RENEWAL CERTIFICATE

Dorchester Insurance Company

(hereinafter called the Company)

Renewal
PLEASE ATTACH THIS CERTIFICATE TO YOUR POLICY

Sum Insured **AS PER POLICY** Policy Number **GAL - 62752** Premium **$3,073**

Insured SEA SPECIALTIES, INC. D/B/A MIM'S SEASIDE BRISTRO

Address or Location P. O. BOX 502758, ST. THOMAS, VI 00805-2758

Continued for 12 months from JUNE 01, 2014 to JUNE 01, 2015

PREMISES LOCATION: WATERGATE VILLAS
BOLONGO BAY
ST. THOMAS, VI

SUBJECT TO:

1. DELETING PERSONAL INJURY LIABILITY INSURANCE FORM L-9278 (1/73) AND REPLACING WITH PERSONAL AND ADVERTISING INJURY LIABILITY INSURANCE FORM DOR-PAI (4/2014) ATTACHED;
2. DELETING AMENDMENT - LIMITS OF LIABILITY FORM L-6112 (3/81) AND REPLACING WITH FORM L-6112 (4/2014) ATTACHED.

IN CONSIDERATION of the premiums stated herein, the Company hereby agrees to continue the policy described above in force for the period specified, subject to all the terms, conditions, agreements and limitations set forth in said policy and endorsements attached hereto.

IN WITNESS WHEREOF, the undersigned Representative of the Company at ST. THOMAS, VI

has hereunto set his Hand, the FIRST **day of** JUNE, 2014

TOPA INSURANCE SERVICES, INC.
Authorized Representative

JF

DOR-REN (10/89)