **FORM TITLE** Certificat of Liability Insurance

M ine P kage - Gene l Liability

C iers: Unde w rite s At Lloyds London - 100%

Lloyd's Unde write Syndi ate No. 2003 AXL, London, England - 35%
Lloyd's Unde write Syndi ate No. 4472 L B, London, England - 19.8735%
Lloyd's Unde write Syndi ate No. 1036 COF, London, England - 11.9241%
Ame i an nte nation l G oup UK Limited, LU 336702 - 9.936 %
Alli nz Glob l Corpo te nd Spe ialty SE, M ine, X S 3823014 - 3.9747%
N vi m M ine Limited B1735ND0052924 2024 - F D 3123 (100%) - 3.9747%
Lloyd's Unde write Syndi ate No. 1686 AXS, London, England - 3.9747%
Lloyd's Unde write Syndi ate No. 24 CGM, London, England - 2.7823%
Lloyd's Unde write Syndi ate No 1301 IGO London Engl nd - 1.9 73%
ACT13 4523 2025 B1526CBSPS2500009 Marine P & T - (QPS5555 26.315 %, LIB4472 12.2 07%, RNR1458 3.50 %, AFB5623 11.4035%, KLN0510 7.0175%, ASL1955 7.8947%, AWH2232 7.0175%, CNP4444 10.5263%, AXS16 6 6.1404%, AML2001 3.50 8%, MKL3000 4.3 60%) - 6.5719%

***As respects to Poli y MAL A2501114 Aon Comme i l Risk U.S. is gene ting nd distributing this ertifi te in n dministr tive p ity.

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
08/29/202

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: I he cert ca e holder a ADDITIONAL INSURED, he policy(ies) mus have ADDITIONAL INSURED prov o or be endor ed. If SUBROGATION IS WAIVED, subjec o he erms and condition of he pol cy, certa policies may requ re an endorseme . A statement on this cer ificate doe not confer right to the certificate holder in lieu of such endorsemen ( ).

PRODUCER	CONTACT NAME	
Aon Risk nsur nce Se vices West, Inc. Se ttle WA Offi e 1420 Fifth Aven e Suite 3020 Se ttle WA 98101-4030 USA	PHONE (A/C. No. Ex) (206) 749-4 00	FAX (A/C. No.) (206) 749-4 60
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SSA Cruise, LLC. 1131 S.W. Klickitat W y Se ttle WA 98134 USA	INSURER A: Underwriters At Lloyds London	15792
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES **CERTIFICATE NUMBER** 0 11 189612 **REVISION NUMBER**

THIS IS TO CERTI Y THAT THE POLICIES OF INSURANCE ISTED BE OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE OR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT TERM OR CONDITION O ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AF ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. IMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

L m shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurr nc)	
							MED EXP (Any on p rson)	
							PERSONA & ADV INJURY	
	GEN' AGGREGATE IMIT APPLIES PER:						GENERA AGGREGATE	
	☐ PO ICY ☐ PRO-JECT ☐ OC						PRODUCTS - COMP/OP AGG	
	☐ OTHER:							
	AUTOMOBILE LIABILITY						COMBINED SINGLE IMIT (Ea accident)	
	☐ ANY AUTO						BODI Y INJURY (P r p rson)	
	☐ OWNED AUTOS ON Y ☐ SCHEDU ED AUTOS						BODI Y INJURY (P r accident)	
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ON Y						PROPERTY DAMAGE (Per accident)	
A	☐ UMBRELLA LIAB ☒ OCCUR			MAL A2500105	04/01/2025	04/01/2026	EACH OCCURRENCE	$10,000,000
	☒ EXCESS LIAB ☐ C AIMS-MADE						AGGREGATE	$10,000,000
	☐ DED ☐ RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OF ICER/MEMBER EXC UDED? ☐ N / A						E.L. EACH ACCIDENT	
	(Ma da ory i NH)						E. . DISEASE-EA EMP OYEE	
	If yes describe und r DESCRIPTION O OPERATIONS b low						E. . DISEASE-PO ICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi o al Remarks Schedule, may be at ached more space required)

RE: Loc tion - Port Everglades.
Broward County included as Additional nsured in ord nce with the poli y provisions of the Excess Liability policies. A Waiver of Subrogation is granted in f vor of Brow d Co nty with the poli y provisions of the Excess Liability policy. Excess follow Fo m.

CERTIFICATE HOLDER

Broward Co nty
1850 Elle Drive
Fo t Lauderdale FL 33316 USA

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

Aon Risk Insurance Services West Inc.

Holder Ide ier SSA Cruise C

Cer cate No : 570115189612

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AGENCY CUSTOMER ID 570000094335

LOC #

ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY	NAMED INSURED
Aon Risk ns n ce Se vi es West, n .	SSA C uise, LLC.
POLICY NUMBER	
See Certific te Numbe : 570115189612	
CARRIER / **NAIC CODE**	**EFFECTIVE DATE:**
See Certific te Numbe : 570115189612	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER ACORD 2 **FORM TITLE** Certificat of Liability Insurance

P ti ip ting Ca ie s

Pa ticipating C iers for Excess Liability Policy # MAL A2500105:

Unde wr iters At Lloyds London, Syndic te 1225 AES -16.69%
Unde wr iters At Lloyds London, Syndic te 1414 ASC - 6.5032%
Unde wr iters At Lloyds London, Syndic te 1221 HIG- 21.6775% (Le d)
ACT13 4523 - 6.5718% (QPS5555 26.3158%, LIB4472 12.2 07%, RNR1458 3.50 %, AFB5623 11.4035%, KLN0510 7.0175%, ASL1955 7. 947%, AWH2232 7.0175%, CNP4444 10.5263%, AXS1686 6.1404%, AML2001 3.50 %, MKL3000 4.3 60%)
Ame ican Inte n tional G ou p UK Limited, ILU - 6.5032%
Allianz Glob l Co po te & Specialty SE Ma ine, XIS - .671%
Unde wr iters At Lloyds London, Syndic te 24 8 CGM - 6.5032%
Unde wr iters At Lloyds London, Syndic te 2001 AML - 5.2026%
Unde wr iters At Lloyds London, Syndic te 5000 - 21.6775%

***As respe ts to Poli y MALIA2500105 Aon Commer i al Risk U.S. is gene ting nd distributing this ce tifi te in an dminist tive pa ity.

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CERTIFICATE OF PROPERTY I S RAN CE

DATE (MM/DD/YYYY)
08/29/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY A D CONFERS O RIGHTS PON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES OT AFFIRMATIVELY OR EGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED Y THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES OT CO STITUTE A CONTRACT ETWEEN THE ISSUING INS RER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER Aon Risk Insurance S rvic s West, Inc. Seattle WA Offic 1420 Fifth Avenu Suite 3020 Seattle WA 98101-4030 USA	CONTACT NAME: ONE A C. No. Ext): (206) 749-4800 FAX A C. No.): (206) 49-4860 E-MAIL ADDRESS: RODUCER CUSTOMER ID #: 57000009433
INSURED SSA Cruis LL C. 1131 S.W. Klic itat Way Seattle WA 98134 USA	INS RER(S) AFFORDI G COVERAGE — AIC # INSURER A: Und rwrit rs At Lloyds London — 1 92 INSURER INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE BER 5 0115189641 REVISIO NU BER:

LOCATIO OF PREMISES/ DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Location - Port Everglades.

THIS IS TO CERTIFY THAT THE POLICIES OF I SURA CE LISTED ELOW HAVE BEEN ISSUED TO THE I S URED A ED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTA DING ANY REQUIRE E T, TER OR CONDITIO OF A Y CO TRACT OR OTHER DOCU ENT WITH RESPECT TO WHICH THIS CERTIFICATE AY E ISS ED OR AY PERTAIN, THE INS RANCE AFFORDED Y THE POLICIES DESCRI ED HEREI IS S JECT TO ALL THE TER S, EXCL SIONS A D CONDITIO S OF S CH POLICIES. LI ITS SHOWN MAY HAVE EEN REDUCED Y PAID CLAIMS.

INSR LTR	TYPE OF I SU RA CE	POLICY N BER	POLICY EFFECTIVE DATE (/DD/YYYY)	POLICY EXPIRATIO DATE (/DD/YYYY)	COVERED PROPERTY	LI ITS
A	X PROPERTY CAUSES OF LOSS / DEDUCTIBLES	MALIA2501114	04/01/2025	04/01/2028	BUILDING	
	BASIC — BUILDING				PERSONAL PRO ERTY	
	BROAD — CONTENTS				BUSINESS INCOME	
	X SPECIAL				EXTRA EXPENSE	
	X EART QUAKE				RENTAL VALUE	
	WIND				BLANKET BUILDIN	
	FLOOD				BLANKET ERS PRO	
	X Deductible $50,000				BLANKET BLD &	
					X CSL incl EQ & HE	$5,000,000
					X Earthquake Coverage	Included
	INLAND MARINE CAUSES OF LOSS NAMED PERILS	TYPE OF POLICY POLICY NU BER				
	CRIME TYPE OF POLICY					
	BOILER & MACHINERY / EQ IPM E T BREAKDOW					

SPECIAL CO DITIO S / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be at ached if more space is required)

CERTIFICATE HOLDER	CA CELLATIO
Broward County 18 0 Ell r Driv Fort Laud rdal FL 33316 USA	SHO LD A Y OF THE A OVE DESCRIBED POLICIES E CA CELLED EFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I ACCORDA CE WITH THE POLICY PROVISIO S. AUT ORIZED RE RESENTATIVE Aon Risk Insurance Services West Inc.

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Holder Ide ier SSA Cruise, LC
570115189641 ER
CERTIFICATE

AGE CY CUSTOMER ID 5 000009433

LOC #

ADDITIONAL REMARKS SCHEDULE

Pag _ of _

AGE CY	A EDI S RED
Aon Risk Insurance S rvic s W st Inc.	SSA Cruis C.
POLICY NU BER	
S C rtificate Numb r: 5 0115189641	
CARRIER / Se Certificate Number: 5 0115189641	AIC CODE
	EFFECTIVE DATE

ADDITIO AL RE ARKS

THIS ADDITIONAL REMARKS FOR IS A SCHED LE TO ACORD FOR ,

FORM ER ACORD 24 FOR TITLE Certificate of Property Insurance

Marin Packag - Prop rty

Carri rs: Und rwrit rs At Lloyds ondon - 100%

loyd's Underwriter Syndicat No. 2003 AX ondon England - 3%
loyd's Underwriter Syndicat No. 4472 LIB ondon England - 19.8 3 %
loyd's Underwriter Syndicat No. 1036 COF ondon England - 11.9241%
Am rican Int rnational Group UK imited, I U 336 028 - 9.9368%
Allianz Global Corporat and Specialty SE Marin XIS 3823014 - 3.9 4 %
Navium Marin Limit d B1 35ND0052924 2024 - FID 3123 (100%) - 3.974 %
loyd's Underwriter Syndicat No. 1686 AXS ondon England - 3.974 %
loyd's Underwriter Syndicat No. 2488 CGM ondon England - 2.7823%
loyd's Underwriter Syndicat No 1301 IGO ondon England - 1.98 3%
ACT13 4523 2025 B1 26CBSPS2500009 Marine P & T - (QPS 5 26.31 8%, IB44 2 12.280% RNR1458 3. 088% AFB5623 11.403 % K N0 10 .017% AS 19 7.894 % AWH2232 .01 %, CNP4444 10. 263% AXS1686 6.1404% AML2001 3. 088% MKL3000 4.3860%) - 6. 719%

***As respects to Policy MALIA2501114 Aon Comm rcial Risk U.S. is g nerating and distributing this c rtificat in an administrativ capacity.

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 08/29/202

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IMPORTANT: I he cert ca e holder a ADDITIONAL INSURED, he policy(ies) mus have ADDITIONAL INSURED prov o or be endor ed. If SUBROGATION IS WAIVED, subjec o he erms and condition of he pol cy, certa policies may requ re an endorseme . A statement on this cer ificate doe not confer right to the certificate holder in lieu of such endorsemen ( ).

PRODUCER	CONTACT NAME	
Aon Risk nsur nce Se vices West, Inc. Se ttle WA Offi e 1420 Fifth Aven e Suite 3020 Se ttle WA 98101-4030 USA	PHONE (A/C. No. Ex) (206) 749-4 00	FAX (A/C. No.) (206) 749-4 60
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
SSA Cruise, LLC. 1131 S.W. Klickitat W y Se ttle WA 98134 USA	INSURER A: Navigato s Spe ialty nsu ance Company	36056
	INSURER B	
	INSURER C	
	INSURER D	
	INSURER E	
	INSURER F	

COVERAGES **CERTIFICATE NUMBER** 0 11 192346 **REVISION NUMBER**

THIS IS T CERTIFY THAT THE POLICIES OF INSURANCE ISTED BE W HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE F R THE POLICY PERIOD INDICATED. N TWITHSTANDING ANY REQUIREMENT TERM OR CONDITION F ANY C NTRACT OR THER DOCUMENT WITH RESPECT T WHICH THIS CERTIFICATE MAY BE ISSUED R MAY PERTAIN THE INSURANCE AFF RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSI NS AND CONDITIONS OF SUCH POLICIES. IMITS SH WN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

L m shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH CCURRENCE	
	CLAIMS-MADE CCUR						DAMAGE T RENTED PREMISES (Ea occurr nc)	
							MED EXP (Any on p rson)	
	GEN' AGGREGATE IMIT APPLIES PER:						PERSONA & ADV INJURY	
	PO ICY PR - JECT C						GENERA AGGREGATE	
	OTHER:						PR DUCTS - C MP/ P AGG	
	AUTOMOBILE LIABILITY						C MBINED SINGLE IMIT (Ea accident)	
	ANY AUT						BODI Y INJURY (P r p rson)	
	OWNED AUT S ON Y / SCHEDU ED AUT S						B DI Y INJURY (P r accident)	
	HIRED AUT S ONLY / NON- WNED AUT S ON Y						PR PERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR						EACH CCURRENCE	
	EXCESS LIAB C AIMS-MADE						AGGREGATE	
	DED RETENTI N							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH- ER	
	ANY PR PRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXC UDED? N / A						E.L. EACH ACCIDENT	
	(Ma da ory i NH)						E. . DISEASE-EA EMP YEE	
	If yes describe und r DESCRIPTI N F PERATI NS b low						E. . DISEASE-PO ICY LIMIT	
A	Environmental Site Li bility			LA25ESP0A7WU1IC Cl ims M de SIR applies pe poli y te ms & onditions	07/21/2025	07/21/2026	Agg egate Ea h Accident	$10,000,000 $5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addi o al Remarks Schedule, may be at ached more space required)

RE: Loc tion - Port Everglades.
A W iver of Sub ogation is granted in f vor of Ce tific te Holder with the poli y p ovisions of the Pollution Li bility Poli y.

CERTIFICATE HOLDER

Broward Co nty
1850 Elle Drive
Fo t Lauderdale FL 33316 USA

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

Aon Risk Insurance Services West Inc.

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Holder Ide ier SSA Cruise C

Cer cate No : 570115192346

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE

Named Insured Carrix, Inc.			Endorsement Number 27
Policy Symbol SCA	Policy Number H08875273	Policy Period 04/01/2025 TO 04/01/2026	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

A. If we cancel the Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor, as set out below, to send written notice of cancellation, via such electronic or other form of notification as we determine, to the persons or organizations listed in the schedule that you or your representative provide or have provided to us (the "Schedule"). You or your representative must provide us with the physical and/or e-mail address of such persons or organizations, and we will utilize such e-mail address or physical address that you or your representative provided to us on such Schedule.

B. The Schedule must be initially provided to us within 15 days after:

i. The beginning of the Policy period, if this endorsement is effective as of such date; or

ii. This endorsement has been added to the Policy, if this endorsement is effective after the Policy period commences.

C. The Schedule must be in an electronic format that is acceptable to us; and must be accurate.

D. Our delivery of the notification as described in Paragraph **A.** of this endorsement will be based on the most recent Schedule in our records as of the date the notice of cancellation is mailed or delivered to the first Named Insured.

E. We will endeavor to send or deliver such notice to the e-mail address or physical address corresponding to each person or organization indicated in the Schedule at least 30 days prior to the cancellation date applicable to the Policy.

F. The notice referenced in this endorsement is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). Our failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule shall impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.

G. We are not responsible for verifying any information provided to us in any Schedule, nor are we responsible for any incorrect information that you or your representative provide to us. If you or your representative does not provide us with a Schedule, we have no responsibility for taking any action under this endorsement. In addition, if neither you nor your representative provides us with e-mail and physical address information with respect to a particular person or organization, then we shall have no responsibility for taking action with regard to such person or entity under this endorsement.

H. We may arrange with your representative to send such notice in the event of any such cancellation.

I. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.

J. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of the Policy remain unchanged.

Authorized Representative

UNINTENTIONAL ERRORS AND OMISSIONS CLAUSE

This insurance shall not be prejudiced by any unintentional and/or inadvertent:

a. Error or omission by the Assured and/or
b. Incorrect description and/or
c. Error in the name or title of the Assured

Provided reasonable steps are taken by the Insured to correct such errors/inaccuracies when they are discovered, within a reasonable timeframe. Underwriters retain their rights to charge an additional premium , which will not be disproportionate to the current Premium and which will be calculated fairly and reasonably in proportion to the current Premium specified hereunder for the relevant section of the policy and the exposures insured under the relevant section of the policy. Underwriters further retain their rights to exercise the right of non-renewal upon expiry of the Period of Insurance.

Blanket Loss Payee, Waiver of Subrogation and Joint Assured Clause

Blanket Loss Payee

We will pay all Loss Payees in accordance with the written contracts as their interests may appear.

Waiver of Subrogation

Underwriters agree to waive their rights of subrogation against any principal or party where waiver is required by written contract but only in respect of liability for Bodily Injury and/or Property Damage arising from, out of or in connection with operations, services or activities performed by, for or on behalf of the Insured, and only to the extent required under said written contract.

Blanket Joint Assured (excluding Operational Joint Assured)

Underwriters agree that, if required by written contract, any person, entity, firm or organisation is included as a Loss Payee Joint Assured and/or Supplier Joint Assured and/or Customer Joint Assured and only to the extent required under said written contract.

This insurance applies separately to each Insured against whom claim is made or suit is brought except with respect to Underwriters' limits of liability. The inclusion of any person, entity, firm, or organisation as an Insured shall not affect any right which such person, entity, firm or organisation would have as a claimant if not included.

The inclusion of any person, entity, firm or organisation as an Operational Joint Assured or any other Joint Assured or Additional Interest as per the TT Club 2025 Wordings will be subject to Underwriters' prior agreement.

Workers' Compensation and Employers' Liability Policy

Named Insured SSA MARINE, INC. 1131 SW KLICKITAT WAY SEATTLE WA 98134	Endorsement Number Policy Number Symbol: RSC Number: C68933845
Policy Period 01-01-2025 **TO** 01-01-2026	Effective Date of Endorsement 01-01-2025
Issued By (Name of Insurance Company) FEDERAL INSURANCE	
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT, PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.

This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.



Authorized Agent

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CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
9/9/2025

PRODUCER

Homeport Insurance Company
PO Box 24868
Seattle, WA 98124-0869

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

SSA Cruise, LLC.
1131 SW Klickitat Way
Seattle, WA. 98134-1108

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A
COMPANY LETTER B
COMPANY LETTER C
COMPANY LETTER D — Homeport Insurance Company
COMPANY LETTER E

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
	GENERAL LIABILITY				GENERAL AGGREGATE	$	
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	$	
	CLAIMS MADE OCCUR.				PERSONAL & ADV INJURY	$	
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	$	
					FIRE DAMAGE (Any one fire)	$	
					MED EXPENSE (any one person)	$	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	$	
	ANY AUTO						
	ALL OWNED AUTOS				BODILY INJURY (Per person)	$	
	SCHEDULED AUTOS						
	HIRED AUTOS				BODILY INJURY (Per accident)	$	
	NON-OWNED AUTOS						
	GARAGE LIABILITY				PROPERTY DAMAGE	$	
	EXCESS LIABILITY				EACH OCCURRENCE	$	
	UMBRELLA FORM				AGGREGATE	$	
	OTHER THAN UMBRELLA FORM						
	WORKER'S COMPENSATION				STATUTORY LIMITS	$	
D	AND	CERES-000-2025 USL&H ONLY	1/1/2025	1/1/2026	EACH ACCIDENT	$	1,000,000
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT	$	1,000,000
					DISEASE-EACH EMPLOYER	$	1,000,000
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

STEVEDORING

CERTIFICATE HOLDER

Broward County
1850 Eller Drive
Fort Lauderdale, FL 33316

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. THE ISSUING COMPANY WILL PROVIDE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED PER THE POLICY TERMS AND CONDITIONS.

Alexis Hills

AUTHORIZED REPRESENTATIVE

Alexis Hills
206-382-2199

Effective 12:01 AM Std Time: July 21, 2025 **Issued to:** FRS Capital Corp

Policy Number: LA25ESP0A7WU1IC **Company:** Navigators Specialty Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION FOR SCHEDULED PERSON(S) OR ORGANIZATION(S) ENDORSEMENT (COVERAGE A & B)

It is hereby agreed as follows:

1. **SECTION IV. CONDITIONS OF INSURANCE,** paragraph **O. Subrogation** of is amended by the addition of the following:

   We will waive any right of recovery we may have against any person or organization scheduled immediately below because of payments we make for any **bodily injury, property damage, cleanup costs**, or **emergency cleanup costs** caused by a **pollution incident** located at, on or under an **insured site,** or located beyond the boundaries of an **insured site** if the **pollution incident** migrated from an **insured site.**

SCHEDULED PERSON(S) OR ENTITY(IES)

Where required by written contract, provided the contract is executed and effective prior to the date the **pollution incident** first commenced.

All other terms, conditions, and exclusions shall remain the same.

Section K. - 1.

SSA Cruise
Balance Sheet
End of FY 2024

Financial Row	Amount
ASSETS	
Current Assets	
Bank	$144,088,214.04
Accounts Receivable	$318,843,053.73
Other Current Asset	$7,925,277.72
Total Current Assets	$470,856,545.49
Fixed Assets	$9,342,555.57
Other Assets	($418,380.26)
Total ASSETS	$479,780,720.80
Liabilities & Equity	
Current Liabilities	
Accounts Payable	$19,011,294.07
Other Current Liability	($7,703,912.52)
Total Current Liabilities	$11,307,381.55
Long Term Liabilities	($78,146.20)
Equity	$85,813,621.17
Total Liabilities & Equity	$97,042,856.52

SSA Cruise
Income Statement
From Jan 2024 to Dec 2024

Financial Row	Amount
Ordinary Income/Expense	
Income	$166,386,754.46
Cost Of Sales	$120,487,157.45
Gross Profit	$45,899,597.01
Expense	$18,233,335.94
Net Ordinary Income	$27,666,261.08
Other Income and Expenses	
Other Income	($109,933.63)
Other Expense	($41,422.85)
Net Other Income	($68,510.77)
Net Income	$27,597,750.31

Section L – References Continued

1. Bank of America – Keith Otaguro, Assistant Cash Manager – 401 Union Street, 23rd Floor Seattle WA 98101 – phone (206) 654-3581

2. Custom Industrial Products, Inc – Adria Swain, Strategic Accounts Executive Manager, Office (321) 728-3355; Cell (321) 821-8128; aswain@ciplifts.com

3. Southern States Toyota Lift/Raymond Handling Consultants – Gary Raketich, Senior Material Handling Consultant, Phone (407) 557-4056; graketich@sslift.com

4. Sims Crane & Equipment – Matthew Bozza, Salesman, Cell (813) 416-0761; matthew.bozza@simscrane.com

Section M. - 1.

INDEMNITY AND PAYMENT BOND

BOND NO. 9462578

KNOW ALL BY THESE PRESENTS:

That we, SSA Cruise LLC as INDEMNITOR and Fidelity and Deposit Company of Maryland as SURETY, a surety company authorized to do business in the State of Florida, are held and firmly bound unto BROWARD COUNTY, as OBLIGEE, a political subdivision of the State of Florida, in the full sum of Forty Thousand and 00/100 DOLLARS ($40,000.00), for the payment of which we bind ourselves, our heirs, successors, assigns and personal representatives for the performance of the obligations hereinafter set forth:

NOW THEREFORE, the condition of this obligation is such that if INDEMNITOR, its heirs, executors, administrators, successors and assigns shall well and truly save harmless and keep indemnified BROWARD COUNTY, its successors and assigns, from and against all loss, costs, expenses, damages, injury, claims, actions, liabilities and demands of every kind (including but not limited to all reasonable attorney's fees to and through appellate, supplemental and bankruptcy proceedings) which arises from, is caused by, or results from or on account of:

(i) failure of INDEMNITOR to pay to BROWARD COUNTY, when due, any and all tariff or other charges that have accrued at Port Everglades (whether relating to the furnishing of services or materials to INDEMNITOR, its principals, agents, servants or employees at Port Everglades; or, due to injury to property of Port Everglades; or, stemming from the use of Port Everglades facilities by INDEMNITOR, its principals, agents, servants or employees; or, otherwise); or

(ii) non-compliance by INDEMNITOR, its principals, agents, servants or employees with applicable laws, ordinances, rules and regulations of the federal, state and local governmental units or agencies (including but not limited to the terms and provisions of the BROWARD COUNTY Code of Ordinances, Administrative Code, and all procedures and policies of the Port Everglades Department), as amended from time to time; or

(iii) any act, omission, negligence or misconduct of INDEMNITOR, its principals, agents, servants or employees in Port Everglades (whether causing injury to persons or otherwise;

then these obligations shall be null and void, otherwise to remain in full force and effect.

AS A FURTHER CONDITION of this obligation that it shall remain in full force and effect until and unless the Surety provides at least ninety (90) days prior written notice to BROWARD COUNTY of its intention to terminate this Bond.

Any notices required herein shall be given in writing and be delivered to: Broward County's Port Everglades Department, Attn: Director of Administration, 1850 Eller Drive, Fort Lauderdale, Florida 33316, with a copy to: Broward County Administrator, Governmental Center, 115 S. Andrews Avenue, Fort Lauderdale, Florida 33301.

IN WITNESS WHEREOF, INDEMNITOR has caused this Bond to be executed by SSA Cruise LLC, on this 21st day of July, 2025, and attested to by its Secretary and its corporate seal to be affixed, and the Surety has caused this Bond to be executed on this 21st day of July, 2025, in its name, by its Attorney-in-Fact, duly authorized to do so.

INDEMNITOR:

Company Name: SSA Cruise LLC

ATTEST:

DocuSigned by:
Matthew K. McCardell
DA70542E2820420...

Corporate Secretary

Matthew K. McCardell
(Print Name of Secretary)

(SEAL)

By: DocuSigned by:
Jaime L. Neal
2116AD1B32CA40B...

Jaime L. Neal
(Print Name of Pres./Vice Pres.)

Title: Chief Financial Officer
(Print)

21st day of July, 2025

SURETY:

Company Name: Fidelity and Deposit Company of Maryland

ATTEST:

See Power of Attorney

(SEAL)

Fidelity and Deposit Company of Maryland CORPORATE SEAL 1890

By:

Barbara Pannier
(Print Name of Pres./Vice Pres.)

Title: Attorney In Fact
(Print)

21st day of July, 2025

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Christopher Nolan, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Salena WOOD, Thomas U. KRIPPENE, Catherine L. GEIMER, Eric D. SAUER, Christina BARATTI, Jennifer WILLIAMS and Barbara PANNIER **of St. Louis, Missouri**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 28th day of January, A.D. 2025.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Christopher Nolan
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 28th day of January, A.D. 2025, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Christopher Nolan, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Genevieve M. Maison
Notary Public
My Commission Expire January 27, 2029

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 21st day of July, 2025.



Mary Jean Pethick
Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
reportsfclaims@zurichna.com
800-626-4577

Authenticity of this bond can be confirmed at bondvalidator.zurichna.com or 410-559-8790

Section N. - 1.,2.,3.

PORT EVERGLADES - FORK LIFTS rev 7/17/25

YEAR	F/L #	SERIAL #	BRAND	MODEL	DESCRIPTION	TLC	GVW
2025	701	010353K7166	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	702	010353K7167	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	703	010353K7168	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	704	010353K7169	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	705	010353K7170	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	706	010353K7171	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	707	010353K7172	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	708	010353K7173	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	709	010353K7174	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	710	010353K7175	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	711	010353K7176	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	712	010353K7177	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	713	010353K7178	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	714	010353K7179	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	715	010353K7180	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	716	010353K7181	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	717	010353K7182	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	718	010353K7165	HELI	CPCD35 -Ku20H	7,000 LB DIESEL FORKLIFT	6,615	10,825
2025	101	010503K4728	HELI	CPCD50 -CU9G3	11,000 LB DIESEL FORKLIFT	11,025	18,280
2025	102	010503K4729	HELI	CPCD50 -CU9G3	11,000 LB DIESEL FORKLIFT	11,025	18,280
2025	103	010503K4730	HELI	CPCD50 -CU9G3	11,000 LB DIESEL FORKLIFT	11,025	18,280
2025	104	010503K4731	HELI	CPCD50 -CU9G3	11,000 LB DIESEL FORKLIFT	11,025	18,280
2025	105	010503K4141	HELI	CPCD50 -CU9G3	11,000 LB DIESEL FORKLIFT	11,025	18,280
2021	6501	8FDU32-C1716	TOYOTA	8FDU32	6,500 LB DIESEL FORKLIFT	5,500	10,250
2021	6502	8FDU32-C1717	TOYOTA	8FDU32	6,500 LB DIESEL FORKLIFT	6,020	9,900
2021	6503	8FDU32-C1719	TOYOTA	8FDU32	6,500 LB DIESEL FORKLIFT	6,020	9,900
2021	6504	8FDU32-C1720	TOYOTA	8FDU32	6,500 LB DIESEL FORKLIFT	5,500	10,250
2021	6505	8FDU32-C1726	TOYOTA	8FDU32	6,500 LB DIESEL FORKLIFT	5,500	10,250
2021	1101	8FD50U-30197	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	9,400	16,760
2021		8FD50U-30199	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	10,100	16,100
2021	22	8FD50U-30206	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	10,100	16,100
2021	12	8FD50U-30253	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	10,100	16,140
2021	1105	8FD50U-30402	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	9,400	16,760
2021	30	8FD50U-30403	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	9,400	16,760

PORT EVERGLADES - FORK LIFTS rev 7/17/25

YEAR	F/L #	SERIAL #	BRAND	MODEL	DESCRIPTION	TLC	GVW
2021	1107	8FD50U-30411	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	9,400	16,760
2021	23	8FD50U-30435	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	10,100	16,170
2021	135	8FD50U-30442	TOYOTA	8FD50U	11,000 LB DIESEL FORKLIFT	10,100	16,100
2015	438	8FD70U-311142	TOYOTA	8FD70U	15,000 LB DIESEL FORKLIFT	13,400	23,120

PORT EVERGLADES - VEHICLES

DESCRIPTION	S/N or VIN	YEAR	MAKE	MODEL	FUEL TYPE	ARRIVED PEV	FROM	$ VALUE
MECHANIC'S TRUCK	1FTEW1CP4PKD18107	2023	FORD	F150	UNLEADED	11/1/2024	DEALER	
DIESEL FUEL TRUCK	1GB0CUEG1JZ336469	2018	CHEVY	2500	UNLEADED	11/1/2024	DEALER	
TIMEKEEPER'S TRUCK	5TFNX4CN6DX022470	2013	TOYOTA	TACOMA	UNLEADED	2/3/2025	CHARLESTON	
GOLFCART - T18	BN2012 - 058428	2020	CLUB CAR	TEMPO CONNECT ERIC 2	ELECTRIC	11/1/2024	DEALER	
GOLFCART - T19	BN2012 - 058459	2020	CLUB CAR	TEMPO CONNECT ERIC 2	ELECTRIC	11/1/2024	DEALER	
GOLFCART - T25	BN2036 - 103083	2020	CLUB CAR	TEMPO CONNECT ERIC 2	ELECTRIC	11/1/2024	DEALER	
KUBOTA - SUPERINTENDENT	A5KC2GDBLHG038166	2017	KUBOTA	RTV-X1100C	DIESEL	2/3/2025	CHARLESTON	
KUBOTA - DRIVER HEADER	A5KC2GDBTHG038237	2017	KUBOTA	RTV-X1100C	DIESEL	2/3/2025	CHARLESTON	

Section O.

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Receipt #: 329-353138
Business Name: SSA CRUISE LLC
Business Type: ALL OTHERS (STEVEDORING/CARGO HANDLING OPERATIONS AT PORT EVERGLADES)
Owner Name: STEFANO BORZONE
Business Opened: 11/01/2024
Business Location: 1131 SW KLICKITAT WAY FT LAUDERDALE
State/County/Cert/Reg:
Exemption Code:
Business Phone: 321-506-1616

Rooms	Seats	Employees	Machines	Professionals
		200		

For Vending Business Only — Number of Machines: — Vending Type:

Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
75.00	0.00	0.00	0.00	0.00	0.00	75.00

Receipt Fee 75.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

SSA CRUISE LLC
4875 N WICKHAM RD STE 104
MELBOURNE, FL 32940-8304

Receipt #WWW-24-00284696
Paid 07/22/2025 75.00

2024 - 2025

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2024 THROUGH SEPTEMBER 30, 2025

Receipt #: 329-353138
Business Name: SSA CRUISE LLC
Business Type: ALL OTHERS (STEVEDORING/CARGO HANDLING OPERATIONS AT PORT EVERGLADES)
Owner Name: STEFANO BORZONE
Business Opened: 11/01/2024
Business Location: 1131 SW KLICKITAT WAY FT LAUDERDALE
State/County/Cert/Reg:
Exemption Code:
Business Phone: 321-506-1616

Rooms	Seats	Employees	Machines	Professionals
		200		

Signature

For Vending Business Only — Number of Machines: — Vending Type:

Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
75.00	0.00	0.00	0.00	0.00	0.00	75.00

Receipt #WWW-24-00284696
Paid 07/22/2025 75.00

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

Receipt #: 329-353138
Business Name: SSA CRUISE LLC
Business Type: ALL OTHERS (STEVEDORING/CARGO HANDLING OPERATIONS AT PORT EVERGLADES)
Owner Name: STEFANO BORZONE
Business Location: 1131 SW KLICKITAT WAY FT LAUDERDALE
Business Opened: 11/01/2024
State/County/Cert/Reg:
Exemption Code:
Business Phone: 321-506-1616

Rooms	Seats	Employees	Machines	Professionals
		200		

For Vending Business Only — Number of Machines: — Vending Type:

Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

Receipt Fee 150.00
Packing/Processing/Canning Employees 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

SSA CRUISE LLC
4875 N WICKHAM RD STE 104
MELBOURNE, FL 32940-8304

Receipt #WWW-24-00284696
Paid 07/22/2025 150.00

2025 - 2026

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-357-4829

VALID OCTOBER 1, 2025 THROUGH SEPTEMBER 30, 2026

Receipt #: 329-353138
Business Name: SSA CRUISE LLC
Business Type: ALL OTHERS (STEVEDORING/CARGO HANDLING OPERATIONS AT PORT EVERGLADES)
Owner Name: STEFANO BORZONE
Business Location: 1131 SW KLICKITAT WAY FT LAUDERDALE
Business Opened: 11/01/2024
State/County/Cert/Reg:
Exemption Code:
Business Phone: 321-506-1616

Rooms	Seats	Employees	Machines	Professionals
		200		

Signature

For Vending Business Only — Number of Machines: — Vending Type:

Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
150.00	0.00	0.00	0.00	0.00	0.00	150.00

Receipt #WWW-24-00284696
Paid 07/22/2025 150.00

Section P.

Safety Culture – A Mission

SSA Cruise's number one priority is maintaining a safe work environment for every individual engaged in our operations. At SSA Cruise, safety is the number one job requirement for everyone. We engage in operations only when we can perform them in a safe manner, while maintaining the productivity and efficiency for which we are known.

Health and safety can only be achieved through teamwork, and every person engaged in our business and operations is responsible for ensuring a safe work environment through careful and consistent attention to accident prevention. SSA Cruise partners with our unions to proactively identify and correct hazardous conditions and behavior in our operations. Everyone must return home safe at the end of every shift.

SSA strives to build a positive safety culture with all our vendors and partners. Through written safety culture action plans, weekly operational safety meetings, incident review meetings, and annual safety-focussed summits we remain vigilant in communicating the message of health and safety.

A network of safety managers supports management teams in each location evaluating operations and adjusting when necessary. SSA is an active participant in trade forums on safety and security through our affiliation with the National Association of Waterfront Employees (NAWE), the National Maritime Safety Association (NMSA) and other national trade organizations. Annual Safety Plans, Emergency Response Plans, Corporate Policies and Procedures form the basis of the SSA's Safety Management System.

SSA's Health, Safety and Environmental (HSE) strategy focuses on Operational Risks, Leadership and Culture, Capabilities and Training, Technology and Innovation, as well as Communication and Learning. We adhere to regulatory and company requirements, which include Federal, State, and Local regulations, as well as our internal policies, procedures, and standards. We work in multiple locations, some that have only Federal OSHA regulations, and others that have state OSHA and/or concurrent OSHA regulations. We use mail servers and RSS feeds to stay abreast of the changing regulations. SSA has established a live Safety Management System (SMS) that is updated routinely when regulatory changes affect the way business is performed.

Safety Strategy - HomeSAFE

SSA's parent company, Carrix Inc., has adopted a safety strategy for the management of safety risks.

This strategy (see Figure 1) reflects our core value that everyone should return home safe and has been developed through extensive consultation with various stakeholders throughout our organization. Consideration has also been given to practices adopted by global leaders in similar heavy industries.

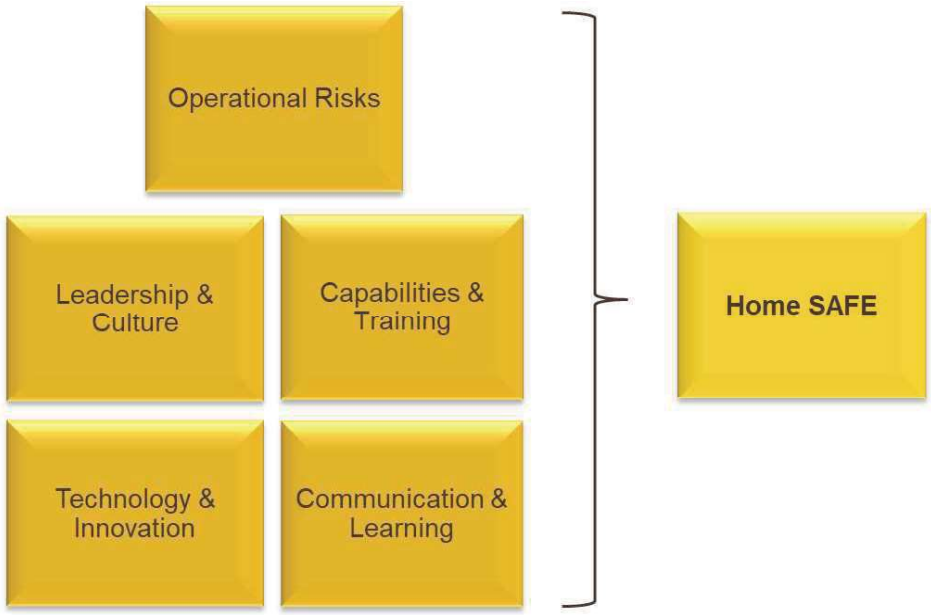
Management commitment to the implementation of this strategy will be a key part of our concerted effort to achieve our goal of excellence in risk management.

As the bar of best practice continues to be raised, our standards will evolve. The commitment of everyone to implementation and to continuous improvement of the standards is fundamental to our success.

We are setting aggressive realistic targets supported by a strategy that will ensure our business continues to be an industry leader in safety performance.

Figure 1

Ensure every person engaged in our operations goes Home SAFE every day



Sites to develop annual operating plans incorporating safety activities for the year.

Leadership & Culture

Overcoming the difficulties and obstacles to achieving a safety performance which we can be proud of will take commitment from all senior and functional managers at every location and at all levels.

It will need effort, focus, and leadership from everyone in management roles and the engagement of unions and industry partners throughout the business.

This element of the strategy aims to develop and promote active safety leadership.

Operational Risk

By knowing our risk profile, we can determine where to allocate our resources to keep our people safe.

We have identified that there are five (5) common areas of fatality-potential risks: ***pedestrians, mobile equipment and fixed plant, handling loads, working at heights, and vessel operation.***

To eliminate fatalities, we are establishing minimal controls for each of these five (5) critical areas to be known as the **Fatal 5**. These controls will be communicated by the operational standards.

Capabilities and training

For our people and in particular managers having the capabilities and training is the key to all that we do in relation to risk management.

By far the greatest control in the management of risk is for our people to have strong foundational knowledge in risk identification and how to put controls in place to keep people and equipment safe.

While operational management is accountable for safety, we also need well-trained and dedicated safety professionals who provide constructive advice and technical support to our managers.

Technology and Innovation

The identification of new technologies and process improvement will continue to reduce our risk profile.

Communication and Learning

Engagement with unions and other industry partners is a critical piece of promoting the **"Homesafe"** strategy and for meeting the objectives of the **Fatal 5** standards.

Sharing learnings from high potential incidents provides the organization with the ability to learn, test, and adopt controls to ensure those risks are removed from the business.

Conclusion

This safety strategy, Home Safe, incorporating the key elements of Leadership & Culture, Operational Risk, Capabilities & Training, Technology & Innovation, and Communication & Learning, will ensure Carrix keeps building on best practice and continues as an industry leader.

Fatal 5 Standards:



Equipment, Innovations & Improvements

SSA continuously reviews its operations from a quality, production, and safety perspective. Furthermore, meeting Cruise Line objectives and setting the bar for

excellent Customer experience are most important performance indicators, and which are weekly reviewed in SSA' executive management meeting, operations meeting, and safety indoctrination.

Stevedoring Equipment

SSA thoroughly evaluates needed stevedoring equipment for specific operations. Considerations include availability, functionality, reliability, maintenance, storage, weather, fuel source and refueling issues.

All equipment is meticulously inspected on a regular basis as part of an extensive preventative maintenance program, and prior to ship calls for obvious safety and operating defects. Inspections are done either by a company superintendent, manager, union mechanic, maintenance foreman, gear man or outside vendor. Any piece of equipment failing inspection is repaired or taken out of rotation until that repair is completed. Should a required repair not be able to be immediately performed, substitute equipment may be supplied on ship days to ensure continuity with little to no service disruption.

Vacuum-operated Luggage Handling System

SSA successfully introduced an ergonomic baggage handling system that is used in other industries to support foremost product movement in line work applications. The system works by using vacuum force to lift and move baggage. The first system was installed its first system at Terminal 1 in Canaveral in 2016 and has since also commissioned a system at Terminal 3 in Canaveral and Terminal F in Miami. The system has demonstrated to support.

- Significant reductions in work-place injuries related to back strain and fatigue. These common problems can cause undesired delay in the operations.
- Improved overall work conditions leading to a smoother luggage sorting and a reduction in luggage damages.
- Improved flow of the luggage, reducing unsightly luggage holds in racks or cages at 'the front of the house'.
- The mitigation of MTSA unattended luggage infringements.





SSA is committed to evaluate and install the luggage handling systems at all its facilities, where physical conditions allow such to be implemented.

Environmental Stewardship

SSA fully protects and embraces safeguards to our environment as expressed in our Environmental and Corporate Social Responsibility Policy. The Policy meets or exceeds applicable legal requirements for the management of:

- Air and Water pollution
- Reducing harmful impacts
- Recycling
- Lowering energy consumption
- Continual Improvement Processes
- Communication
- Education

SSA is a willing participant of 'Green Marine,' an industry environmental certification program. We are committed to this verification program which requires an annual examination and biannual external audits. Performance is evaluated in 12 key areas. The goal is to identify weaknesses and drive continuous improvement for a cleaner, better future.

SSA SUBSTANCE ABUSE POLICY

SSA Cruise has a commitment to provide a safe, quality-oriented, and productive work environment. Alcohol and drug use poses a threat to the health and safety of our employees and customers, and to the security of the company's equipment and facilities. For these reasons, SSA Cruise is committed to the elimination of drug and alcohol use in the workplace. This policy applies to all employees, union and nonunion.

In our industry, where the safe operation of heavy equipment is crucial, the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance on SSA Cruise premises is a danger to everyone. Such activity cannot be tolerated and may result in immediate dismissal. SSA Cruise considers violation of this substance abuse policy to constitute a serious safety violation.

Several states have passed laws legalizing the medical and/or recreational use of cannabis, but cannabis remains illegal under federal law with no exception for medical or recreational use. In addition, DOT and other federal regulations strictly prohibit the use of cannabis and any positive test for cannabis or THC is a violation of those regulations.

In some states there have been laws passed protecting a citizen's right to use cannabis *outside of work*, as allowed under state law. SSA Cruise will follow the specific regulations in those states. In general, in those states:

- If an job applicant fails the pre-employment drug test with a positive test for cannabis, the applicant will still be hired unless the role for which they are being hired is required to complete a federal background check or security clearance (such as a TWIC), the company for which they are being hired has certain federal contracts and/or federal grants, federal law requires applicants or employees to be tested for controlled substances (for instance, DOT regulations), and/or the applicant works in a safety sensitive position for which impairment presents a substantial risk to themselves or others.

- For active employees in these states, violations of this policy will sometimes require more than a positive test for cannabis (for example, reasonable belief that the use of cannabis occurred at or during work or the employee was impaired at work as a result of cannabis use at or during work). However, for employees required to complete a federal background check or security clearance (such as a TWIC), working for a company with certain federal contracts and/or federal grants, or in roles where federal law requires

employees to be tested for controlled substances (for instance, DOT regulations), the standard rules will likely apply.

All employees will comply with the SSA Cruise policy to maintain an alcohol and drug free workplace. Drug testing will involve a 5-panel test, which includes amphetamines, phencyclidine, cocaine, opiates, and cannabis. Under this policy no SSA Cruise employee shall be allowed on any SSA Cruise property at any time while under the influence of a controlled substance, unless used in accordance with a doctor's prescription. If an individual is taking medication that may impact their ability to perform their job responsibilities, the employee must notify their manager prior to commencing work, so that the Manager may determine whether the employee's work can be completed safely under the circumstances.

Drug and alcohol testing will be performed by an independent party using methods common to our industry. If you are an employee or prospective employee and test positive for alcohol or drugs the following will apply. To ensure compliance with the SSA Cruise Alcohol and Drug Free Workplace Policy, the Company will require that you be tested for alcohol or drugs under the following circumstances.

- As a condition of employment for prospective employees. If a job applicant fails the drug or alcohol test or fails to appear for the test at the stipulated time, he or she may not be hired.

- Immediately following any accident at a SSA Cruise operational premise in which you are involved and that has resulted in personal injury or damage to cargo or property and for which SSA Cruise has reasonable belief that drug, or alcohol use may have caused or contributed to the accident.

- Immediately following a request by a supervisor and based on the Supervisor's reasonable belief that you may have violated the policy.

A first violation may result in disciplinary action with a minimum of one-week suspension without pay or further disciplinary action up to including termination. Following a first offense, SSA Cruise may offer you the opportunity to attend an evaluation and treatment program and may require you to submit to periodic drug or alcohol testing for up to two years. All or a portion of the cost for the evaluation and treatment program may be reimbursed under the SSA Cruise Health Care Program if you receive treatment from a qualified provider.

A second violation will result in dismissal. Dismissal will also occur if you choose not to participate in the evaluation or treatment program offered to you following a first violation, or if you fail to submit to testing if there is a reasonable belief that you have violated the policy or if you fail any subsequent test.

Absenteeism, poor performance, disruptive behavior, unsafe conduct, and other workplace issues related to alcohol and/or drug use may also result in disciplinary actions up to and including termination.

Carrix

Carrix Environmental Policy

Carrix Inc. is dedicated to integrating environmental stewardship into our business strategy. Our environmental policy statement guides our commitment to sustainability across operations.

Environmental Policy Statement:
Within each region in which we operate, Carrix facilities will actively participate in enhancing environmental performance in the marine terminal industry and will incorporate environmental sustainability best practices into their operations.

Carrix monitors our environmental performance and has implemented the following actions:

- Prevention of Pollution: Designate site-level environmental representatives to monitor regional requirements and regulations to ensure compliance and prevent air, water, and ground pollution.
- Reduction of Environmental Impact: Designate site-level environmental representatives to monitor regional requirements, identify and mitigate environmental risk and minimize exposure.
- Waste Management: Track and monitor the company's waste generation and identify methods to reduce waste.
- Energy Efficiency: Track and monitor the company's energy consumption and identify methods to reduce energy consumption.
- Continual Improvement: Conduct audits and inspections at least annually to identify gaps and drive improvements in environmental performance.
- Communication: Effectively communicate policies and procedures through all levels of the organization.
- Education: Train management and staff through companywide Learning Management System (LMS) on environmental compliance and strategies.
- Reporting: Provide annual updates on sustainability and environmental progress through our annual sustainability report.

Carrix prioritizes a range of strategic focus areas that drive progress toward achieving its environmental goals. These focus areas encompass initiatives designed to enhance operational efficiency, reduce environmental impact, and promote long-term ecological health.

Environmental Management
Carrix's management and staff are responsible for incorporating environmental policies in daily operations. The Environmental and Sustainability teams work to strengthen these efforts, supported by designated Environmental Representatives who reinforce standards and expectations across company divisions. Meghan Weinman, Vice President of Sustainability, oversees implementation of these policies, monitors sustainability objectives, and reports progress to executive leadership and external stakeholders.

We also participate in certification programs that demonstrate our commitment to responsible environmental management. Over 20 Carrix terminals participate in the Green Marine Environmental Certification Program, and 17 of our locations have earned ISO 14001 certification. Green Marine and

ISO standards provide frameworks for environmental management, offering tools, benchmarks, and processes to enhance sustainability and reduce environmental impacts.

Environmental Compliance

Carrix is committed to complying with all applicable national and local environmental regulations where we operate. We continuously monitor evolving air and water quality regulations to ensure our operations align with current standards. To support compliance efforts, we provide training at least annually to applicable employees. This includes training for designated environmental representative and terminal management on the following environmental topics:

- Stormwater Pollution Prevention
- Hazardous Waste Management
- Hazardous Materials Management
- Waste Management & Recycling

Waste Management

Carrix tracks and monitors waste generation across operations, identifying reduction methods, and promoting best practices based on Reduce, Reuse, and Recycle principles. We aim to improve waste management and minimize our environmental footprint by providing waste management training to all employees through the companywide learning management systems (LMS).

Hazardous Materials and Waste

Carrix is dedicated to minimizing the risk of chemical spills and ensuring the safe handling and disposal of hazardous wastes in our operations. We have developed safety protocols, including Hazardous Waste Management and Hazardous Materials training through the companywide LMS, to support applicable employees in being equipped with the knowledge and skills needed to manage hazardous materials responsibly.

Water Conservation

Carrix is committed to responsible water management and the protection of water resources, including oceans and waterways, in all regions where we operate. We actively work to proactively management and minimize water consumption across our operations. Conservation measures include stormwater management and water quality testing at locations where its required to mitigate runoff contamination and protect local ecosystems and biodiversity.

Air Pollution & Climate Action

Carrix is dedicated to taking meaningful action against climate change by committing to a 15% reduction in greenhouse gas (GHG) emissions intensity by the end of 2024, compared to a 2021 baseline. To achieve this target, we conduct an annual inventory of Scope 1 and 2 GHG emissions across our global operations, in accordance with the GHG Protocol. To reduce our GHG emissions Carrix invests in zero-emission (ZE) and low-emission vehicles, in addition to utilizing alternative low-emission fuels. To reduce energy consumption, Carrix implements energy-efficient practices, such as LED lighting and solar power generation.

Our executive leadership team has set forth this policy with the expectations that each employee, contractor, visitor, and partner will assist us in protecting our environment.

Signature March 12, 2025



Uffe Ostergaard Date

Chief Executive Officer

Skip Navigation

Information Portal
Nexus
Enterprise Solutions

Search Home » Facilities Search Results

Facilities Search Results

Criteria selected:

Facility Name = SSA CRUISE, LLC

Searching For = Search all facilities

For additional information, select the hyperlinks under "Data Links" where available.

D - Provides a list of electronic documents associated with the facility.

F - Provides a facility summary report.

P - Provides facility-related permit information.

M - Provides a GIS map focused on the facility.

Q - Provides a contact for user questions and quality control.

Records on this page = 0 of 0

There are no facilities that meet your criteria.

Disclaimer: The Florida Department of Environmental Protection (FDEP) has made a reasonable effort to ensure that the information provided is up-to-date and comprehensive but cannot guarantee the accuracy or completeness of the data. Any specific, missing information may be obtained through a public records request. For more information visit our Public Records web site.

ENVIROS

Enforcement Action Advanced Search

Search | Reset

No information was found matching your selection criteria. Please try again.

Enforcement Action Number:

House Number: To:

Street: (All) (All)

Direction Street Name Street Type Suite

City: (All) Zip: (All)

Section: (All) Township: (All) Range: (All)

Respondent: SSA CRUISE, LLC

Help on this p
Screen ID: 234

An official website of the United States government. Here's how you know

The .gov means it's official.
Federal government websites often end in .gov or .mil. Before sharing sensitive information, make sure you're on a federal government site.

The site is secure.
The **https://** ensures that you are connecting to the official website and that any information you provide is encrypted and transmitted securely.

U.S. DEPARTMENT OF LABOR

Occupational Safety and Health Administration

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Establishment Search

Reflects inspection data through 07/29/2025

Use our establishment search to locate OSHA enforcement inspections by establishment name. You can also search by a specific inspection number or inspections within a specific industry using NAICS or SIC.

You can now find citation information for violations that Federal OSHA has cited.
For violation and citation results:

- Enter the establishment name in the "Establishment" box and select the "Search" button at the bottom;
- Select the Activity Number (inspection) in the search results;
- If a citation was issued, it will appear under "Violation Items"; and
- Select the "Citation ID" to view the details for that specific citation.

Continue to check back for updates, as citations or violations may be modified during the investigation process.

⚠ **Note**: Before using our establishment search, please read important information below on how to interpret the results.

Search By:

Your search did not return any results.

Enter an Establishment name, select an OSHA Office, or enter a Site Zip Code.

Establishment: SSA CRUISE, LLC

(This field can also be used to search for a State Activity Number for the following states: NC, SC, KY, OR, WA, IN (before April 2022) and AZ (after June 2021))

State: All States | Fed & State

OSHA Office: All Offices

Site Zip Code:

Case Status: (●) All ( ) Closed ( ) Open

Violation Status ◉ All ○ With Violations ○ Without Violations

Inspection Date

Start Date July 31 2015

End Date July 31 2025

Search Reset

Can't find it?

For Wildcard search, use %

Establishment Search Help

Search Basics and Search Syntax Examples

NOTE TO USERS

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

Occupational Safety and Health
Administration
200 Constitution Ave NW
Washington, DC 20210
1-800-321-OSHA
1-800-321-6742
www.osha.gov







Section R

SSA Marine's dedicated cruise division is currently the leading cruise terminal operator and service provider in North America. Since our beginnings 75 years ago, we have grown to more than 20,000 employees worldwide. Our cruise division, SSA Cruise, is committed to innovation, port development, and exclusive service integrations that offer unique solutions to the cruise industry. Our long-term partnerships with major cruise lines and port partners are a testament to our focus on delivering operational excellence while advancing safety and sustainable development initiatives at each of the 24 cruise ports that we operate in.

Furthermore, SSA Marine's recently acquired Ceres Terminals International, which has successfully and safely operated in Port Everglades since 2006. SSA Marine's increased focus on safety, sustainability, client satisfaction, and business growth will further enhance Port Everglades' ability to grow substantially in the near future.