



United States of America  
Department of Homeland Security  
United States Coast Guard

Certification Date: 27 Nov 2012  
Expiration Date: 27 Nov 2017  
IMO Number:

# Certificate of Inspection

For ships on international voyages this certificate fulfills the requirements of SOLAS 74 as amended, regulation V/14, for a SAFE MANNING DOCUMENT.  
Ex.Name SIR WINSTON also GALAXY COMMODORE

Vessel Name CABERNET SAUVIGNON COMMODORE	Official Number 1102705	Call Sign WDB3227	Service Passenger (Inspected)
Hailing Port ALAMEDA CA	Hull Material Steel	Horsepower 860	Propulsion Diesel Reduction
Place Built PALATKA, FL UNITED STATES	Delivery Date 01Dec2000	Date Keel Laid 09Dec1999	Gross Tons R-97 I-587
		Net Tons R-87 I-199	DWT Length R-94.8 I-94.8
Owner CABERNET SAUVIGNON COMMODORE LLC 2394 MARINER SQUARE ATTN: COMMODORE EVENTS ALAMEDA CA 94501 UNITED STATES	Operator MORGAN BOEHM PROESCHER 2394 MARINER SQUARE DR ALAMEDA CA 94501 UNITED STATES		

This vessel must be manned with the following licensed and unlicensed personnel. Included in which there must be 0 certified lifeboatmen, 0 certified tankermen, 0 HSC type rating, and 0 GMDSS Operators.

1 Master	0 Master & 1st Class pilot	0 Radio Officer(s)	0 Chief Engineer	0 QMED/Rating
0 Chief Mate	0 Mate & 1st Class Pilot	0 Able Seamen/ROANW	0 1st Asst. Engr/2nd Engr.	0 Oilers
0 2nd Mate/OICNW	0 Lic. Mate/OICNW	0 Ordinary Seamen	0 2nd Asst. Engr/3rd Engr.	1 Senior deckhand
0 3rd Mate/OICNW	0 1st Class Pilot	5 Deckhands	0 3rd Asst. Engr.	
			0 Lic. Engr.	

In addition, this vessel may carry 343 passengers, 13 other persons in crew, 0 persons in addition to crew, and no others.  
Total persons allowed: 363

Route Permitted and Conditions of Operation:

---Lakes, Bays, and Sounds---

SAN FRANCISCO BAY AND ITS TRIBUTARIES. LIMITED TO NOT MORE THAN ONE MILE FROM SHORE.

WHEN THE DIRECT VERIFICATION METHOD IS USED FOR DETERMINING THE VESSEL'S STABILITY, THE MASTER MUST ENSURE THAT THE TOTAL WEIGHT OF ALL PERSONS, INCLUDING EFFECTS, DOES NOT EXCEED 67,200 LBS AND 420 TOTAL PERSONS ONBOARD.

WHILE THE VESSEL IS UNDERWAY, ONE DECKHAND MUST BE PROVIDED FOR EACH DECK AVAILABLE TO PASSENGERS.

WHEN THE VESSEL IS AWAY FROM A SHORESIDE DOCK, OR HAS PASSENGERS ON BOARD, OR BOTH, FOR  
\*\*\*SEE NEXT PAGE FOR ADDITIONAL CERTIFICATE INFORMATION\*\*\*

With this Inspection for Certification having been completed at Alameda, CA, the Officer in Charge, Marine Inspection, Sector San Francisco certified the vessel, in all respects, is in conformity with the applicable vessel inspection laws and the rules and regulations prescribed thereunder.

Annual/Periodic/Quarterly Reinspections				This certificate issued by: <i>T. Phillips</i>
Date	Zone	A/P/Q	Signature	
-	-	-	-	T. PHILLIPS LCDR, USCG, By Direction Officer in Charge, Marine Inspection Sector San Francisco Inspection Zone
-	-	-	-	
-	-	-	-	
-	-	-	-	



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CABERNET SAUVIGNON  
COMMODORE

MORE THAN 12 HOURS IN ANY 24-HOUR PERIOD, AN ALTERNATE CREW SHALL BE PROVIDED.

THE SENIOR DECKHAND SHALL BE DESIGNATED IN WRITING BY THE MASTER, WITH A COPY RETAINED ON BOARD THE VESSEL. THE SENIOR DECKHAND SHOULD BE QUALIFIED AND TRAINED TO CARRY OUT THE DUTIES FOR EMERGENCY RESPONSE AND POLLUTION PREVENTION AS WELL AS THE DUTIES INCLUDED IN ASSISTING THE BRIDGE TEAM DURING THE COURSE OF ROUTINE OPERATIONS.

THE NUMBER OF REQUIRED DECKHANDS (INCLUDING THE SENIOR DECKHAND) WILL BE AS FOLLOWS:

PASSENGERS:	REQUIRED DECKHANDS:
1 - 149	4
150 - 299	5
300 - 400	6
400 - 420	7

ONE APPROVED CHILD-SIZE LIFE PRESERVER SHALL BE PROVIDED FOR EACH PERSON ON BOARD WEIGHING LESS THAN 90 POUNDS.

### ---Hull Exams---

Exam Type	Next Exam	Last Exam	Prior Exam
Drydock	31Mar2015	13Mar2013	01Mar2011

### ---Stability---

Letter                      Approval Date / 14Mar2012                      Office/ CG MSC

### ---Lifesaving Equipment---

	Number	Persons		Required
Total Equipment for	420		Life Preservers(Adult)	420
Lifeboats(Total)	0	0	Life Preservers(Child)	42
Lifeboats(Port)*	0	0	Ring Buoys(Total)	3
Lifeboats(Starbd)*	0	0	With Lights*	1
Motor Lifeboats*	0	0	With Line Attached*	1
Lifeboats W/Radio*	0	0	Other*	0
Rescue Boats/Platforms	0	0	Immersion Suits	0
Inflatable Rafts	0	0	Portable Lifeboat Radios	0
Life Floats/Buoyant App	0	0	Equipped with EPIRB?	No
Inflatable Bouyant App(IBA)	0	0	(* included in totals)	

### ---Fire Fighting Equipment---

Number of Fireman Outfits/ 0                      Number of Fire Pumps/ 1

#### \*Hose information\*

Qty	Diameter	Length
4	1.5	Other

#### \*Fixed Extinguishing Systems\*

Capacity	Agent	Space Protected
225	Carbon Dioxide	ENGINE ROOM
60	Other	BOW THRUSTER COMPARTMENT



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\*Fire Extinguishers - Hand portable and semi-portable\*

Qty	Class Type
8	A-II
1	B-I
4	B-II

## ---Certificate Amendments---

\*Current Amendment\*

Port Amending/ Sector San Francisco

Date Amended/ 13Mar2013

-Remarks-

COMPLETED DRYDOCK EXAM

\*\*\*END\*\*\*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/10/2014

<b>PRODUCER</b> Douglas Maritime Ins. Brokers 1826 State Street, 3rd Floor Santa Barbara, CA 93101 Chris Beckert, #0704241&307865		Phone: 805-563-6388		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.	
<b>INSURED</b> Commodore Cruises & Events inc <b>FLEET</b> 2394 Mariner Square Dr. Alameda, CA 94501		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		INSURER A: RLI Insurance Co.			
		INSURER B: Catlin Insurance Company, Inc.			
		INSURER C:			
		INSURER D:			
		INSURER E:			

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR / ADD'L LTR / INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> Y <input type="checkbox"/> N WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Protection and	HUL0500159	09/16/2014	09/16/2015	500,000
B	Indemnity	HLOQ-4937-0914	09/16/2014	09/16/2015	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

ORIGINAL

<b>CERTIFICATE HOLDER</b>  CERTIFICATE OF INSURANCE IS FOR USE OF INSURED TO VERIFY INSURANCE COVERAGE ONLY	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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COMMOD1

OP ID: PP

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/10/2014

<b>PRODUCER</b> Douglas Maritime Ins. Brokers 1825 State Street, 3rd Floor Santa Barbara, CA 93101 Chris Beckert, #0704241&307865		Phone: 805-563-6388	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.
<b>INSURED</b> Commodore Cruises & Events Inc <b>FLEET</b> 2394 Mariner Square Dr. Alameda, CA 94501	<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: RLI Insurance Co.		
	INSURER B: Catlin Indemnity Company		
	INSURER C: Endurance U.S.		
	INSURER D: Great American Insurance Co.		
		INSURER E:	

**COVERAGES**

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INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	B	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Protection and</b> <input checked="" type="checkbox"/> <b>Indemnity</b>	HUL0500159	09/16/2014	09/16/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
		GEN L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	HLOQ-4937-0914	09/16/2014	09/16/2015	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y / N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C		Excess P&I	OMX10005509200	09/16/2014	09/16/2015	4Mx1M 4,000,000
D		Excess P&I	OMH5335599	09/16/2014	09/16/2015	5Mx6M 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 See Addendum A (attached): Note: Combined Protection & Indemnity Limit = \$10,000,000

**ORIGINAL**

**CERTIFICATE HOLDER**

**CANCELLATION**

INSVER1  CERTIFICATE OF INSURANCE IS FOR USE OF INSURED TO VERIFY INSURANCE COVERAGE ONLY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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