MANATEE COUNTY PORT AUTHORITY
REQUEST FOR PROPOSALS
PROPERTY AND CASUALTY INSURANCE PROGRAM

EFFECTIVE OCTOBER 1, 2016
The Manatee County Port Authority owns Port Manatee, located at the entrance to Tampa Bay on the West Coast of Florida. Its location makes it a desirable shipping point for various commodities. It is regarded as a significant operation in the Tampa Bay area and in Manatee County. The current Executive Director and staff have attracted quality tenants and businesses to the Port.

Port Manatee owns its own Class III terminal railroad with approximately seven (7) miles of track connecting to CSX Transportation tracks. The interchange tracks provide two (2) eighty (80) car set out tracks. The Port maintains a railroad switch engine operated by Port employees and charges for services per a Port Tariff.

The Port owns several workboats for dock inspection and maintenance. Please refer to the Hull and Machinery Section of this RFP for details of the vessels. The U.S. Coast Guard maintains all navigational aids.

The Port has a total of ten (10) ship and barge berths. Seven (7) berths are capable of loading or discharging bulk commodities and eight (8) berths may be used for general cargo loading or discharging.

Electrical and potable water connections are provided at most berths to serve vessels while in port. The water is purchased from Manatee County.

The Port Authority owned warehouses contain more than a million square feet of public warehouse and office space, featuring 207,000 square feet of refrigerated space, including 30,000 square feet of freezer space. Certain Port tenants have additional storage space in their own warehouses.

The Port Authority is a political subdivision of the State of Florida, created by the general laws and special acts of the legislature. The Port Authority has jurisdiction and control over the Port, including all wharves, sheds, warehouses, terminals, slips, docks, piers, railroads, farm and upland areas, and all other properties and equipment owned and operated by it. It has the authority to fix and regulate charges for the use of these facilities.

Port Manatee Tariff Number Three (3) is provided by the Port Authority setting forth rules and regulations for the use of the facilities. The Authority functions primarily as a landlord and leases out, under written agreement, the remaining portions of the facility. Lessees are responsible for all maintenance and operations of the particular leased premises.

The Port requires that all vessels and their owners and agents shall be responsible for use of the premises. All environmental controls are included in the Tariff. The Port’s Tariff is available for review on the Port’s website at http://www.portmanatee.com.

The Port employs approximately fifty-five (55) full time employees, plus eighteen (18) part time personnel engaged in administration, marketing, operations and maintenance, security and environmental control. Loading and unloading of cargo is not a function of Port personnel. Current total Port payroll, including benefits, is approximately $4.4 million and its operating revenue is budgeted at approximately $11.1 million.
Certificates of insurance are obtained from all lessees or operations conducting business on Port premises. Fees for dockage and wharfage and most other fees are charged through the Tariff.

The Port has a safety program in place and is very active in loss control and safety activities. Inspections are made on a daily basis by employees and periodically by the consulting engineers under contract to the Port.

The Port operates a seventy-five (75) passenger tram for Port tours. The tram is not licensed for road use and is operated only on Port property.

Further information regarding the Port can be obtained on their website at http://www.portmanatee.com.
General Information

The following items are desired in arranging the overall insurance program for the Manatee County Port Authority. In some instances all items may not be available or may require modification. The Port will consider modified proposals to the extent that they provide adequate coverage and is consistent with the Port’s overall operations.

COVERAGES REQUESTED

Coverage is requested for:

- All Risk Property to include Wind and Flood
- Premises and Operations Liability (including products and completed operations, personal injury and others)
- Port Liability to include all maritime operations
- Boiler and Machinery
- Vehicle Liability
- Inland Marine
- Electronic Data Processing Equipment
- Railroad Liability/Federal Employer's Liability Act (FELA)
- Public Official Liability and Employment Practices Liability
- Umbrella Liability
- Workers' Compensation
- Hull Insurance

The Port desires to streamline the administration of its insurance program and will consider the consolidation of the coverages into fewer policies to the extent that the protection offered is no less restrictive than is currently purchased.
All proposals must clearly state if certain coverages must be purchased in conjunction with other policies.

**CURRENT PROGRAM**

Following is a summary of the Port’s current insurance program:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Insurer</th>
<th>Expiration Date</th>
<th>Limits</th>
<th>Deductible/SIR</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real &amp; Personal Property</td>
<td>Florida Municipal Insurance Trust</td>
<td>10/01/16</td>
<td>Buildings - $54,035,363 Contents - $525,001 Flood - $4,500,000</td>
<td>$25,000 except $500,000 Flood and 5% Wind</td>
<td>$174,124</td>
</tr>
<tr>
<td>Employee Dishonesty</td>
<td>Florida Municipal Insurance Trust</td>
<td>10/01/16</td>
<td>$100,000</td>
<td>$500</td>
<td>Included in Property</td>
</tr>
<tr>
<td>Port Liability</td>
<td>Liberty Mutual Insurance Co.</td>
<td>10/1/16</td>
<td>$1 million per Occ $2 million Agg.</td>
<td>$10,000</td>
<td>$58,590</td>
</tr>
<tr>
<td>Umbrella/ Bumbershoot</td>
<td>See Below</td>
<td>10/1/16</td>
<td>$50 million</td>
<td>N/A</td>
<td>$65,000</td>
</tr>
<tr>
<td>Railroad Liability</td>
<td>Liberty Surplus Insurance Corp</td>
<td>10/1/16</td>
<td>$10 million per Accident $20 million Agg.</td>
<td>$25,000</td>
<td>$40,500</td>
</tr>
<tr>
<td>Boiler &amp; Machinary</td>
<td>Florida Municipal Insurance Trust</td>
<td>10/1/16</td>
<td>$50,000,000</td>
<td>$25,000</td>
<td>Included in Property</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
<td>Florida Municipal Insurance Trust</td>
<td>10/1/16</td>
<td>W/C – Statutory E/L - $1 million</td>
<td>$25,000 with a $75,000 Annual Aggregate</td>
<td>$40,962</td>
</tr>
<tr>
<td>Vehicle Liability</td>
<td>Florida Municipal Insurance Trust</td>
<td>10/1/16</td>
<td>$1 million</td>
<td>Liability – None Physical Damage $1,000</td>
<td>$9,355</td>
</tr>
<tr>
<td>Public Officials and Employment Practices Liability</td>
<td>ACE American Ins. Co.</td>
<td>10/1/16</td>
<td>$2 million</td>
<td>Public Officials $10,000 EPL $25,000</td>
<td>$9,881</td>
</tr>
<tr>
<td>Inland Marine</td>
<td>Great American Insurance Co.</td>
<td>10/1/16</td>
<td>Contractor’s Equipment $3,708,932 EDP Equipment and Media $615,000</td>
<td>$1,000 Except $30,000 for Locomotive Engines and $25,000 Wind</td>
<td>$32,239</td>
</tr>
<tr>
<td>Hull</td>
<td>Great American Insurance Co.</td>
<td>10/1/16</td>
<td>Agreed Amount per vessel ranging from $15,000 to $116,443. Total insured values of $196,390</td>
<td>Between $1,000 and $2,500 depending on vessel damaged. $10,000 for wind losses</td>
<td>$3,010</td>
</tr>
</tbody>
</table>

The Port’s Umbrella/Bumbershoot has two layers. The first layer provides limits of $10 million excess of the Port’s Primary Liability policy. Following is the structure of the layer:

- Navigators Insurance Co. – 20%
- AGCS Marine Insurance Co. (Alliance) – 20%
- Great American Insurance Co. – 25%
- Atlantic Specialty Insurance Co. – 20%
- Liberty Mutual Insurance Co. – 15%

The second layer of the Port’s Umbrella/Bumbershoot provides limits of $40 million excess of $10 million and has the following structure:

- Navigators Insurance Co. – 30%
- Liberty Mutual Insurance Co. – 50%
- AGCS Marine Insurance Co. (Alliance) – 20%
RATING DATA

Rating data for each of the requested coverages is presented in separate sections for Requested Coverages.

LOSS HISTORY

Historical loss reports will be provided when market assignments are announced.

EFFECTIVE DATE OF COVERAGE

All policies should have an effective date of October 1, 2016. It is anticipated that the Port will renew the policies with the successful proposer(s) for a minimum of two (2) additional years subject to insurer pricing.

MARKET ASSIGNMENTS

Market Assignments will be made. All interested Proposers are required to submit their requests for markets, ranked in order of preference, to the Authority's Risk Management Consultants no later than 3:00 pm May 16, 2016. Requests not submitted in writing will not be considered. All requests should be submitted to:

Interisk Corporation
1111 N. Westshore Blvd.
Suite 208
Tampa, Florida 33607
Facsimile: 813-287-1041
Email: Sid.Webber@Interisk.Net

Attention: Port Manatee - 2016/2017 Property and Casualty Insurance Program

Proposers will be notified of the assignments shortly thereafter.

Assignments will be made by insurance groups. Requests should not be grouped by coverage types. Lloyds of London will not be assigned due to its syndicated nature. All proposers will be permitted to utilize Lloyds in structuring their proposal. Requests for wholesalers, MGAs or other similar organizations will not be honored. Proposers should refrain from approaching insurers until they have been formally notified of the companies assigned to their agency.

While facsimile and email requests will be honored, interested proposers are solely responsible for ensuring their market requests are received in a timely fashion. Neither the Port nor Interisk assumes any responsibility for misdirected or incomplete requests.
RIGHT TO REJECT PROPOSALS

The Manatee County Port Authority reserves the right to reject any or all bids with or without cause, to waive technical errors and informalities, or to accept the bid(s) that in the sole judgment of the Port Authority best serves the Port Authority.

The Port reserves the right to negotiate or not negotiate with individual proposers.

ADDITIONAL INFORMATION/INSPECTION

Every attempt has been made to furnish complete and accurate information to the best of the Port's knowledge. However, written requests for additional information will be honored through 2:00pm, June 9, 2016. Based on the requests submitted and the information available, an addendum to this RFP may be issued. If an addendum is issued, it will be posted on Demand Star on or about June 23, 2016. All requests for additional information should be submitted to:

Interisk Corporation
Risk Management Consultants
1111 North Westshore Boulevard, Suite 208
Tampa, Florida 33607
Telephone: (813) 287-1040
Facsimile: (813) 287-1041
Email: Sid.Webber@Interisk.Net

Attention: Port Manatee - 2016/2017 Property and Casualty Insurance Program

Requests to complete standard "Accord" or company specific applications will not be honored as a request for additional information. Applications will be completed for the successful proposer, if required.

To assist the Proposers, facsimile and email requests will be accepted, however, Proposers are solely responsible for the accurate and complete receipt of their requests. Neither the Port of Manatee nor Interisk will assume any liability for requests not fully received.

PAYMENT TERMS

The preferred method of payment is quarterly. The Port is prohibited from making down payments or incurring finance charges.

SAMPLE FORMS OR POLICIES

Sample forms/endorsements and other coverage information are required as part of the proposal. If Insurance Services Office (ISO) forms are to be used, reference can be made to the form numbers and edition dates. If manuscript or non ISO forms are to be used, specimen copies for review must be furnished.
RATE CHANGE/POLICY MODIFICATION

Ninety (90) day written notice is requested by the insurer prior to any increase in rates or modification resulting in restriction of existing policy terms or provisions required by the insurer including each annual renewal.

TERMINATION/NON-RENEWAL NOTICE

Ninety (90) day written notice is requested by the insurer for termination, non-renewal or restriction of limits or coverage except for non-payment of premium.

NAMED INSURED

The Named Insured wording of all policies should include the following:

The Manatee County Port Authority, a political entity of the State of Florida, all elected officials of said Port Authority, all appointed officials of said Port Authority and all employees of the Port Authority and any other entities or persons to the extent required by agreement, contract or lease with the Port Authority.

NOTICE OF CLAIM

Proposers are requested to modify policy language relating to notification to the insurers following a loss. It is the Port’s desire to incorporate the following reporting language in all policies.

Notice of loss shall be given to the insurer as soon as practicable following receipt of notice of a claim by the individual designated by the Port as responsible for risk management and insurance affairs.

CLAIM REPORTING LOCATIONS

Please indicate the address, telephone number and name of individuals to report claims to and the procedures to be followed in notifying the insurer. Please provide a list of all insurer claim reporting offices, their addresses, telephone numbers and contact persons who will adjust claims within the limits of the Port's operations.

CLAIM REPORTS

The Port requests that the successful Proposer(s) submit quarterly loss reports for all coverages provided. Reports should be completed in plain English and received by the Port within twenty (20) days following the end of the quarter. The reports should include a detailed description of individual claims and the amounts paid for each claim and any open reserves that are assigned. Individual allocations by operating location may be necessary. The total claims (both number and amount) should be included for all coverages. Claim reports must continue to be furnished without charge until all claims are resolved and closed.
WAIVER OF SUBROGATION

The standard policy wording involving subrogation should be modified to remove subrogation between the Port and entities owned, managed, or required to be removed by agreement, contract or lease.

LOSS CONTROL SERVICES

The Port wishes to utilize services of the successful insurer(s). Proposers should include a statement of the intended loss control activities and the frequency of such services.

STABILITY OF INSURERS

It is preferred that insurers furnishing all coverages be stable and have a current A. M. Best Company rating of "A-" or better and be of sufficient financial size to provide security. If a proposal includes an insurer that does not have a minimum Best rating of "A-", the proposal should include copies of the insurer’s latest financial statements. All insurers should be currently "authorized to transact business" in the State of Florida.

AUTHORITY OF PROPOSERS

An authorized representative of the insurance company underwriting the program must sign each proposal. If the submitting agent/broker does not have the authority to sign the proposal, an authorized representative of the company should sign it. Proposals submitted without binding authority will not be given the same consideration as authorized proposals.

PROPOSAL DUE DATE

Proposals are needed for review by 2:00pm, July 14, 2016. Requests for extensions of this deadline will not be honored.
PROPOSAL RETURN INSTRUCTIONS

Sealed proposals in triplicate should be returned to:

Ms. Denise C. Stufflebeam, CPE™
Director of Business Administration & Finance
Manatee County Port Authority
300 Tampa Bay Way
Palmetto, FL 34221
Phone: (941) 722-6621

All proposals should be clearly marked:

Manatee County Port Authority
Proposal for
2016/2017 Property and Casualty Insurance Program

Proposals will be opened at 2:00 p.m., July 14, 2016 at the offices of the Manatee County Port Authority. No detailed information regarding the proposals received will be released until the Port Authority and its risk management consultant completes their evaluation process.

Proposers shall refrain from contacting the Port or Interisk regarding this RFP. All questions must be submitted in writing as a Request for Additional Information. All Requests for Additional Information must be received by 2:00pm, June 9, 2016.

DURATION OF PROPOSALS

Proposals are requested to remain valid for a period of ninety (90) days from the proposal deadline date to provide additional time for negotiation with the insurers in the event that an extension of the current program is undertaken.

USE OF PROPOSAL FORMS

Proposers are required to submit their proposal on the forms included in this request. Additional information may accompany the Port’s proposal forms. Proposals not received on the proposal forms contained in this RFP may not receive full consideration.

OTHER REQUIRED FORMS

In the event that formal applications or other forms are required to be completed prior to the implementation of coverage, they will be furnished by the Port.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Real and Personal Property

FORM

Coverage should be no more restrictive than the latest ISO filled All Risk Commercial Property Causes of Loss Special Form. The policy should include an Agreed Amount Endorsement with both real and personal property limits provided on a Blanket basis. In addition, coverage should extend to the perils of Wind and Flood.

The following coverage extensions are also desired:

- Newly Acquired or Constructed Property for a period of sixty (60) days;
- Valuable Papers and Records Research;
- Outdoor Property/Signs;
- Accounts Receivable;
- Extra Expense;
- All limitations on damage to Piers, Wharves and Docks removed; and
- All limitations on damage to Underground Pipes, Flues and Drains removed.

Ordinance and Law Coverage

CURRENT PROGRAM

Coverage is currently provided by The Florida Municipal Insurance Trust (The Florida League of Cities) with a Building limit of $54,035,363 and a Personal Property limit of $525,001. The policy has been endorsed to provide Flood coverage with a per occurrence and annual aggregate limit of $4,500,000 in excess of the maximum limits available from the National Flood Insurance Program (NFIP).
The policy contains the following deductibles:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Real and Personal Property</td>
<td>$25,000</td>
</tr>
<tr>
<td>Flood</td>
<td>Maximum Available Limits from NFIP</td>
</tr>
<tr>
<td>Named Windstorm</td>
<td>5%</td>
</tr>
</tbody>
</table>

The Name Windstorm deductible will be determined based on the value of each building and its contents that are damaged. The Named Windstorm deductible will not be determined based on the Port’s Total Insured Values.

**DESIRRED LIMITS and DEDUCTIBLES**

It is desired that the total amount as reflected in Exhibit A (Real and Personal Property Schedule) be provided as limits on a Blanket basis.

The Port desires to maintain a $25,000 deductible for all losses where possible. A separate deductible for flood losses and named windstorm losses, consistent with the current program will be acceptable.

The Port’s current program provides for Ordinance and Law Coverage with limits equal to 25% of the actual loss sustained. The Port desires to maintain this protection with comparable or higher limits.

**RATING DATA**

A current schedule of the Port’s Real and Personal Property is included as Exhibit A.

**Loss History**

Currently valued loss history reports will be provided to each participant when market assignments are announced.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Boiler and Machinery

FORM

Coverage should provide protection for sudden and accidental breakdown of boilers, pressure vessels, and other equipment used for the generation, transmission or utilization of energy. Coverage should be on a comprehensive basis without the need for scheduled objects.

CURRENT PROGRAM

Coverage is currently included within the Florida League of Cities Property policy. The limits and deductibles are equal to those maintained for the Real and Personal Property section, subject to a $50 million maximum limit.

DESIRE LIMITS and DEDUCTIBLES

The Port desires to maintain the same limits and deductibles that are currently purchased.

RATING DATA

A detailed schedule of equipment is unavailable. Please refer to Exhibit A.

Loss History

There have been no losses within the past five (5) years.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Inland Marine

FORM

Coverage should be provided on an All Risk of Loss form and extend to Contractors Equipment, EDP Equipment and two Locomotives owned by the Port.

CURRENT PROGRAM

The current policy is provided by Great American Insurance Company with the following level of protection.

<table>
<thead>
<tr>
<th>Item Insured</th>
<th>Limits</th>
<th>Deductibles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor’s Equipment to include locomotives</td>
<td>$3,716,029</td>
<td>$1,000 except $30,000 for locomotives</td>
</tr>
<tr>
<td>Miscellaneous Surveillance, and EDP Equipment plus Media</td>
<td>$615,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

DESIRED LIMITS and DEDUCTIBLES

It is desired that limits reflected on Exhibit B (Equipment Schedule) be proposed and deductibles consistent with the current program be maintained.
RATING DATA

A schedule of the Port’s Equipment (to include the Port’s locomotives) is included as Exhibit C (Equipment Schedule) Detail information regarding the surveillance and E.D.P. equipment is not available.

Loss History

There have been no losses within the past five years.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Port Liability

FORM

Coverage should be no more restrictive than the latest ISO filled Commercial General Liability occurrence form with coverage extending to maritime operations to include Protection and Indemnity and other exposures of a typical port operation. As a minimum coverage should be provided for:

- Premises operations
- Products
- Completed Operations
- Blanket Contractual Liability
- Personal Injury Liability (employee and contractual exclusions removed)
- Employee Benefit Liability
- Premises Medical Payments
- Stevedore Liability
- Tank Watercraft Damage Liability
- Terminal Operator’s Liability
- Watercraft Liability
- Wharfinger’s Liability

Separate policies for the Maritime exposures will be considered to the extent they are cost effective and offer the same level of protection.
CURRENT PROGRAM

Coverage is currently provided by Liberty Mutual Insurance Company with a per occurrence limit of $1 Million and a $2 Million general annual aggregate. A $10,000 deductible applies to all losses.

Coverage extends to the Port's maritime operations to include Protection and Indemnity and other marine related claims such as General Average, Collision Liabilities, Salvage, Salvage Charges and Sue and Labor. Watercraft Liability extends to all Non-Owned vessels, regardless of length and owned vessels that are scheduled on the policy.

DESIRABLE LIMITS and DEDUCTIBLES

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Occurrence</td>
<td>$1 million</td>
</tr>
<tr>
<td>Annual Aggregate</td>
<td>$2 million</td>
</tr>
<tr>
<td>Deductible</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

Alternatives to the requested limits will be considered as long as the total limits of the primary and umbrella coverage equal the desired protection.

The Port owns a seventy-five (75) person Passenger Shuttle/Tram. It is used on an infrequent basis to conduct tours of the Port facility. Coverage for these operations should be included within the program.

RATING DATA

Rating data to be utilized in developing the proposal is presented as exhibits to this RFP. The Port's most recent audited Financial Statements can be obtained from the website at http://www.portmanatee.com/UserFiles/file/PDF/CAFR2012.pdf.

Loss History

Historical loss reports will be provided to all participants when market assignments are announced. Losses are viewed as being extremely favorable.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Public Officials Liability
and
Employment Practices Liability

FORM

Coverage should extend to any actual or alleged error, misstatement, act, omission, neglect or breach of duty including misfeasance, malfeasance or non-feasance of elected or appointed officials, members of boards or commissions, employees, officers, volunteers or servants of the Port while acting within the scope of his or her assignment or employment.

Coverage also extends to the actual or alleged discrimination, sexual harassment or violation of an individual’s civil rights relating to such discrimination or sexual harassment, whether direct or indirect, intentional or unintentional.

CURRENT PROGRAM

Coverage is currently provided by Ace American Insurance Company with a per occurrence and aggregate limit of $2 Million. A $10,000 deductible applies to all Public Official losses and a $25,000 deductible applies to all Employment Practices Liability losses. Coverage is provided on a "Claims Made" basis. Full Prior Acts coverage applies.

DESIRED LIMITS and DEDUCTIBLES

Per Occurrence $2 Million
Annual Aggregate  $2 Million

Deductibles Public Officials - $10,000
Employment Practices Liability - $25,000

Alternatives to the requested limits and deductible will be considered.

RATING DATA

Underwriting information is included as Exhibits to this RFP and further information regarding the Port can be obtained on their website at http://www.portmanatee.com.
Loss History

There have been no known losses within the past five (5) years.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Vehicle Liability

FORM

The preferred coverage form is one comparable to the latest filed ISO Business Automobile Liability form.

CURRENT PROGRAM

Coverage is currently being provided by the Florida League of Cities with the following limits:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability</td>
<td>$1 Million</td>
</tr>
<tr>
<td>Uninsured Motorist</td>
<td>$50,000 each occurrence</td>
</tr>
<tr>
<td>Medical Payments</td>
<td>$5,000 each person</td>
</tr>
<tr>
<td>PIP</td>
<td>$10,000</td>
</tr>
<tr>
<td>Physical Damage</td>
<td>ACV (Scheduled Vehicles Only)</td>
</tr>
</tbody>
</table>

Coverage is also provided for Hired and Non-Owned autos. The Port desires to maintain this valuable coverage.

The current policy does not contain a Liability deductible. A $1,000 deductible applies to physical damage claims.
DESIRED LIMITS and DEDUCTIBLES

<table>
<thead>
<tr>
<th>Limits</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability</td>
<td>$1 million CSL</td>
</tr>
<tr>
<td>Physical Damage</td>
<td>ACV</td>
</tr>
</tbody>
</table>

Physical Damage coverage is requested for all vehicles that include a Cost New amount on the Exhibit entitled “Vehicle Schedule”.

Alternatives to the requested limits and deductibles will be considered.

RATING DATA

A current Vehicle Schedule is included as Exhibit F of this RFP.
A current Drivers Schedule is included as Exhibit G of this RFP.

LOSS HISTORY

Historical loss reports will be provided to all participants when market assignments are announced. Losses are viewed as being extremely favorable.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Workers' Compensation
and
Employers' Liability

FORM

The preferred coverage form is one that responds to all the provisions of Florida Statute §440 and includes standard Employers' Liability insurance.

CURRENT PROGRAM

Coverage is currently being provided by The Florida Municipal Insurance Trust (Florida League of Cities) and includes the following limits:

<table>
<thead>
<tr>
<th>Workers' Compensation</th>
<th>Statutory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers' Liability</td>
<td>$1 million</td>
</tr>
</tbody>
</table>

A $25,000 per occurrence deductible applies subject to a $75,000 annual aggregate.

Desired Limits and deductibles

<table>
<thead>
<tr>
<th>Workers' Compensation</th>
<th>Statutory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employers' Liability</td>
<td>$1 million</td>
</tr>
<tr>
<td>Deductible</td>
<td>$25,000 per occurrence</td>
</tr>
<tr>
<td></td>
<td>$75,000 stop loss deductible</td>
</tr>
</tbody>
</table>

Alternatives to the requested limits and deductibles will be considered.
RATING DATA

Projected Payroll to be utilized in developing the proposal is presented as Exhibit E to this RFP.

The Port's current Experience Modification Factor is .72.

LOSS HISTORY

Historical loss reports will be provided to all participants when market assignments are announced. Losses are viewed as being extremely favorable.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Railroad Liability

FORM

Coverage should extend to all compensatory damages arising out of the Port's Railroad operations to include, but not limited to:

- Bodily Injury
- Property Damage
- Personal Injury
- Federal Employers Liability Act (U.S. Code Title 45, Chapter 2, Section 51-60)
- Pollution Clean-up Expenses
- Evacuation Expenses
- Fire Suppression Expenses
- Advertising Liability

CURRENT PROGRAM

Liberty Surplus Insurance Corporation currently provides the Port's coverage with limits of $10 million per occurrence and a $20 million annual aggregate, subject to a $25,000 Self Insured Retention. Coverage is provided on a "Claims Made" basis with a Retroactive Date of March 28, 1991.

The Port desires to maintain a Retroactive Date of March 28, 1991.

DESIRED LIMITS and DEDUCTIBLES

Policy Limit    $10 Million per occurrence/$20 Million Annual Aggregate
Retention       $25,000

Alternatives to the requested limits will be considered.

RATING DATA

Rating data to be utilized in developing the proposal is presented as Exhibits to this RFP.

Loss History

There have no know losses within the past five (5) years.
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Umbrella Liability

FORM

The form should provide following form coverage above the underlying policies. Coverage should include personal injury with no participation. An occurrence form is preferred. If a Claims Made form is proposed, it should coincide with the terms and conditions of the underlying policies and provide an extended reporting period of unlimited duration. The premium for the extended reporting period should be included in the original proposal and not be subject to change or recalculation at a later date.

CURRENT PROGRAM

The Port's current Umbrella/Bumbershoot policy has limits of $50 million and is structured on a layered basis. Please refer to the section of this RFP entitled “Current Program” for details on the insurers participating on the Port’s Umbrella/Bumbershoot policy.

The schedule of underlying policies and limits include:

- Vehicle Liability - $1 million
- Employers Liability - $1 million
- Protection and Indemnity - $1 million
- General Liability - $1 million
- Marine Liability - $1 million

DESIRED LIMITS

$50 million

RATING DATA

Rating information contained within the individual coverage sections will apply to this section.

Loss Experience

There have been no known Excess losses.
Requested Coverages

Crime

Form

Coverage should be no less restrictive than the latest Commercial Crime form filed by the Insurance Services
Office (ISO) to include losses resulting from the dishonest acts of any employee, trustee, volunteer or Board
Member.

Desired Limits and Deductibles

Desired Limits

Employee Dishonesty $100,000

Desired Retention/Deductible

None

Proposers are encouraged to develop alternative proposals with varying limits and deductibles.

Rating Data

<table>
<thead>
<tr>
<th>Number of employees who handle cash</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of employees who do not handle cash</td>
<td>60</td>
</tr>
<tr>
<td>Total number of employees</td>
<td>72</td>
</tr>
</tbody>
</table>
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Requested Coverages

Hull

FORM

Coverage should be provided on an All Risk of Loss form and extend to all watercraft owned by the Port Authority. Coverage should extend to the hull, tackle, apparel, engines, boilers, machinery and all other equipment associated with the vessel.

Coverage should extend to losses caused by any peril of the sea, damage resulting from the loading and unloading of the vessel, collision, and other similar perils traditionally included in an insurance policy protecting watercraft.

CURRENT PROGRAM

The current policy is provided by Great American Insurance Company. The total limits on the policy are $196,390 with the following vessels being scheduled on the policy on an Agreed Amount basis.

<table>
<thead>
<tr>
<th>Vessel Description</th>
<th>Agreed Insured Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990 23' Sea Ark Skimmer</td>
<td>$15,000</td>
</tr>
<tr>
<td>1990 23' Sea Ark Skimmer</td>
<td>$15,000</td>
</tr>
<tr>
<td>2005 31' Contender</td>
<td>$116,443</td>
</tr>
<tr>
<td>2009 18' Aluminum GTO SPV Patrol Master</td>
<td>$49,947</td>
</tr>
</tbody>
</table>
DESIRED LIMITS and DEDUCTIBLES

The Port desires to have coverage provided on an agreed amount basis based on the following values and deductibles.

<table>
<thead>
<tr>
<th>Vessel Description</th>
<th>Agreed Insured Value</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990 23’ Sea Ark Skimmer</td>
<td>$15,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>1990 23’ Sea Ark Skimmer</td>
<td>$15,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>2005 31’ Contender</td>
<td>$110,633</td>
<td>$2,500</td>
</tr>
<tr>
<td>2009 18’ Aluminum GTO SPV Patrol Master</td>
<td>$49,947</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

The current policy is also subject to a $10,000 per occurrence deductible. The Port desires to retain this feature.

RATING DATA

Please refer to information provided above

Loss History

There have been no losses within the past five years.
Use of the proposal forms will enable a faster more complete analysis of the proposal(s) submitted. Please complete this general proposal form in addition to a separate proposal form for each coverage proposed. Additional information can be attached to the forms.

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agent/Agency submitting proposal:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Does agent have binding authority? Yes__________ No_____</td>
</tr>
<tr>
<td>If not, state procedure to bind.</td>
</tr>
<tr>
<td>Is agent licensed in the state of Florida? Yes__________ No_____</td>
</tr>
<tr>
<td>List of coverages proposed.</td>
</tr>
<tr>
<td>Are coverages different from current program? Yes__________ No_____</td>
</tr>
<tr>
<td>If so, state differences</td>
</tr>
<tr>
<td>Do any of the coverages have to be purchased in conjunction with other policies Yes__________ No_____</td>
</tr>
<tr>
<td>If so, provide details.</td>
</tr>
</tbody>
</table>

29
Effective date(s) of coverage(s)

List payment plan, including interest or service charges

Proposal valid until (date)

Rate Change/Policy Modification wording included as requested? Yes__________ No__________

Termination Notice wording included as requested? Yes__________ No__________

Named Insured wording included as requested? Yes__________ No__________

If not, include actual wording to be used.

Claim reporting location included? Yes__________ No__________

Is the Claim Reporting wording being requested by the Port being used? Yes__________ No__________

Claim Reports to be provided as requested? If not, state details Yes__________ No__________
If not, include actual wording to be used.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Loss Control services to be provided? Yes__________  No__________

Details.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Sample forms and policies included? Yes__________  No__________

The Proposer stated below is the authorized agent of the company or companies proposed, and is authorized to bind coverages upon acceptance by the Port. Deviations from the requested program have been stated. Coverage will be issued as proposed.

_________________________________________  _______________________
Signature of Authorized Representative        Date
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Proposal Form

All Risk Property

Company
______________________________

Underwriting office used
______________________________

Address
______________________________

Telephone Number
______________________________

Is insurer authorized to transact insurance in Florida?
Yes__________ No__________

Current A. M. Best Co. rating
______________________________

Is coverage offered on an "All Risk" basis?
Yes__________ No__________

Is an Agreed Amount Endorsement included?
Yes__________ No__________

Will coverage for new property be added at the proposed rate?
Yes__________ No__________

Can damaged property be rebuilt at alternate site?
Yes__________ No__________

Will claims be settled on a Replacement Cost basis?
Yes__________ No__________

Does insurer participate in the FIGA?
Yes__________ No__________

Please provide the limits and deductibles proposed for the following items.

<table>
<thead>
<tr>
<th>Limits</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wind
Flood
Newly Acquired or Constructed Property
Valuable Papers and Records Research
Outdoor Property and Signs
Accounts Receivable
Extra Expense
Law and Ordinance Coverage

Is requested Named Insured wording used?  Yes________  No________
If not, state wording to be used

Is Replacement Cost Coverage provided?  Yes________  No________
Are Blanket Limits Provided?  Yes________  No________
Is an Agreed Amount Endorsement provided?  Yes________  No________

<table>
<thead>
<tr>
<th>Limits</th>
<th>Limits</th>
<th>Rate</th>
<th>Deductible</th>
<th>Annual Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real &amp; Personal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Expense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The proposer stated below is the authorized agent of the company or companies proposed, and is authorized to bind coverages upon acceptance by the Port. Deviations from the requested program have been stated. Coverage will be issued as proposed. The insurer agrees to deliver a policy(ies) to the insured within forty-five (45) days after inception of coverage.

________________________________________  __________________________
Signature of Authorized Representative       Date
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Proposal Form

Boiler and Machinery

<table>
<thead>
<tr>
<th>Company</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwriting office used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is insurer authorized to trans-act insurance in Florida? Yes__________ No__________

Current A. M. Best Co. rating

Is coverage offered on a Comprehensive basis? Yes__________ No__________

Will claims be settled on a Replacement Cost basis? Yes__________ No__________

Does insurer participate in the FIGA? Yes__________ No__________

Is requested Named Insured wording used? Yes__________ No__________

If not, state wording to be used

Is Replacement Cost Coverage provided? Yes__________ No__________

<table>
<thead>
<tr>
<th>Limits</th>
<th>Limits</th>
<th>Rate</th>
<th>Deductible</th>
<th>Annual Premium</th>
</tr>
</thead>
</table>

34
<table>
<thead>
<tr>
<th>Direct Damage</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra Expense</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The proposer stated below is the authorized agent of the company or companies proposed, and is authorized to bind coverages upon acceptance by the Port. Deviations from the requested program have been stated. Coverage will be issued as proposed. The insurer agrees to deliver a policy(ies) to the insured within forty-five (45) days after inception of coverage.

______________________________  _________________________
Signature of Authorized Representative  Date
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 4, 2016 to October 1, 2017

Proposal Form

Inland Marine

Company

Underwriting office used

Address

Telephone Number

Is insurer authorized to transact insurance in Florida?

Yes__________  No__________

Current A. M. Best Co. rating

Is coverage offered on an "All Risk" basis?

Yes__________  No__________

Is an Agreed Amount Endorsement included?

Yes__________  No__________

Will coverage for new property be added at the proposed rate?

Yes__________  No__________

Will claims be settled on a Replacement Cost basis?

Yes__________  No__________

Does insurer participate in the FIGA?

Yes__________  No__________
Please provide the limits and deductibles proposed for the following items.

<table>
<thead>
<tr>
<th>Limits</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wind</td>
<td></td>
</tr>
<tr>
<td>Flood</td>
<td></td>
</tr>
<tr>
<td>Newly Acquired Equipment</td>
<td></td>
</tr>
<tr>
<td>Loaned Rented or Leased Equipment</td>
<td></td>
</tr>
<tr>
<td>Pollutant Clean Up and Removal</td>
<td></td>
</tr>
<tr>
<td>Fire Department Service Charge</td>
<td></td>
</tr>
<tr>
<td>Fire Extinguisher Recharge Costs</td>
<td></td>
</tr>
<tr>
<td>Rental Reimbursement</td>
<td></td>
</tr>
</tbody>
</table>

Is requested Named Insured wording used? Yes_________ No_________

If not, state wording to be used

<table>
<thead>
<tr>
<th>Limits/Deductible/Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property</td>
</tr>
<tr>
<td>Equipment</td>
</tr>
<tr>
<td>EDP Equipment</td>
</tr>
<tr>
<td>Locomotives</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The proposer stated below is the authorized agent of the company or companies proposed, and is authorized to bind coverages upon acceptance by the Port. Deviations from the requested program have been stated. Coverage will be issued as proposed. The insurer agrees to deliver a policy(ies) to the insured within forty-five (45) days after inception of coverage.

__________________________  ________________________
Signature of Authorized Representative  Date
# Proposal Form

## Port Liability

<table>
<thead>
<tr>
<th>Company</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Underwriting office used</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is insurer authorized to transact insurance in Florida?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current A. M. Best Co. rating</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is requested policy form proposed?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not, list form(s) used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does insurer participate in the FIGA?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>
Are the following coverages included?

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premises and Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent Contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Products/Completed Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blanket Contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Injury Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Benefit Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pollution Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Host Liquor Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Employers Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Railroad Legal Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Official Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premises Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination and Civil Rights Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protection and Indemnity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Average</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collision Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salvage Charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sue and Labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stevedores Legal Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminal Operators Legal Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warfingers Legal Liability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do any of the above coverages have special limits or deductibles?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If so, provided details</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
Are any of the above coverages provided on a "Claims Made" basis?

Yes____________ No____________

If so, provide details


Are all non-owned vessels covered?

Yes__________ No____________

Are owned vessels under 40 feet in length covered?

Yes__________ No____________

Occurrence or Claims Made?

If Claims Made:

List Retroactive date

List length and cost of extended discovery endorsement

Is it available if Insured cancels or non-renews?

Yes__________ No____________

Can reinstated aggregate limit be purchased during the extended reporting period?

Yes__________ No____________

If yes, list premium.

What "claims trigger date" will be used?

Are defense costs included in the aggregate limit of liability?

Yes__________ No____________

Is requested Named Insured wording used?

Yes__________ No____________

If not, state wording to be used


**Limits/Premiums**

<table>
<thead>
<tr>
<th></th>
<th>Limits</th>
<th>Annual Aggregate</th>
<th>Premium</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>BI/PD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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---

Signature of Authorized Representative ___________________________ Date ___________________________
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Proposal Form

Public Officials Liability
and
Employment Practices Liability

Company

Underwriting office used

Address

Telephone Number

Is insurer authorized to transact insurance in Florida? Yes__________ No__________

Current A. M. Best Co. rating

Is requested policy form proposed? Yes__________ No__________

If not, list form(s) used

Does insurer participate in the FIGA? Yes__________ No__________

Are the following individuals included as insureds?

Elected Officials Yes__________ No__________

Appointed Officials Yes__________ No__________

Members of Boards Yes__________ No__________

Members of Commissions Yes__________ No__________

Officers Yes__________ No__________
Employees: Yes__________ No__________

Volunteers: Yes__________ No__________

Servants: Yes__________ No__________

Occurrence or Claims Made?

If Claims Made:

List Retroactive date: ____________________________

List length and cost of extended discovery endorsement: ____________________________

Is it available if Insured cancels or non-renews? Yes__________ No__________

Can reinstated aggregate limit be purchased during the extended reporting period? Yes__________ No__________

If yes, list premium: ____________________________

What "claims trigger date" will be used? ____________________________

Are defense costs included in the aggregate limit of liability? Yes__________ No__________

Is requested Named Insured wording used? Yes__________ No__________

If not, state wording to be used: ____________________________

Does coverage include Employment Practices Liability? Yes__________ No__________
### Limits/Premiums

<table>
<thead>
<tr>
<th></th>
<th>Per Occurrence Limit</th>
<th>Annual Aggregate</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment Practices Liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Signature of Authorized Representative

Date
### Proposal Form

**Vehicle Liability**

<table>
<thead>
<tr>
<th>Company</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Underwriting office used</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is insurer authorized to transact insurance in Florida?</th>
<th>Yes__________ No__________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current A. M. Best Co. rating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is requested policy form proposed?</th>
<th>Yes__________ No__________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>If not, list form(s) used</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does insurer participate in the FIGA?</th>
<th>Yes__________ No__________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What Symbols are proposed for the following coverages?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability</td>
</tr>
<tr>
<td>Uninsured Motorist</td>
</tr>
<tr>
<td>Medical Payments</td>
</tr>
<tr>
<td>PIP</td>
</tr>
<tr>
<td>Physical Damage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is Hired and Non-Owned coverage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

being proposed? Yes___________ No__________

Limits/Premiums

<table>
<thead>
<tr>
<th></th>
<th>Limits</th>
<th>Deductible</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motorists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Damage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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_________________________________________  __________________________
Signature of Authorized Representative          Date
## Proposal Form

### Workers' Compensation and Employers' Liability

<table>
<thead>
<tr>
<th>Company</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwriting office used</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

**Is insurer authorized to transact insurance in Florida?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Current A. M. Best Co. rating**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Is requested policy form proposed?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If not, list form(s) used**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Does insurer participate in the FIGA?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**Experience Modification Factor**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Is a Retrospectively rated or Dividend plan proposed?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**If yes, provide details.**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

**Limits/Premiums**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
</tr>
<tr>
<td>Workers’ Compensation</td>
</tr>
<tr>
<td>Employers Liability</td>
</tr>
</tbody>
</table>

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______________________________  __________________________
Signature of Authorized Representative          Date
**Manatee County Port Authority**

**Request for Proposals**

**Property and Casualty Insurance Program**  
**October 1, 2016 to October 1, 2017**

**Proposal Form**

**Railroad Liability**

<table>
<thead>
<tr>
<th>Company</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwriting office used</td>
<td>__________________________</td>
</tr>
<tr>
<td>Address</td>
<td>__________________________</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>__________________________</td>
</tr>
<tr>
<td>Is insurer authorized to transact insurance in Florida?</td>
<td>Yes__________ No__________</td>
</tr>
<tr>
<td>Current A. M. Best Co. rating</td>
<td>__________________________</td>
</tr>
<tr>
<td>Is requested policy form proposed?</td>
<td>Yes__________ No__________</td>
</tr>
<tr>
<td>If not, list form(s) used</td>
<td>__________________________</td>
</tr>
<tr>
<td>Does insurer participate in the FIGA?</td>
<td>Yes__________ No__________</td>
</tr>
</tbody>
</table>

Please provide the proposed limits and deductibles for the following coverages:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Limits</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bodily Injury</td>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>Property Damage</td>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>Personal Injury</td>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>Federal Employers Liability Act (FELA)</td>
<td>________</td>
<td>________</td>
</tr>
<tr>
<td>Pollution Clean-up Expenses</td>
<td>________</td>
<td>________</td>
</tr>
</tbody>
</table>
Evacuation Expenses

Fire Suppression Expenses

Advertising Liability

Are any of the above coverages provided on a "Claims Made" basis?

Yes_________ No_________

If so, provided details

Occurrence or Claims Made?

If Claims Made:

List Retroactive date

List length and cost of extended discovery endorsement

Is it available if Insured cancels or non-renews?

Yes_________ No_________

Can reinstated aggregate limit be purchased during the extended reporting period?

Yes_________ No_________

If yes, list premium.

What "claims trigger date" will be used?

Are defense costs included in the aggregate limit of liability?

Yes_________ No_________

Is requested Named Insured wording used?

Yes_________ No_________

If not, state wording to be used

Limits/Premiums

<table>
<thead>
<tr>
<th></th>
<th>Per Occurrence Limit</th>
<th>Annual Aggregate</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
</table>

50
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Signature of Authorized Representative

Date
## Proposal Form

### Umbrella Liability

<table>
<thead>
<tr>
<th>Insurer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwriting office used</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Is insurer authorized to transact insurance in the State of Florida?</td>
<td>Yes_________ No________</td>
</tr>
<tr>
<td>Current A. M. Best Co. rating</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Does insurer participate in the FIGA?</td>
<td>Yes_________ No________</td>
</tr>
<tr>
<td>Is requested policy form proposed?</td>
<td>Yes_________ No________</td>
</tr>
<tr>
<td>If not, list form(s) used</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Are defense costs included in policy limits?</td>
<td>Yes_________ No________</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Occurrence form or Claims Made?</td>
<td></td>
</tr>
</tbody>
</table>
If Claims Made:

Will coverages be following form above underlying occurrence form?  Yes__________  No__________

If not, state how coverage will apply.

What "claim trigger basis" will be used?

Is notice of claim wording concurrent with underlying?  Yes__________  No__________

Is the retroactive date the same as the first date of a claims made excess policy without a supplemental extended reporting period of unlimited duration?  Yes__________  No__________

Is an unlimited extended reporting period available?  Yes__________  No__________

If so, list premium?

Will aggregate policy limits be reinstated during the extended reporting period?  Yes__________  No__________

Are products/completed operations limits separate?  Yes__________  No__________

If so, state limits.

Limits/Premiums:

<table>
<thead>
<tr>
<th>Per Occurrence Limit</th>
<th>Annual Aggregate</th>
<th>SIR</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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____________________________________  __________________________
Signature of Authorized Representative  Date
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Proposal Form

Crime

<table>
<thead>
<tr>
<th>Insurer</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underwriting office used</td>
<td>__________________________</td>
</tr>
<tr>
<td>Address</td>
<td>__________________________</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Is insurer authorized to transact insurance in the State of Florida? Yes__________  No__________

Current A. M. Best Co. rating

Does insurer participate in the FIGA? Yes__________  No__________

Is requested policy form proposed? Yes__________  No__________

If not, list form(s) used

| Is coverage provided for the following individuals without restrictions? |
| All Employees | Yes__________  No__________ |
| All Trustees  | Yes__________  No__________ |
| All Volunteers | Yes__________  No__________ |
| All Board Members | Yes__________  No__________ |

Limits/Premiums:
<table>
<thead>
<tr>
<th>Per Occurrence Limit</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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_________________________  _____________________
Signature of Authorized Representative  Date
### Hull

| Company                                      | ______________________________ |
|----------------------------------------------|______________________________|
| Underwriting office used                     | ______________________________ |
| Address                                      | ______________________________ |
| Telephone Number                             | ______________________________ |

- **Is insurer authorized to transact insurance in Florida?**
  - Yes__________  No__________

- **Current A. M. Best Co. rating**
  - ______________________________

- **Is coverage offered on an "All Risk" basis?**
  - Yes__________  No__________

- **If not, provide details**
  - ______________________________

- **Does coverage extend to all watercraft owned by the Port?**
  - Yes__________  No__________

- **Does coverage extend to:**
  - **Hulls**
    - Yes__________  No__________
  - **Tackle**
    - Yes__________  No__________
  - **Apparel**
    - Yes__________  No__________
  - **Engines**
    - Yes__________  No__________

- **What settlement basis is being proposed**
  - ______________________________

- **Will a separate Wind Deductible apply?**
  - Yes__________  No__________

- **If so, specify amount**
  - ______________________________
Is requested Named Insured wording used? Yes ________ No ________

If not, state wording to be used

Limits/Deductible/Premiums

<table>
<thead>
<tr>
<th>Vessel Description</th>
<th>Limit</th>
<th>Deductible</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990 23’ Sea Ark Skimmer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990 23’ Sea Ark Skimmer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2005 31’ Contender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009 18” Aluminum GTO SPV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patrol Master</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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__________________________________________  _________________________
Signature of Authorized Representative       Date
Real and Personal Property Schedule
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Schedule of Real and Personal Property

Office Warehouse #1 at Berth 8 - Built in 1975 - 27,429 square feet – galvanized steel wall construction with beam ceilings/24’ eave height, concrete floor, 3 overhead doors, 8 walk-in doors and double truck well with overhead door. 6,606 square feet of air conditioned, carpeted interior office space of which approx. 2606 s.f. is concrete block construction and approx. 4,000 s.f. of modular office space, carpeted and air conditioned. Western edge of building is approximately 125’ from water. Elevation is 9’ on the west and 11’ on the east. Estimated replacement cost $1,296,000 Contents estimated at $41,667.

Warehouse #2 - Built in early 1970's - 112,766 square feet - galvanized steel wall construction with beam ceilings/24’ eave height, concrete floor, overhead sprinkler system, 11 overhead doors, 6 walk-in doors and double truck well. Western edge of building is approximately 125' from water. The southerly portion of the warehouse, approximately 30,565 square feet, was converted to chill (-28%) with substantial completion in May 1995. Chill portion converted to freezer (-5°F) in July 1996. On the east side are 6 truck loading areas with dock levelers on concrete deck. On July 31, 1998, 20,000 s.f. of space contiguous to the cold storage was converted to Chill (28%). Construction of cold storage section of warehouse -walls and ceilings are pre-fabricated, insulated panels with insulated doors and roof. Refrigeration coolers (5) are outside building on the south side of the warehouse. Chill portion walls & ceilings are pre-fabricated, insulated panels with insulated doors and roof. The dry portion of the warehouse is at elevation 9' and the freezer is at elevation 11'. Estimated replacement cost (excluding the dry portion): $4,000,000.

Operations Building - Formerly used by Port Manatee for Operations and Maintenance, now leased to a stevedore (FMT). Built 1984 - 5,000 square feet - galvanized steel wall construction with beam ceiling/24’ eave height, concrete floor, 4 overhead doors, 3 walk-in doors and approx. Approximately 2,000 square feet concrete block interior office/restroom space, carpeted and air conditioned. Elevation is at 9’. Estimated replacement cost $250,000. Contents estimated at $41,667.

Cruise Terminal at Berth 9 - Completed in October 1994 for approximately $838,000 (including awnings and signage) with a total of 12,500 square feet, 10,000 square feet of prefabricated steel (Butler type) building with 2500 square feet of concrete block offices/restrooms on perimeter (East & West) with 24' eave height and concrete floor. All building area is insulated, partially carpeted and air conditioned. Distance from water 100-150 feet. Estimated replacement cost $1,191,000. Contents estimated at $41,667.

Dry Storage Warehouse at Berth 5 - Completed in 1988 with 32,940 s.f. dry cargo space with 2880 s.f. of office space. Concrete slab/block floor at grade with metal panels over steel frame construction and pre-engineered steel frame with pre-finished standing seam panel roof. Estimated replacement cost $1,296,000.

Berth 11 Warehouse - Commonly known as the Del Monte warehouse because it has been leased to Del Monte since completion in 1989. Contains 56,144 s.f. (5,215 s.f. office and balance warehouse). Constructed of pre-engineered steel with steel columns on the perimeter and down center on reinforced
concrete/block slab. Roof is pre-finished metal panels over pre-engineered steel bldg frame. 26,640 s.f. is insulated for chill/cooler space with concrete block separating cooler from offices and other areas. Cooler has pre-fabricated wall and ceiling panels with sliding doors on the east and west sides. Elevation is 9' for warehouse area and 11' for offices, mechanical equipment room, quality assurance area and a supervisor's office. Estimated replacement cost $3,013,200.

**Cruise Terminal/Warehouse at Berth 10** - Completed in January 1998. Building is 45,000 s.f. on a concrete slab, pile supported with 39' eave height divided as follows: 15,000 s.f. of chill space enclosed with pre-cast insulated concrete walls, 15,000 s.f. dry space enclosed with pre-cast concrete and 15,000 s.f. office space over the dry space portion. Roof is pre-cast concrete slab built up system. Chill space has separate air cooling system located outside building with office space controlled centrally (roof) and dry space spot cooled. Entire building contains sprinkler system. Elevation at 11'. Estimated replacement cost $5,008,608.

**Harris Intermodal Complex** - Located at 13230 Eastern Avenue/completed in February 1999 and accepted by the Port Authority 3/18/99. Contains 72,900 s.f. of dry cargo space, 27,100 s.f. of chill space, 14,300 s.f. of truck loading dock area, 17,000 s.f. of rail loading dock area and 2,400 s.f. of office space. Construction is pre-engineered metal building and dock canopy with steel columns on reinforced concrete slab on grade with stem walls. Roof is pre-finished metal panels over pre-engineered steel building frame. Truck dock equipped with eight 45,000 lb. dock levelers. Chill space (southside of warehouse but inside shell) is pre-fabricated walls & ceiling with insulated panels and insulated doors and roof panels. Two (2) refrigeration units located outside south wall with 3 compressors each. Offices are located on reinforced concrete slab on grade with reinforced masonry exterior walls and steel doors. Interior is drywall and wood door construction on tile floors. Two (2) interior bathrooms and two (2) bathrooms opening to the outside. Building and office space contain sprinkler system. Estimated replacement cost $4,500,000.

**Cold Storage Warehouse at Berth 11** - Completed in February 2001. Building is approximately 57,420 square feet of enclosed area, plus loading dock. Construction pre-engineered steel frame, 4 inch thick exterior walls comprised of two prefinished metal panels on each side of a rigid insulation core. Interior walls are prefabricated, prefinish metal panels on each side of a rigid center insulation core. Interior is divided into six bays which can be individually temperature controlled. Foundation is reinforced concrete and concrete block with 8 inch concrete reinforced with steel, on top of two 4 inch layers of rigid foam insulation board, over a heavy vapor barrier, on top of a non-reinforced 4 inch concrete slab. Roof is pre-engineered steel construction, metal deck, plus two rigid foam insulation panels, each 4 inches thick, on top of which is a membrane cover. Automatic, insulated, sliding entry doors to each bay from the exterior and adjacent pedestrian insulated doors with sliding, insulated doors located between the bays on the interior. Entire building is sprinkled for fire and is chilled with ceiling hung units with outside condensers. Building is built to be freeze capable. Loading dock is approximately 7,970 s.f. with sealed masonry floor on compacted fill. Covered by a pre-engineered steel frame roof, fire sprinklers. Ten truck dock locations, each with leveler, light and electrical. Estimated replacement cost $5,396,000.
Warehouse/Intermodal Office Complex - Completed in April, 2002 and located just East of Reeder Road between North and South Dock Streets. The facility is three stories with approximately 45,000 square feet of enclosed area. Construction is concrete slab on grade (11’ elevation), with 39’ eave height, concrete tilt-up walls and SBS-modified bituminous membrane roof. The first floor is 19’ ceiling height open space for warehouse purposes. Second and third floors are concrete slab on metal deck to be used for office space. Windows are aluminum/glass and doors are standard steel and overhead coiling (warehouse). Stairwells are steel base and one hydraulic elevator is included. Entire building contains sprinkler system. Estimated replacement cost $5,040,000. Contents estimated at $100,000.

Intermodal Transit Warehouse at Berth 9 - Completed in July 2002. Located south and east of Berth 9 (600 Regal Cruise Way). One story, 170,583 s.f. of dry storage space, including 5,000 s.f. air-conditioned office area and 11,475 s.f. of truck/rail loading dock. Construction is pre-engineered metal building and dock canopy with steel columns on reinforced concrete slab, stem walls and 12 overhead doors. Finished floor elevation is 11.5’ and roof is pre-finished standing seam metal panels. Truck docks are equipped with 6 - 60,000 lb. dock levelers. Office area consists of 11 carpeted offices, break room, 2 interior and 2 exterior bathrooms and electrical and mechanical room. Interior of warehouse and office area contains sprinkler system. Estimated replacement cost $6,784,000.

Operations & Maintenance Building - Constructed in 1998 for use in building sailing yachts -acquired by the Port Authority for use as O & M facility -located just north of the Warehouse Intermodal Office Complex on Reeder Road. A one story, 20,000 s.f. dry storage warehouse with 2000 s.f. of air conditioned office space. Construction is pre-engineered steel wall panels, roof and gutters, on 6’ thick concrete floor slab and reinforced concrete foundation/footers. Contains automatic wet pipe fire sprinkler system, 400 watt metal halide overhead light fixtures and two-24’x20’ roll down doors and two-8’x10’ roll down doors. Estimated replacement cost $800,000

Warehouse # 10 – Completed in 2004. Facility contains 140,700 s.f. of dry storage. The building is a pre-fabricated metal structure with an integral sprinkler and adjacent hydrant system. Estimated replacement cost: $5,568,000

Access Control Center – Completed in 2006. The 8,100 s.f. building is equipped with customized features to streamline surveillance, visitor screenings and identification badge authorization. The center’s design, featuring multiple drive-through lanes, an intercom system and pneumatic tubes for transferring files promotes efficiency as security demands on U.S. seaports increase. Estimated replacement cost: $1,500,000

Warehouse # 11 – Recently completed in 2007. Facility contains 140,700 s.f. of dry storage. The building is a pre-fabricated metal structure with an integral sprinkler and adjacent hydrant system. Estimated replacement cost: $7,704,000

Warehouse Building # 5 – Originally used as a baggage overflow area for the Port’s Cruise Terminal. Currently being used as storage area for tenants. Estimated replacement cost: $290,000

Scale House – Constructed in 1986 for scale house operations with approximately 2,200 s.f. Estimated replacement cost: $172,375

Property in the Open – Consisting of light poles and fixtures, fuel tanks and pumps, access control facility and equipment (including lift arms) and flag poles. Estimated replacement cost: $226,180

TOTAL VALUATION:

- Buildings: $53,346,808
- Contents: $225,001
- Property In The Open: $226,180
Exhibit B

Port Tariff

A copy of Manatee County’s Tariff can be obtained from the Port’s Web Page at

www.Portmanatee.com
Exhibit C

Contractors Equipment Schedule
### Schedule of Contractors Equipment

<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>OBJ DESCR</th>
<th>DATE PURCH</th>
<th>S/N - PJ#</th>
<th>PURCH/REPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQCR1</td>
<td>KRANE KAR</td>
<td>HEAVY EQUIP</td>
<td>6/19/1980</td>
<td>15465</td>
<td>3,000.00</td>
</tr>
<tr>
<td>EQR1011</td>
<td>RAILROAD SWITCH ENGINE</td>
<td>HEAVY EQUIP</td>
<td>1/15/2014</td>
<td></td>
<td>1,514,685.00</td>
</tr>
<tr>
<td>EQR1001</td>
<td>RAILROAD SWITCH ENGINE</td>
<td>HEAVY EQUIP</td>
<td>12/31/2013</td>
<td></td>
<td>1,514,685.00</td>
</tr>
<tr>
<td>EQPG7</td>
<td>500KW GENSET MODEL BR500K40</td>
<td>HEAVY EQUIP</td>
<td>1/15/2013</td>
<td>BIGU142009</td>
<td>142,000.00</td>
</tr>
<tr>
<td>EQPG6</td>
<td>500KW GENSET</td>
<td>HEAVY EQUIP</td>
<td>10/21/2009</td>
<td>142009</td>
<td>80,000.00-</td>
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<tr>
<td>EQPG8</td>
<td>500KW GENSET</td>
<td>HEAVY EQUIP</td>
<td>10/28/2015</td>
<td></td>
<td>167,550.00</td>
</tr>
<tr>
<td>EQL01</td>
<td>1995 JOHN DEERE WHEELED LOADER</td>
<td>HEAVY EQUIP</td>
<td>10/25/2005</td>
<td>DW544GB551479</td>
<td>6,000.00-</td>
</tr>
<tr>
<td>EQLT7</td>
<td>CLARK DIESEL FORKLIFT C500Y</td>
<td>FORKLIFTS</td>
<td>4/25/2001</td>
<td>Y1625474210</td>
<td>8,000.00-</td>
</tr>
<tr>
<td>EQAP1</td>
<td>GENIE Z-60/34 AERIAL PLATFORM</td>
<td>FORKLIFTS</td>
<td>5/27/1998</td>
<td></td>
<td>15,000.00</td>
</tr>
<tr>
<td>EQLT6</td>
<td>92 CAT V110F</td>
<td>FORKLIFTS</td>
<td>2/24/1998</td>
<td>1FK00576</td>
<td>8,000.00</td>
</tr>
<tr>
<td>EQLT2</td>
<td>1964 TOWMOTOR</td>
<td>FORKLIFTS</td>
<td>1/21/1982</td>
<td>M4625640750</td>
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<td>FT056</td>
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<td>FIRE BRIGADE</td>
<td>3/18/2002</td>
<td>C90LVJ64187</td>
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<td>FT053</td>
<td>1980 1900 MACK TANKER TRUCK</td>
<td>FIRE BRIGADE</td>
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<td>FT054</td>
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<td>EQSW5</td>
<td>JOHNSON STREET SWEEPER 605</td>
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<td>11/17/2005</td>
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</tr>
<tr>
<td>EQTR17</td>
<td>JOHN DEERE TRACTOR-5205</td>
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<td>3/16/2005</td>
<td>LV5205C5223312</td>
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<td>EQLM7</td>
<td>2012 GRAVELY PRO-TURN 266</td>
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<td>6/4/2012</td>
<td>10558</td>
<td>4,500.00</td>
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<td>JOHN DEERE 6403</td>
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<td>7/8/2003</td>
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<tr>
<td>EQTR8</td>
<td>1996 ZETOR Z7340 4WD</td>
<td>TRACTORS</td>
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<td>EQTR11</td>
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<td>TRACTORS</td>
<td>10/17/1996</td>
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Exhibit D

Schedule of Leases
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Schedule of Leases

<table>
<thead>
<tr>
<th>Tenant</th>
<th>Lease Description</th>
<th>Square Ft/Acres</th>
<th>Expiration</th>
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<tbody>
<tr>
<td>Alpico International</td>
<td>Harris Intermodal</td>
<td>685.00</td>
<td>12/31/2016</td>
</tr>
<tr>
<td>American Cement</td>
<td>Cement Facility</td>
<td>5.97 acres</td>
<td>12/31/2049</td>
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<tr>
<td>B&amp;N Fabrication</td>
<td>Shop</td>
<td>2.015 acres</td>
<td>10/31/2019</td>
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<tr>
<td>Del Monte</td>
<td>Warehouse 8</td>
<td>66,000 sqft cold</td>
<td>Month to month</td>
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<tr>
<td>Federal Marine Terminals</td>
<td>Land</td>
<td>20,833 sqft</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Shop</td>
<td>4,270 sqft</td>
<td>12/31/2016</td>
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<td></td>
<td>Office-Whse 9</td>
<td>230 sqft</td>
<td>12/31/2016</td>
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<tr>
<td></td>
<td>Storage</td>
<td>1,500 sqft</td>
<td>12/31/2016</td>
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<tr>
<td>Feld Entertainment</td>
<td>Railroad track</td>
<td>5,400 linear feet</td>
<td>12/24/2024</td>
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<tr>
<td>Florida Rock Industries - Assigned to Argos</td>
<td>Land - their facility</td>
<td>7 acres: 5.42 &amp; 1.58</td>
<td>8/6/2020</td>
</tr>
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<td>Kinder Morgan</td>
<td>Land - their facility</td>
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<td>8/6/2020</td>
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<td>Kinder Morgan</td>
<td>Land - their facility</td>
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<td>9/18/2031</td>
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<td>Logistec USA</td>
<td>Crane</td>
<td>Crane 1</td>
<td>12/18/2022</td>
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<td></td>
<td>Crane</td>
<td>Crane 2</td>
<td>10/1/2025</td>
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<td></td>
<td>Office-Admin Bldg</td>
<td>2,078 sqft</td>
<td>12/31/2016</td>
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<td>Martin Marietta</td>
<td>Land</td>
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<td>12/17/2039</td>
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<td>PM Ship Rep &amp; Fab</td>
<td>Warehouse 3 office</td>
<td>964 sqft</td>
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<td>TransMontaigne</td>
<td>Land-their facility</td>
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<td>Verizon</td>
<td>Circuit Box</td>
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<td>Vulcan</td>
<td>Land</td>
<td>10 acres</td>
<td>3/27/2017</td>
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Exhibit E

Projected Payrolls
Manatee County Port Authority

Request for Proposals

Property and Casualty Insurance Program
October 1, 2016 to October 1, 2017

Projected Payroll

| Number of Employees: | Full Time: 51 | Part Time: 21 |

<table>
<thead>
<tr>
<th>Workers' Compensation</th>
<th>Description</th>
<th>16/17 Projected Payroll</th>
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<td>7133</td>
<td>Railroad Operations: Street: NOC - all employees &amp; drivers</td>
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<tr>
<td>7720</td>
<td>SECURITY - NO ARREST POWERS</td>
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<td>8719</td>
<td>STEVEDORING: TALLIERS AND CHECKING CLERKS engaged i</td>
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<td>8810</td>
<td>CLERICAL OFFICE EMPLOYEES NOC</td>
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<td>9015</td>
<td>PORT MAINTENANCE WORKER</td>
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| Total                  | 2,664,635 |


Exhibit F

Vehicle Schedule
## Schedule of Vehicles

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<th>DATE OPENED/PURC</th>
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<tr>
<td>EQP1</td>
<td>PEOPLE MOVER-TRAM</td>
<td>10/25/1993</td>
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<td>EQF09</td>
<td>1996 CARGO VAN, FORD - JOE B</td>
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Exhibit G

Schedule of Drivers
## Schedule of Drivers

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<td>HOLLY</td>
<td>J</td>
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<tr>
<td>APPICE</td>
<td>MATTHEW</td>
<td>F</td>
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<tr>
<td>ARNOLD</td>
<td>SANDRA</td>
<td>R</td>
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<tr>
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Exhibit H

Port Operational Statistics
**Manatee County Port Authority**

**Request for Proposals**

**Property and Casualty Insurance Program**

**October 1, 2016 to October 1, 2017**

**Port Operational Statistics**

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<th>Category</th>
<th>2014/15 Actual</th>
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<td>Number of Times Using Tram</td>
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**Rail Road Statistics**

- **Class of Track**: III
- **Miles of Track**: 7
- **Number of Crossings**: 2 protected, 9 unprotected
- **Average speed**: 10 MPH
- **Commodities Hauled**: Linerboard, Fertilizer, Lumber
- **Cars per Year**: Approximately 900
- **Projected Revenue from Railroad Operations**: $140,000
- **Number of Railroad Employees**: 2 full-time, 1 part-time
- **Railroad Payroll**: $158,500 salaries only

Port Manatee has complied with all provisions of the Maritime Transportation Security Act of 2002 and the Act’s 2003 amendment.