



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

February 15, 2010

Harry Lux  
Tropical Shipping & Construction Co Ltd  
5 E 11th St  
Riviera Beach, FL 33404- 6920

## BE IT KNOWN THAT

Tropical Shipping & Construction Co Ltd  
5 E 11th St  
Riviera Beach, FL 33404- 6920

## IS HEREBY REGISTERED AS A USED OIL

Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **FLR000095737** on February 15, 2010  
Insurance Carrier: **STATE GOVERNMENT EXEMPT**

**This registration will expire on 06/30/2011**

This certificate documents receipt of your annual registration and annual report. It shall be displayed in a prominent place at your facility. This certificate and your cancelled check are your receipts.

A handwritten signature in cursive script that reads "Aprilia Graves".

**Aprilia Graves**  
**Engineering Specialist IV**  
**Hazardous Waste Regulation Permitting**



8700-12FL - FLORIDA NOTIFICATION OF REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560
2600 Blair Stone Rd. Tallahassee, FL 32399-2400
(850) 245-8772

Date Received (for DEP Official Use Only)

EPA ID FLR000095737

1. Reason for Submittal

Mark 'X' in correct box:
To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
To provide subsequent notification (to update status and facility identification information).
Is this the final notification (see instructions) for the facility?
JAN 27 2008
BY: BSHW

2. Facility or Business Name Tropical Shipping & Construction Company, LTD

FEID No. 591114187

3. Facility Operator (List additional Operators in the comments section).

Name of Operator: Tropical Shipping & Construction Company, LTD
New Operator Date became Operator: 06 / 23 / 1962
Street or P.O. Box: 5 East 11th Street Phone Number: 800-367-6200
City or Town: Riviera Beach State: FL Zip Code: 33404
Operator Type: Private Federal Municipal State Other

4. Facility Physical Location Information

Physical Street Address: 5 East 11th Street
City or Town: Riviera Beach State: FL Zip Code: 33404
County: Palm Beach
If available, please attach a map or sketch of the facility boundaries.
Latitude: 26 46 18.9N Longitude: 80 03 18.3W Method: GPS
Datum: GPS

5. Facility North American Industry Classification System (NAICS) Code(s)

A. 48311 B. C. D.

6. Facility or Business Mailing Address

Street Address or P.O. Box: 5 East 11th Street
City or Town: Riviera Beach State: FL Zip Code: 33404

7. Facility or Business Contact Person

First Name: Harry Last Name: LUX Title: Safety & Environmental
Phone Number: 1-561-840-2930 Extension: E-Mail: hlux@tropical.com
Street or P.O. Box: 5 East 11th Street
City or Town: Riviera Beach State: FL Zip Code: 33404

8. Real Property (Land) Owner of the Facility's Physical Location (List additional real property owners in the comments section.)

Name of Real Property (Land) Owner: Port of Palm Beach
New Owner Date became Owner:
Street or P.O. Box: P.O. Box 9935 Phone Number: 1-561-842-4201
City or Town: Riviera Beach State: FL Zip Code: 33404
Owner Type: Private Federal Municipal State Other

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; or Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

In addition, indicate other generator activities that apply.

- d. United States Importer of hazardous waste
- e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 7, mark 'X' in all that apply.

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- a. Operating Commercial TSD
- b. Operating Non-commercial TSD
- c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) Recycler of Hazardous Waste (at your facility)**Specify:  Commercial;  Non-Commercial.

A permit is required for storage prior to recycling.

**(4) Exempt Boiler and/or Industrial Furnace**

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

**(5) Person Authorized to Manage Conditionally Exempt Waste**

Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.

**(6) Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7)  Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually.  a. For own waste only  b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**Insurance Company TT Club Mutual Insurance, LTD / British MarineAddress International House / Walsingham House26 Creechurch Lane, London, UK, EC3A5BA / 35 Seething Lane, London, UK,

Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Policy Number T0625/2010/001 Expiration date 12-31-2010d. **Transportation Mode**  Air  Rail  Highway  Water  Other - specify \_\_\_\_\_e.  **Hazardous Waste Transfer Facility:** Storage Volume N/A **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- Notification of changes in above items**
- Annual update notification**

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
  - Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
  
  - Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
  - Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
  
  - Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
  - Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
  - Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
  - Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
b. Pesticides	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
c. Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
d. Mercury Containing Devices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements
e. Mercury Containing Lamps	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Based on Shipper Requirements

**(3) Mercury Recovery and/or Reclamation Facility**  Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
 [Chapter 62-737, F.A.C.]

**(4) Reverse Distributor of UW**  Pharmaceuticals  Lamps  Devices

**(5) Destination Facility for UW**  Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:**

- (1) Used Oil Transporter - indicate type(s) of activity(ies):**
- a. Transporter
  - b. Transfer Facility
- (2)  Collection Center**
- (3)  Used Oil Processor (A permit is required for this activity.)**
- (4)  Off-Specification Used Oil Burner**
- (5)  Used Oil Fuel Marketer**
- (6) Used Oil Filter**
- a. Transporter
  - b. Transfer Facility
  - c. Processor
  - d. End User

**(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.**  
 A check is enclosed.

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

  
 Signature of Authorized Person  
**Harry Lux**  
 Print Name of Authorized Person

**(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):**

- our mailing (business) address
- The site (facility) address

**D. Other State Regulated Waste Activities:**  **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]  
 Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	K048	2	K049	3	K050	4	K051	5	K052	6	K169	7	K170
8	K171	9	K172	10		11		12		13		14	
15		16		17		18		19		20		21	
22		23		24		25		26		27		28	

**11. Other Status Changes (Mark 'X' in all that apply):**

**A. Non-Handler of Regulated Waste at This Facility**

- (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- (2) Waste generated by business has been delisted.
- (3) Other (explain) \_\_\_\_\_

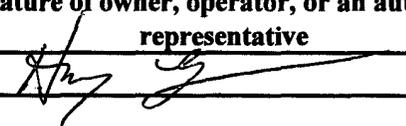
**B. Facility Closed**

- (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

- C. Property Tax Default**
- D. Petition for Bankruptcy Protection**

**12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.

Signature of owner, operator, or an authorized representative	Print Name and Title	Date Signed (mm-dd-yyyy)
	Harry Lux, Safety & Environmental	01/20/2010

If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:

\_\_\_\_\_  
 (Name of person completing this form) (Phone Number) (E-mail Address)

**13. Comments:**

Tropical Shipping & Construction Company, LTD, a foreign flagged vessel operator, is renewing the EPA Hazardous Waste Transporter ID# FLR000095737, and renewing Used Oil Transporter Registration FLR000095737, as a WATER CARRIER only.  
 Please note: British Marine Insurance coverage handles all ship issues and, the TT Club covers shore operations.



# Department of Environmental Protection

FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

## Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
for reporting period January 1, 2009 through December 31, 2009

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent] to complete this document

### SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Tropical Shipping + Construction Co, LTD 2. Telephone No. (800) 367-6200  
Site Address: 5 East 11th Street  
Riviera Beach, FL 3. EPA ID No. FLR 000095737

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Harry Lux  
Title Safety + Environmental Mgr. Phone number (if different from #2, above) (561) 840-2930

5. Type of operation (check as many as apply to your operations)

Used Oil:  Transporter  Transfer Facility  Collection Center/Aggregation Point  Processor  Marketer  Burner (of off-specification used oil) water transport  
Used Oil Filter:  Transporter  Transfer Facility  Processor  End User

### SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

	Automotive	Industrial	Mixed	Total
1. Amount (in gallons) of Used Oil and Oily Wastes collected				
a. In Florida.....	0	0	0	0
b. From out of state.....	0	0	0	0
c. Beginning Inventory.....				0
d. Total (sum of totals from Lines a + b + c).....				0

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel .....

D - Disposed of

    Landfilled.....

    Treated at a wastewater treatment unit.....

    Incinerated.....

	In State	Out of State
	N/A	N/A

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....	0	
2. Number of used oil filters collected.....	0	
3. Total number of used oil filters to manage (1 plus 2).....	0	
4. Disposition of used oil filters collected:		
a. Transferred to another registered facility.....	0	
b. Burned for energy recovery at a Waste-To-Energy facility.....	0	
c. Transferred directly to a metal foundry for recycling.....	0	
d. TOTAL.....	0	
5. End of year, on had estimate (Difference between Lines 3 and Line 4d).....	0	
6. Gallons of used oil collected as a result of filter processing.....	0	
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....	0	
8. Volume of oily waste collected and managed as a result of filter processing.....	0	
9. Description of oily waste management..... <i>Transported 0 gallons in 09</i>	0	

**DIRECTIONS FOR SECTION C**

Conversion Table

One <b>55-gallon</b> drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One <b>55 gallon</b> drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> used oil filters

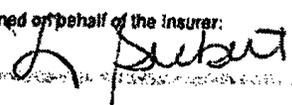
1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d.
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us),

<b>Confirmation of Insurance</b>		<b>Issue Date: 08 January 2010</b>
<b>Assured</b> Tropical Shipping & Construction Co. Ltd. Tropical Shipping USA, LLC and Birdsall, Inc. 4 East Port Road, Suite 411 Riviera Beach, FL 33404	This confirmation is issued as a matter of information only and confers no rights upon the holder, nor does it amend, extend or alter the insurance coverage afforded.	
<b>Assured's Policy of Insurance Number: T0625/2010/001</b>	<b>Insurer ("The Association")</b> TT Club Mutual Insurance Ltd. International House, 90 Fenton Street, London EC3A 5BA United Kingdom <b>Issuer (on behalf of the Association)</b> Through Transport Mutual Services (Americas) Harborside Financial Center Plaza Five, Suite 2710 Jersey City, NJ 07311	

This is to confirm that the Assured is presently insured by the Association under the above mentioned Policy of Insurance in accordance with the standard insurance Clauses of the Association for the Cover stated below (a copy is available on request) and the terms and conditions of the Assured's insurance against the following principal risks:

<b>V A L I D</b>	<b>Risks Insured under Cargo Handling Facility Cover</b>		<b>Limit of Liability (each Accident)</b>
	<b>Clause/Paragraph</b>		
	<b>C1</b>	<b>Liabilities for Cargo and Customer's Ships or other property</b>	<b>USD 5,000,000</b>
	1.1	Cargo	
	1.2	Customer's other Property	
	1.3	Customer's Ships	
	<b>C2</b>	<b>Errors and Omissions Liability</b>	<b>USD 1,000,000 (annual aggregate)</b>
	<b>C3</b>	<b>Third Party Liabilities</b>	<b>USD 5,000,000</b>
	1.1	Loss of Damage to Third Party Property	
	1.2	Death or Bodily Injury of Third Parties other than Employees	
	1.3	Death or Bodily Injury of Employees	
	<b>C4</b>	<b>Fines and Duty</b>	<b>USD 5,000,000</b>
	<b>C5</b>	<b>Costs</b>	<b>USD 6,000,000</b>
	<b>C6</b>	<b>Handling Equipment</b>	<b>USD 6,000,000</b>
	<b>C8</b>	<b>Property: Loss and Damage</b>	<b>USD 5,000,000</b>
	<b>C17</b>	<b>Fire Legal</b>	<b>USD 1,000,000 (annual aggregate)</b>
	<b>C18</b>	<b>Tenants Legal</b>	<b>USD 1,000,000 (annual aggregate)</b>
	Confirmation Holder is named as a Supplier Joint Assured on the above referenced Policy of Insurance		<b>Account Year: 1 January 2010</b>  <b>Policy Review Date: 31 December 2010</b>

<b>Confirmation Holder ("Holder")</b>   	<b>Cancellation:</b> If it should become necessary to cancel the insurance before the Policy Review Date by reason of non payment of amounts due to the Association, the Association will endeavour to send 30 days written notice to the Holder, but failure to send such notice shall impose no obligation or liability of any kind upon the Association, its Managers or their agents or its correspondents  <b>Signed off behalf of the insurer:</b> 
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Telephone: +44 (0)20 7488 1024  
Facsimile: +44 (0)20 7481 1812  
E-Mail: managers@britishmarine.com

Societe Anonyme RCS 71026



British Marine Luxembourg S.A.  
UK Branch  
Walsingham House  
35 Seething Lane  
London EC3N 4DQ

**British Marine Luxembourg S.A.**  
**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00320000001**

Period of Insurance: Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein.

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s).

**THE ATTACHED CLAUSES AND ENDORSEMENTS FORM PART OF  
THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

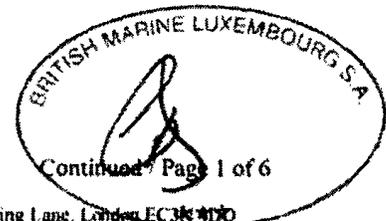
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC LURE	1,827	1983

**Evidence of Insurance Clause**

The Policy of Insurance or any Endorsement hereto is evidence only of the contract of indemnity insurance between the above named Assured(s) and the Insurer and shall not be construed as evidence of any undertaking, financial or otherwise, on the part of the Insurer to any other party.

In the event that an Assured tenders this Policy/Endorsement as evidence of insurance under any applicable law relating to financial responsibility, including but not limited to the Oil Pollution Act 1990 or any similar Federal or State Laws, or otherwise shows or offers it to any other party as evidence of insurance, such use of the Policy/Endorsement by the Assured is not to be taken as any indication that the Insurer thereby consents to act as guarantor or to be sued directly in any jurisdiction whatsoever. The Insurer does not so consent.



Telephone: +44 (0)20 7488 1024  
Facsimile: +44 (0)20 7481 1812  
E-Mail: managers@britishmarine.com  
Société Anonyme RCS 71026



British Marine Luxembourg S.A.  
UK Branch  
Walsingham House  
35 Seething Lane  
London EC3N 4DQ

**British Marine Luxembourg S.A.**  
**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00326000001**

Period of Insurance: Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s).

**THE ATTACHED CLAUSES AND ENDORSEMENTS FORM PART OF  
THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

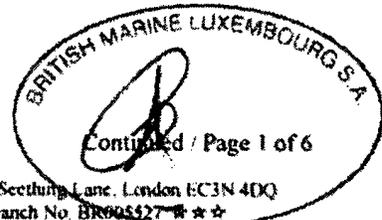
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC MIST	1,827	1983

**Evidence of Insurance Clause**

The Policy of Insurance or any Endorsement hereto is evidence only of the contract of indemnity insurance between the above named Assured(s) and the Insurer and shall not be construed as evidence of any undertaking, financial or otherwise, on the part of the Insurer to any other party.

In the event that an Assured tenders this Policy/Endorsement as evidence of insurance under any applicable law relating to financial responsibility, including but not limited to the Oil Pollution Act 1990 or any similar Federal or State Laws, or otherwise shows or offers it to any other party as evidence of insurance, such use of the Policy/Endorsement by the Assured is not to be taken as any indication that the Insurer thereby consents to act as guarantor or to be sued directly in any jurisdiction whatsoever. The Insurer does not so consent.



Telephone: +44 (0)20 7488 1024  
Facsimile: +44 (0)20 7481 1812  
E-Mail: managers@britishmarine.com

Société Anonyme RCS 71026



British Marine Luxembourg S.A.  
UK Branch  
Walsingham House  
35 Seething Lane  
London EC3N 4DQ

**British Marine Luxembourg S.A.**  
**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00327000001**

Period of Insurance: Noon (GMT) on 20 February 2009 to Noon (GMT) on 20 February, 2010

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein.

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s).

**THE ATTACHED CLAUSES AND ENDORSEMENTS FORM PART OF  
THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

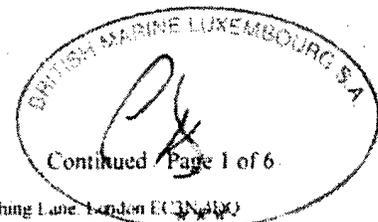
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC NIGHT	1,561	1976

Evidence of Insurance Clause

The Policy of Insurance or any Endorsement hereto is evidence only of the contract of indemnity insurance between the above named Assured(s) and the Insurer and shall not be construed as evidence of any undertaking, financial or otherwise, on the part of the Insurer to any other party.

In the event that an Assured tenders this Policy/Endorsement as evidence of insurance under any applicable law relating to financial responsibility, including but not limited to the Oil Pollution Act 1990 or any similar Federal or State Laws, or otherwise shows or offers it to any other party as evidence of insurance, such use of the Policy/Endorsement by the Assured is not to be taken as any indication that the Insurer thereby consents to act as guarantor or to be sued directly in any jurisdiction whatsoever. The Insurer does not so consent.



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Société Anonyme RCS 71026



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UK Branch  
Walsingham House  
35 Seething Lane  
London EC3N 4DQ

**British Marine Luxembourg S.A.**  
**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00328000001**

Period of Insurance: Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010.

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein.

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s).

**THE ATTACHED CLAUSES AND ENDORSEMENTS FORM PART OF  
THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

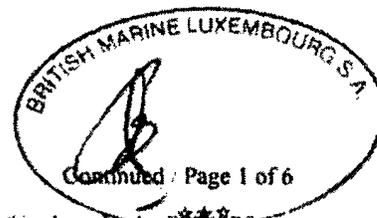
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC OPAL	1,561	1979

Evidence of Insurance Clause

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**No.: 00329000001**

Period of Insurance: Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010.

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**THE ATTACHED CLAUSES AND ENDORSEMENTS FORM PART OF  
THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

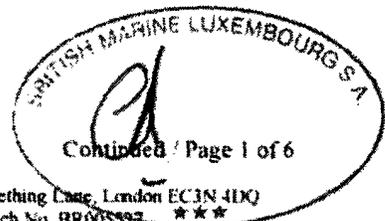
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC PALM	3,048	1978

**Evidence of Insurance Clause**

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**British Marine Luxembourg S.A.**  
**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00330000001**

Period of Insurance Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010.

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s)

**THE ATTACHED CLAUSES AND ENDORSEMENTS FORM PART OF  
THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

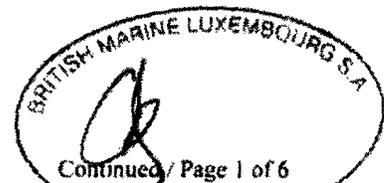
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC SUN	6,536	1992

**Evidence of Insurance Clause**

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**British Marine Luxembourg S.A.**  
**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00331000001**

Period of Insurance: Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010.

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein.

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s)

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To: Tropical Shipping & Construction Company Limited (Owner)

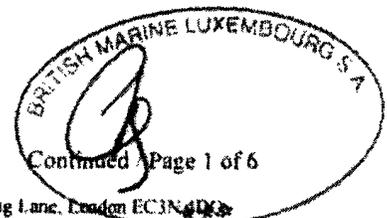
**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC TIDE	6,536	1993

**Evidence of Insurance Clause**

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**PROTECTION & INDEMNITY**  
**POLICY OF INSURANCE**  
**No.: 00332000001**

Period of Insurance: Noon (GMT) on 20 February, 2009 to Noon (GMT) on 20 February, 2010.

In consideration of the premium payable in respect of this insurance, the Insurer undertakes to indemnify the Assured for all liabilities, losses, costs or expenses that the Assured, in the capacity agreed in respect of the Insured Vessel(s) named in this policy, is liable to pay, in respect of the liabilities, risks or events referred to, herein.

This insurance covers only liabilities, losses, costs or expenses which arise out of events which occur during the policy period, in respect of the Assured's interests in the Insured Vessel(s) and only in connection with the operation of the Insured Vessel(s).

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THIS POLICY**

To: Tropical Shipping & Construction Company Limited (Owner)

**SCHEDULE**

Name of Ship	Gross Tonnage	Year of Build
TROPIC UNITY	10,857	2002

Evidence of Insurance Clause

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