

RECEIVED BY  
PORT EVERGLADES  
BUSINESS ADMINISTRATOR  
**PORT EVERGLADES FRANCHISE APPLICATION**

An application will not be deemed completed and processed until all required documents and fees are received.  
A separate application must be filed for each type of franchise Applicant wishes to apply for.

CHECK ONE

<input type="checkbox"/>	STEAMSHIP AGENT	<input type="checkbox"/>	STEVEDORE
<input type="checkbox"/>	CARGO HANDLER	<input checked="" type="checkbox"/>	TUGBOAT & TOWING
<input type="checkbox"/>	VESSEL BUNKERING	<input type="checkbox"/>	VESSEL OILY WASTE REMOVAL
<input type="checkbox"/>	VESSEL SANITARY WASTE WATER REMOVAL		

**Note: Applicant is defined as the legal entity applying for the franchise. All information contained in this application shall apply only to the Applicant, not to any parent, affiliate, or subsidiary entities.**

**Applicant's**

Name Seabulk Towing, Inc.  
(Name as it appears on the certificate of incorporation, charter, by-laws, or other official document)

Applicant's Business Address 2200 Eller Drive Fort Lauderdale, FL 33316  
Number / Street City/State/Zip

Phone # (954 ) 627-5263 E-mail address tony.caggiano @ ckor.com

Fax #: (954) 760-9891

**Name of the person authorized to bind the Applicant  
(This person's signature must appear on Page 10.)**

Name Rick Groen

Title Chief Operating Officer

Business Address 2200 Eller Drive Fort Lauderdale, FL 33316  
Number / Street City/State/Zip

Phone # (954 ) 627-5266 E-mail address rgroen @ ckor.com

Fax #: (954) 760-9891

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

Representative's Name Anthony Caggiano

Representative's Title Senior Marketing Manager

Representative's Business Address 2200 Eller Drive Fort Lauderdale, FL 33316  
Number / Street City/State/Zip

Representative's Phone # (954 ) 627-5263

Representative's E-mail address tony.caggiano @ ckor.com

Representative's Fax #: (954) 760-9891

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

**Section A**

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

Officers:

Title President  
First Name Daniel Middle Name \_\_\_\_\_  
Last Name Thorogood  
Business Street Address Same as above  
City, State, Zip Code Same as above  
Phone Number (954) 627-5209 Fax Number ( ) \_\_\_\_\_  
Email Address dthorogood @ ckor.com.

Title Chief Operating Officer  
First Name Rick Middle Name \_\_\_\_\_  
Last Name Groen  
Business Street Address Same As above  
City, State, Zip Code Same As above  
Phone Number (954) 627-5266 Fax Number ( ) \_\_\_\_\_  
Email Address rgroen @ ckor.com.

Title Vice President  
First Name William Middle Name \_\_\_\_\_  
Last Name Osmer  
Business Street Address Same as above  
City, State, Zip Code Same as above  
Phone Number (954) 954-627-5260 Fax Number ( ) \_\_\_\_\_  
Email Address wosmer @ ckor.com.

Title Chief Financial Officer  
First Name Matt Middle Name \_\_\_\_\_  
Last Name Cenac  
Business Street Address Same as above  
City, State, Zip Code Same as above  
Phone Number (954) 627-5170 Fax Number ( ) \_\_\_\_\_  
Email Address mccenac @ ckor.com.

Attach additional sheets if necessary.

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

**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship ( ) Corporation ( ) Partnership ( ) Joint Venture (X) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**Section C**

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes \_\_\_ No X If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes \_\_\_ No X If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes \_\_\_ No X If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
New officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

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

### Section E

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes \_\_\_ No X If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
3. Has the Applicant been acquired by another business entity within the last five (5) years?  
Yes \_\_\_ No X If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

### Section F

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades. **Seabulk Towing has been offering harbor tug services for almost 60 years in the following port locations: Port Arthur, TX - Lake Charles, LA - Mobile, AL - Tampa/Manatee, FL - Miami, FL - Port Everglades, FL - Port Canaveral, FL**

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades. **Please see attached list for Section G**

**Section H**

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

If none, state "None" \_\_\_None\_\_\_\_\_.

Seaport \_\_Port Everglades, FL\_\_\_\_\_ Number of Years Operating at this Seaport 59\_\_\_\_\_

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

Client Name (Company)	Number of Years Applicant has Provided Services to this Client
See attached customer list covering all ports	
N/A	

### Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals. **Not Applicable**

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" None.

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

Yes  N  X

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

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

### Section J

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

**Section K**

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.
  
2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?  
Yes \_\_\_ No X\_\_\_  
If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:
  - a) Date petition was filed or relief sought
  - b) Title of case and docket number
  - c) Name and address of court or agency
  - d) Nature of judgment or relief
  - e) Date entered
  
3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant? Yes \_\_\_ No X\_\_\_  
If "Yes," please provide the following information for each appointment:
  - a) Name of person appointed
  - b) Date appointed
  - c) Name and address of court
  - d) Reason for appointment
  
4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?  
Yes \_\_\_ No X\_\_\_  
If "Yes," please provide the following information for each appointment:
  - a) Name of person appointed
  - b) Date appointed
  - c) Name and address of court
  - d) Reason for appointment

**Section L**

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Legal Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_

(Provide on a separate sheet.)

**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?  
Yes \_\_\_ No X  
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number.  
**Tug Trident - Built 2017 - Rotortug - Official Number/1270788**  
**Tug Broward - Built 1995 - Forward Drive Tractor - Official Number/1034637**  
**Tug St. Johns - Built 1998 - Ship Docking Module - Official Number/1063615**
2. Identify the type of fuel used for each piece of equipment. **Marine Gas Oil/Diesel Fuel**
3. Indicate which equipment, if any, is to be domiciled at Port Everglades. **All vessels stated in #1**
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant? **Yes**

**Section O**

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

**Section P**

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



**Section Q**

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?

Yes \_\_\_ No X \_\_\_

2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?

Yes \_\_\_ No X \_\_\_

3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?

Yes \_\_\_ No X \_\_\_

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

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

**Section R**

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

By signing and submitting this application, Applicant certifies that it has read and understands the governing rules and regulations for a franchise as provided in Chapter 32, Part II, of the Broward County Administrative Code as amended. For additional information, visit: <http://www.municode.com/resources/gateway.asp?pid=13528&sid=9>.

By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct and further, understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings. The individual executing this application personally warrants that s/he has the full binding authority to execute this application on behalf of the Applicant. Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) and/or to its officers, directors, senior management personnel and/or in its business operation and/or any citations, notices of violation, warnings or fines from any federal, state or local regulatory agencies, as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant. Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore and Harbor Workers' Act, Jones Act Insurance, as required by federal law.

**By signing and submitting this application, Applicant authorizes the Port Everglades Department of Broward County to make any inquiry or investigation it deems appropriate to verify or augment the information contained in this application, and authorizes others to release to the Port Everglades Department of Broward County any and all information sought in such inquiry. Applicant further understands that under the laws of the State of Florida, this application is subject to the Florida Public Records Act (Chapter 119, Florida Statutes) as may be amended.**

Signature of Applicant's Authorized Representative \_\_\_\_\_ Date Signed 04-18

Signature name and title - typed or printed Rich GROEN, COO Seabulk Towing.

Witness Signature (\*Required\*) \_\_\_\_\_

Witness name-typed or printed Russell W. JONES DIRECTOR OF TECH SERVICES

Witness Signature (\*Required\*) \_\_\_\_\_

Witness name-typed or printed Anthony Caggiano

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

Name Anthony Caggiano Title Sr. Marketing Manager

Address 2200 Eller Dr. Fort Lauderdale FL 33316 Phone (954) 627-5263



Anthony Caggiano  
Senior Marketing Manager

Subject: Port Everglades Franchise Renewal Additions

Dear Angela,

Please see the list of additional items originally overlooked:

**Section A. 2. Officers**

**Eric Fabrikant**

Chief Operating Officer of SEACOR since February 23, 2015, from May 2009 through February 2015, Vice President of SEACOR. From 2004 through May 2009, Mr. Fabrikant held various positions at Nabors Industries. In addition, Mr. Fabrikant is an officer and director of certain SEACOR subsidiaries.

**Bruce Weins**

Senior Vice President and Chief Accounting Officer of SEACOR since February 23, 2015 From July 2005 to February 2015, Mr. Weins was Corporate Controller of SEACOR. Mr. Weins served as Controller of Seabulk International, Inc. ("Seabulk") from January 2005 to July 2005 when it merged with SEACOR. Prior to joining Seabulk, from September 1995 to December 2004, Mr. Weins was employed by Deloitte & Touche LLP, most recently as a Senior Manager. In addition, Mr. Weins is an officer and director of certain SEACOR subsidiaries.

**Lisa Manekin**

Lisa Manekin –Treasurer of SEACOR since November 2008. From May 2007 through November 2008, Ms. Manekin was the Assistant Treasurer of SEACOR. Prior to SEACOR, Ms. Manekin worked for Ryder System, Inc. as a Senior Manager in Corporate Accounting. Ms. Manekin is a CPA and holds a Bachelors degree in Business from Tulane University and an MBA from Vanderbilt University.

**SEABULK TOWING, INC.**

**JOINT UNANIMOUS WRITTEN CONSENT OF SOLE STOCKHOLDER AND  
DIRECTORS IN LIEU OF ANNUAL MEETING**

The undersigned, being all of the directors and the sole stockholder of Seabulk Towing, Inc., a Delaware corporation (the "Company"), hereby consent to approve and adopt the following resolutions as if duly adopted at a formal meeting of the board of directors and the stockholders held for this purpose.

WHEREAS, the Directors and Sole Stockholder desire to adopt resolutions by unanimous written consent in lieu of the annual meeting of the Directors and Stockholders for 2016;

NOW, THEREFORE, BE IT

RESOLVED, that the undersigned hereby waive all formal requirements, including the necessity of holding a formal or informal meeting, and any requirements that notice of such meeting be given; and be it further

RESOLVED, that any and all acts of the directors, officers, employees, agents and representatives of the Company, taken pursuant to the minutes of any meetings of, and any resolutions adopted by unanimous written consent of the Directors and Stockholders since the last annual meeting are ratified, affirmed and approved in every respect; and be it further

RESOLVED, that the following person(s) are hereby elected to serve on the Company's Board of Directors until the next annual meeting of the Stockholders or until their successors are duly elected and qualified, except in the event of earlier termination of term of office through death, resignation, removal or otherwise:

Eric Fabrikant (Chairman)  
Matthew Cenac

and be it further

RESOLVED, that the following persons are hereby appointed to the offices set forth opposite their names and constitute all of the officers of the Company as of the date of this Joint Written Consent, to hold office until the first meeting of the Board of Directors following the next annual election of Directors and until their respective successors shall have been duly appointed and qualified, except in the event of earlier termination of term of office through death, resignation, removal or otherwise:

Eric Fabrikant	Chief Executive Officer
Daniel J. Thorogood	President
Rick Groen	Chief Operating Officer

Moved toward replacing alcohol testing swabs with breathalyzers in an effort to reduce costs  
Earned American Maritime Safety's 2012 Safe Working Practices award

**Coordinator, Freight Services, 10/2010-03/2011**

Communicate frequently and effectively with many associates in Puerto Rico for timely updates to documents.

Established good working relationships with all team members and many others at Crowley.

Index all documents for voyages outbound from San Juan, Puerto Rico

Recognize and make note of critical information from Bills of Lading (HAZMAT status, etc)

Follow up on any discrepancies or errors in documentation with our office in San Juan and with customers, obtaining corrected documents as necessary

Prior to arrival of each vessel, ensure all bills of lading have been properly input with no discrepancies by cleaning DCSMR reports to ensure a clean manifest for customs

Aid with input of information from shippers' bills of lading to create Crowley bills of lading for each load.

Developing work tracking and measurement spreadsheets at the direction of my supervisor

**University of Florida Libraries Department of Maps**

**Assistant, 07/2009-05/2010**

Organize and catalog Florida aerial photograph collection and prepare the collection for digitalization

Enter new US Geological Survey maps into collection, label new maps, remove old maps, update appropriate excel databases

Organize and file outdated US Geological Survey maps, create and update databases using Microsoft Excel to catalog outdated maps.

**Education:**

**University of Florida, Gainesville FL**

**Bachelor of Liberal Arts and Sciences, August 2010 GPA 3.1**

Major: Political Science

Extensive study in political and social systems, both U.S. and International, as well as many courses on the historical and legal development of societies. Studies have included courses in International Relations, International Political Economy, Politics of Latin America and Politics of the European Union, including concentration in the European Union's political structure and regulations.

**Allen D. Nease High School, St Augustine, FL**

**International Baccalaureate Diploma, 2005 GPA 4.3**

National Merit Scholar Semifinalist

National Honor Society Member

William Osmer  
Bruce Weins  
Lisa Manekin

Vice President  
Vice President and Treasurer  
Vice President and Secretary

and be it further

RESOLVED, that (a) the undersigned may evidence their consent to this Joint Unanimous Written Consent by (i) executing a counterpart hereto and delivering the same to the Company in paper form, by facsimile or electronic mail in portable document format ("**PDF**") or (ii) by electronic transmission (i.e., email) stating that such person consents to actions set forth in the Joint Unanimous Written Consent, and (b) this Joint Unanimous Written Consent shall be effective for all purposes as of the latest date consent hereto is received by one of the means referenced in clause (a) above.

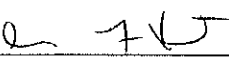
*[Signatures on next page]*

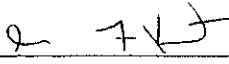
IN WITNESS WHEREOF, the undersigned have executed this Joint Unanimous Written Consent on the dates set forth below.

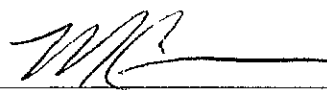
**STOCKHOLDER**

**DIRECTORS**

SEABULK TOWING HOLDINGS INC.

By:   
Eric Fabrikant, Chief Executive Officer  
Dated: 6/30/2016

  
Eric Fabrikant  
Dated: 6/30/2016

  
Matthew Cenac  
Dated: 7/12/2016

*[Signature page to Joint Unanimous Written Consent of the Stockholder and Directors of Seabulk Towing, Inc.]*

**WRITTEN CONSENT OF THE BOARD OF DIRECTORS OF**

**SEACOR Ocean Transport Inc.**

**January 1, 2015**

**THE UNDERSIGNED**, being the board of directors (the "Board") of SEACOR Ocean Transport Inc. (the "Company") acting pursuant to and in accordance with the statutory and other legal requirements applicable to, and the organizational documents of, the Company, do hereby consent to and adopt this written consent, the following recitals and resolutions, and take the following actions, to be effective on January 1, 2015 (the "Effective Date") as of the effective times set forth below.

**WHEREAS**, the Company owns 100% of the membership interests in each of Graham Offshore Tugs LLC, a Delaware limited liability company, Seabulk Towing Services, Inc., a Florida corporation ("Seabulk Towing Services"), Caribbean Tugz LLC, a Delaware limited liability company ("Caribbean") and Seabulk Towing, Inc., a Delaware corporation ("Seabulk Towing") (collectively, the "Seabulk Entities");

**WHEREAS**, the Company desires to contribute (such contribution, the "Contribution") all of its membership interests in the Seabulk Entities to Seabulk Towing Holdings Inc., a Delaware corporation ("Seabulk"); and

**WHEREAS**, the Company has deemed it to be in its best interests to make the Contribution.

**NOW, THEREFORE, BE IT RESOLVED**, that the Contribution is hereby ratified and approved as of the effective time of 4:00am EST on the Effective Date;

**RESOLVED, FURTHER**, that each of the officers or directors of the Company, acting jointly or singly, is authorized and directed to take all steps, and to execute any and all instruments that such officers or directors deem reasonably necessary or appropriate, to carry out the intent of the foregoing resolutions, including entry into any necessary agreements to effectuate the Contribution; and

**RESOLVED, FURTHER**, that any actions taken by such officers or directors prior to the date of the foregoing resolutions adopted hereby that are within the authority conferred thereby are hereby ratified, confirmed and approved in all respects.

[Remainder of Page Intentionally Left Blank]



This consent may be executed in one or more counterparts, each of which shall constitute an original and all of which when taken together, shall constitute one consent.

**IN WITNESS WHEREOF**, the undersigned have caused this consent to be executed as of the Effective Date written above.

**Board of Directors of  
SEACOR Ocean Transport Inc.**



---

Eric Fabrikant



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Daniel J. Thorogood



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Matthew R. Cenac

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 10:00 AM 03/19/2001  
010133106 - 2112956

**CERTIFICATE OF AMENDMENT TO  
AMENDED CERTIFICATE OF INCORPORATION OF  
HVIDE MARINE TOWING, INC.**

HVIDE MARINE TOWING, INC., a corporation organized and existing under and by virtue of the General Corporation Law of Delaware (the "Corporation"), does hereby certify:

**FIRST:** That the Board of Directors of the Corporation, by the unanimous written consent of its members, filed with the Board on March 12, 2001, adopted a resolution proposing and declaring advisable the following amendment to the Amended Certificate of Incorporation of said corporation:

**RESOLVED**, that the Amended Certificate of Incorporation of Hvide Marine Towing, Inc. be amended by changing Article 1 thereof so that, as amended, said Article shall be and read as follows:

"The name of the Corporation is SEABULK TOWING, INC.  
(the "Corporation")."

**SECOND:** That in lieu of a meeting and vote of the sole shareholder, the sole shareholder of the Corporation has given its unanimous written consent to said amendment in accordance with the provisions of Section 228 of the General Corporation Law of the State of Delaware.

**THIRD:** That the aforesaid amendment was duly adopted in accordance with the applicable provisions of Sections 242 and 228 of the General Corporation Law of the State of Delaware.

**IN WITNESS WHEREOF**, the Corporation has caused this Certificate to be signed by Stephen B. Finch, its Vice President and Secretary, this 12<sup>th</sup> day of March, 2001.

HVIDE MARINE TOWING, INC.

By: SB Finch  
Stephen B. Finch, Vice President and  
Secretary

**CERTIFICATE OF AMENDMENT  
OF  
CERTIFICATE OF INCORPORATION**

Tampa Bay Towing, Inc., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware, DOES HEREBY CERTIFY:

FIRST: That the Board of Directors of Tampa Bay Towing, Inc. by the unanimous written consent of its members dated October 2, 1998, duly adopted resolutions setting forth a proposed amendment to the Certificate of Incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the sole stockholder of said corporation for consideration thereof. The resolution setting forth the proposed amendment is as follows:


**RESOLVED**, that the Certificate of Incorporation of this corporation be further amended by changing the first Article thereof so that, as amended, said Article shall be and read as follows:

The name of the Corporation is Hvide Marine Towing, Inc. (the "Corporation").

SECOND: That thereafter, pursuant to resolution of its Board of Directors, a special meeting of the sole stockholder of said corporation was duly called and held, at which meeting such sole stockholder voted all the outstanding shares of such corporation in favor of the amendment.

THIRD: That said amendment was therefore duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed by Robert B. Lamm, its Senior Vice President, General Counsel and Secretary, this 2<sup>nd</sup> day of October 1998.

  
\_\_\_\_\_  
Robert B. Lamm  
Senior Vice President, General  
Counsel and Secretary

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF INCORPORATION  
OF  
BAY TRANSPORTATION CORPORATION**

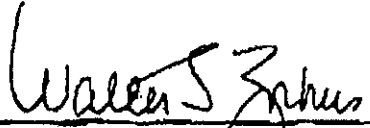
Pursuant to Section 242(b)(1) of the Delaware General Corporation Law (the "DGCL"), the undersigned, being the Senior Vice President of Bay Transportation Corporation, does hereby certify that the following amendment to the Certificate of Incorporation is duly authorized in accordance with the provisions of Section 242(b)(1) of the DGCL.

**FIRST:** Article No. 1 of the Certificate of Incorporation is hereby amended to read in its entirety as follows:

1. The name of the corporation is **TAMPA BAY TOWING, INC.** (the "Corporation").

**SECOND:** In all other ways, the Certificate of Incorporation shall remain unchanged.

**IN WITNESS WHEREOF,** the undersigned does hereby execute this Certificate of Amendment, and does hereby acknowledge that this instrument constitutes his act and deed and that the facts stated herein are true.

  
\_\_\_\_\_  
Walter S. Zorkers  
Senior Vice President

Dated: October 22<sup>nd</sup>, 1997

CERTIFICATE OF INCORPORATION

OF

BAY TRANSPORTATION CORPORATION

1. The name of the corporation is:

BAY TRANSPORTATION CORPORATION

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

3. The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware.

4. The total number of shares of stock which the corporation shall have authority to issue is One Thousand (1,000) and the par value of each of such shares is One Dollar (\$1.00) amounting in the aggregate to One Thousand Dollars (\$1,000.00).

5. The board of directors is authorized to make, alter or repeal the by-laws of the corporation. Election of directors need not be by written ballot.

6. The name and mailing address of the incorporator is:

W. J. Reif  
Corporation Trust Center  
1209 Orange Street  
Wilmington, Delaware 19801

I, THE UNDERSIGNED, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of Delaware, do make this certificate, hereby declaring and certifying that this is my act and deed and the facts herein stated are true, and accordingly have hereunto set my hand this 29th day of December, 1986.

W. J. Reif  

---

W. J. Reif

CERTIFICATE OF INCORPORATION  
OF  
BAY TRANSPORTATION CORPORATION

\* \* \* \* \*

1. The name of the corporation is:

BAY TRANSPORTATION CORPORATION

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

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1209 Orange Street  
Wilmington, Delaware 19801

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accordingly have hereunto set my hand this 29th day of  
December, 1986.

W. J. Reif  
\_\_\_\_\_  
W. J. Reif





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## Detail by Entity Name

Foreign Profit Corporation  
SEABULK TOWING, INC.

### Filing Information

**Document Number** P12757  
**FEI/EIN Number** 59-2754468  
**Date Filed** 01/02/1987  
**State** DE  
**Status** ACTIVE  
**Last Event** CORPORATE MERGER  
**Event Date Filed** 04/29/2008  
**Event Effective Date** 04/30/2008

### Principal Address

2200 ELLER DRIVE  
FORT LAUDERDALE, FL 33316

Changed: 04/27/2010

### Mailing Address

P. O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT LAUDERDALE, FL 33316

Changed: 04/09/2012

### Registered Agent Name & Address

NRAI SERVICES, INC  
1200 South Pine Island Road  
Plantation, FL 33324

Name Changed: 04/07/2010

Address Changed: 02/11/2011

### Officer/Director Detail

#### **Name & Address**

Title CHAIRMAN/CEO/DIRECTOR

FABRIKANT, ERIC  
2200 ELLER DRIVE, P.O. BOX 13038  
FORT LAUDERDALE, FL 33316

Title PRESIDENT

THOROGOOD, DANIEL J  
 2200 ELLER DRIVE, P.O. BOX 13038  
 FORT LAUDERDALE, FL 33316

Title DIRECTOR

CENAC, MATTHEW  
 2200 ELLER DRIVE, P.O. BOX 13038  
 FORT LAUDERDALE, FL 33316

Title VP/SECRETARY

LISA, MANEKIN  
 2200 ELLER DRIVE, P.O. BOX 13038  
 FORT LAUDERDALE, FL 33316

Title COO

GROEN, RICK  
 2200 ELLER DRIVE, P. O. BOX 13038  
 FORT LAUDERDALE, FL 33316

Title VP

OSMER, WILLIAM  
 2200 ELLER DRIVE, PO BOX 13038  
 FORT LAUDERDALE, FL 33316

Title VP/TREASURER

WEINS, BRUCE  
 2200 ELLER DRIVE, P. O. BOX 13038  
 FORT LAUDERDALE, FL 33316

**Annual Reports**

Report Year	Filed Date
2015	04/22/2015
2016	04/25/2016
2017	04/24/2017

**Document Images**

<a href="#">04/24/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">04/22/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/09/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

<a href="#">04/12/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/2010 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/2008 -- Merger</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/03/2004 -- Reg. Agent Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/18/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/26/2001 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/29/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/08/1998 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">09/30/1998 -- Name Change</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/02/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/01/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/01/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations



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[Filing History](#)

## Fictitious Name Detail

### Fictitious Name

SEABULK TOWING OF PORT EVERGLADES

### Filing Information

**Registration Number** G07156900325  
**Status** ACTIVE  
**Filed Date** 06/05/2007  
**Expiration Date** 12/31/2017  
**Current Owners** 1  
**County** BROWARD  
**Total Pages** 2  
**Events Filed** 1  
**FEI/EIN Number** NONE

### Mailing Address

P.O. BOX 13038  
FORT LAUDERDALE, FL 33316

### Owner Information

SEABULK TOWING, INC.  
2200 ELLER DRIVE  
FORT LAUDERDALE, FL 33316  
**FEI/EIN Number:** 59-2754468  
**Document Number:** P12757

### Document Images

[06/05/2007 -- Fictitious Name Filing](#)

[11/27/2012 -- Fictitious Name Renewal Filing](#)

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[Filing History](#)

**Ronald K. Bitter**  
1539 Summer Sands Drive  
Neptune Beach, FL 32266  
(904) 563-2317; bitterron@gmail.com

**SUMMARY:** My experience at a large University, and my work experience, have taught me the importance of self-motivation and focusing on goals that improve my skills. The many teamwork projects and studies I led and participated in during my academic and personal careers have taught me the importance of working with others to advance organizational goals. My experience in several jobs that emphasize customer service has taught me to be goal oriented and focused on customer satisfaction. My school and job experiences have also enhanced my interpersonal and communications skills. I enjoy challenging opportunities and am proficient in many computer systems such as Microsoft Word, Excel, Outlook, Access and PowerPoint, Lawson, PeopleSoft, Filenet and Nautical Systems

**Prior Work Experience:**

**Kelley Educational Services**

**Substitute Teacher, Duval County**

10/2014-Present

Present lessons, manage classes and fill in for all other duties when teachers are absent.

**Crowley Maritime**

**Crewing Coordinator, Marine Personnel**

09/2012 – 10/2014

Responsible for ensuring that 6 deep sea cargo ships, primarily RORO Auto Carriers and Oil Tankers, are fully crewed with qualified mariners at all times

On call nights and weekends to address emergency crew issues that require immediate action such as medical emergencies and terminations that create immediate vacancies in safety sensitive positions, often while in foreign waters

Coordinate with labor unions to place ideal candidates in open crew positions

Complete or arrange all On Boarding procedures for maritime crew including arranging physicals with third party providers to determine fitness and confirming the candidate possesses all licenses mandated by the DOT and USCG

Arrange all travel to/from the ships for all crew members, coordinating with operations groups and ship captains to monitor extremely variable vessel schedules

Schedule "A" crews and "B" crews so that they are rotated on and off the ship in accordance with shipping rules dictated by contractual bargaining agreements

**Administrator, Marine Personnel**

03/2011 – 09/2012

Responsible for overseeing companywide substance abuse testing program

Coordinate with multiple third party service providers to oversee quarterly random drug tests

Insure all drug tests are conducted according to DOT, USCG and company policies.

Maintain records of all drug tests conducted both in paper files and PeopleSoft HR application

Send out drug and alcohol background check to all of the previous employers of new vessel personnel

Advise the various business units on proper implementation of drug testing procedures, provide support and guidance for post-accident drug testing

Procurement of all drug testing supplies for all vessels under Crowley ownership and management

Review and process for payment all invoices for services rendered by third party service providers such as Anderson Kelly and American Maritime Safety

**Accomplishments:**

Move toward a paperless work environment by digitalizing sending and receiving of background checks

Anthony Caggiano  
Senior Marketing Manager

Subject: Port Everglades Franchise Renewal Additions

Dear Angela,

Please see the list of additional section requirements below:

**Section F & G**

Michael Thomas - General Manager  
Ronald Bitter - Operations Manager  
Barry Covard - Technical Superintendent  
Jane Turner - Accounts Manager

<b>CUSTOMER LIST</b>
CHEVRON PRODUCTS CO.
MARATHON PETROLEUM COMPANY LLC
CITGO PETROLEUM CORPORATION
SEARIVER MARITIME, INC.
SHELL TRADING (US) COMPANY
VALERO MARKETING AND SUPPLY COMP
KING OCEAN SERVICE
LAURIN MARITIME ( AMERICA ) INC
CARIBE NAUTICAL SERVICES INC
NORTON LILLY INTERNATIONAL
METROPLEX ENERGY, INC.
CROWLEY PUERTO RICO SERVICES INC.
STASCO
MAERSK LINES, LIMITED
SCORPIO PANAMAX TANKER POOL LTD
PRINCESS CRUISES
CARNIVAL CRUISE LINES
BP HUB GAC SHIPPING (USA), INC.
ULTRABULK SHIPPING A/S
ST SHIPPING
KIRBY OFFSHORE MARINE
NAVIG8 CHEMICALS POOL INC
WESTERN BULK CARRIERS A/S
PENN MARITIME - KIRBY
HOLLAND AMERICA LINE WESTOURS INC.
AUSTAL USA LLC
GAC SHIPPING (USA), INC.
BW GAS ASA
CLEAN PRODUCTS INTERNATIONAL LTD., M.I.
TRAFIGURA MARITIME LOGISTICS PTE LTD.
TEEKAY NORWAY AS
AGRIEX
AUGUSTEA ATLANTICA S.P.A.
SEATRADE REEFER CHARTERING N.V.
ODFJELL TANKERS AS
PACIFIC BASIN AGENCIES, LTD.
STENA WECO LLC
SEALAND
CLIPPER BULK A/S
HELIOS LPG POOL LLC
CARGIL INTERNATIONAL SA
MARTIN MARINE
STENA BULK L.L.C.
TORVOLD KLAVENESS
D'AMICO TANKERS LTD
VULICA SHIPPING CO LTD

ROYAL CARIBBEAN CRUISES LTD.
CENTURION BULK PTE LTD
TSAKOS COLUMBIA SHIPMANAGEMENT
ONEGO SHIPPING & CHARTERING BV
SAGA WELCO AS
ED&F MAN SHIPPING LIMITED
POLYAR TANKERS AS
SPLIETHOFFS B.V.
ULTRABULK SHIPPING A/S TK
GENER8 MARITIME MANAGEMENT LLC
PETROBRAS
AFCO SHIPPING LINE
CLIPPER BULK (USA) INC.
EIGER SHIPPING SA
GENESIS MARINE, LLC
FIBRIA CELULOSE S.A.
WECO BULK A/S
ELETSON
SEABULK INTERNATIONAL
TRADEWIND TOWING LLC
KOCH SHIPPING
TESORO MARITIME COMPANY
VALLS SHIPPING COMPANY
INCHCAPE SHIPPING SERVICES
VALERO ENERGY INC.
EAGLE SHIPPING INTERNATIONAL (USA) LLC
TA BULK CARRIERS
CELEBRITY CRUISES INC.
T. PARKER HOST
LOUIS DREYFUS COMMODITIES LLC
EXXON MOBIL
PRIME MARINE MANAGEMENT
ACE TANKERS
ZEGA SHIPPING CORP
WORLD DIRECT SHIPPING LLC
BRYGGEN INTERNATIONAL A/S
XO SHIPPING A/S
REINAUR TRANSPORTATION
HEIDMAR, INC.
PAN OCEAN SHIPPING CO LTD
UPT PANAMAX POOL LTD
METRO MARINE CORP.
SEAFREIGHT AGENCIES (USA), INC.
STATOIL HUB
NYK BULK & PROJECT CARRIERS
SEACLIFF AGENCY
PANTHEON TANKERS MANAGEMENT , INC.



HYDE SHIPPING CORP. C/O HYBUR LTD.
DORIAN HELLAS SA
PCL SHIPPING PTE LTD



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/14/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> *Marsh USA, Inc. 1560 Sawgrass Corporate Pkwy. Suite 300 Sunrise, FL 33345-9010  754681-SEABU-G/U-17-18	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No. Ext):</b> _____ <b>E-MAIL ADDRESS:</b> _____ <b>FAX (A/C, No):</b> _____													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Lloyd's Of London</td> <td>EC145</td> </tr> <tr> <td>INSURER B : Starr Indemnity &amp; Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Lloyd's Of London	EC145	INSURER B : Starr Indemnity & Liability Company	38318	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-003839725-22                      **REVISION NUMBER:** 11

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____			MASILNY000124-16  Deductible: \$10,000 except Pollution Ded is \$25,000	04/08/2016	04/08/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000 \$ _____
	<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) \$ _____ \$ _____
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$ _____			B0509MARLW1700065	02/20/2017	02/20/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Broward County, Florida is included as additional insured where required by written contract with respect to General Liability. Waiver of subrogation is applicable where required by written contract with respect to general liability.

<b>CERTIFICATE HOLDER</b> Broward County Port Everglades Business Administration 1850 Eller Drive Ft. Lauderdale, FL 33316	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Sandi Lee <i>Sandra Lee</i>
--	--

AGENCY CUSTOMER ID: 754681

LOC #: Lauderdale



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY *Marsh USA, Inc.		NAMED INSURED Seabulk Towing Inc. 2200 Eller Drive Ft. Lauderdale, FL 33316	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Excess Liability coverage follows form of the underlying Protection & Indemnity, General Liability, Auto Liability and Employers Liability coverage.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/3/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> The James B. Oswald Company 1100 Superior Avenue East Suite 1500 Cleveland, OH 44114	(216) 367-8787	<b>CONTACT NAME:</b> Lucy Jorz <b>PHONE (A/C, No, Ext):</b> (216) 367-1828 <b>FAX (A/C, No):</b> (216) 367-1829 <b>E-MAIL ADDRESS:</b> ljorz@oswaldcompanies.com												
		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Fireman's Fund Ins Company</td> <td>21873</td> </tr> <tr> <td>INSURER B : Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Fireman's Fund Ins Company	21873	INSURER B : Arch Insurance Company	11150	INSURER C :		INSURER D :		INSURER E :	
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<b>INSURED</b> Seabulk Towing Inc. / Seabulk Tankers Inc. SEACOR Holdings, Inc. 2200 Eller Drive P.O. Box 13038 Fort Lauderdale, FL 33316-														

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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 \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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	N	N	MXA80319524	6/3/2016	6/3/2017	COMBINED SINGLE LIMIT (Ea accident) \$ <b>2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	ZAWCI9943000	10/1/2016	10/1/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
A	Auto - Hired Car Physical Dmg.	N	N	MXA80319524	6/3/2016	6/3/2017	1,000/1,000 Comp/Coll Ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Broward County, Florida is included as additional insured on the above referenced auto liability policy if required by written contract with the Named Insured. The above noted policies include waiver of subrogation and applies if required by written contract with the Named Insured. Note the above referenced workers compensation policy includes USL&H endorsement.

<b>CERTIFICATE HOLDER</b>  Broward County Port Everglades Business Administration 1850 Eller Drive Fort Lauderdale, FL 33316-	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--



**Certificate of Insurance**

**Issued to:** Seabulk Towing, Inc.

**Date:** February 16, 2017

**Risk Number:** Various

This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder other than those provided by this policy. This Certificate does not amend, extend or alter the coverage afforded by the policies described herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the Certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions and exclusions of such policies. Limits shown may have been reduced by paid claims.

**ASSURED** SEACOR Holdings Inc. and / or Seabulk Towing, Inc. and / or its affiliates

**COVERING** I. Hull & Machinery  
II. Increased Value  
III. War Risk  
IV. Protection and Indemnity Risks

**PERIOD OF INSURANCE** As respects Hull and Machinery, Increased Value and War Risks:  
From: 00.01 hours, 20<sup>th</sup> February, 2017 Eastern Standard Time  
To: 00.01 hours, 20<sup>th</sup> February, 2018 Eastern Standard Time

As respects Protection & Indemnity:  
From: February 20, 2017 – Noon, GMT  
To: February 20, 2018 – Noon, GMT

**NAMES OF VESSELS**

APOLLO	EAGLE	HAWK	SAMSON
ATHENA	ESCAMBIA	HOLLYWOOD	ST JOHNS
ATLAS	ENERGY HERCULES	MOBILE POINT	SUWANNE RIVER
AURA	ENERGY ZEUS	NEW RIVER	TITAN
BROWARD	FLORIDA	NIKE	TRIDENT
BUCCANEER	GASPARILLA	SABINE	YANKEE
CONDOR	GOLIATH		

**INSURED AMOUNT** I. Hull & Machinery as per policy  
II. Increased Value: as per policy  
III. War Risk: as per policy  
IV Protection & Indemnity as per Club Rules, Contractual liability sub limited to \$2.5mm



## Certificate of Insurance

**Issued to:** Seabulk Towing, Inc.

**Date:** February 16, 2017

**Risk Number:** Various

### CONDITIONS

- |                            |  |
|----------------------------|--|
| I. Hull & Machinery        | American Institute Hull Clauses (June 2, 1977) excluding collision liability and including the Liner Negligence Clause.  |
| II. Increased Value        | American Institute Increased Value and Excess Liabilities Clauses (November 3, 1977)   |
| III. War Risks             | American Institute Hull War Risks and Strikes Clauses (12/1/77) including primary P&I War Risks.   |
| IV. Protection & Indemnity | In accordance with the Rules of The Steamship Mutual Underwriting Association Limited, including Pollution Liability, excess P&I War Risks and 4/4ths Collision Liability. |



## Certificate of Insurance

**Issued to:** Seabulk Towing, Inc.

**Date:** February 16, 2017  
**Risk Number:** Various

### INSURED WITH

#### **Hull and Machinery, Increased Value and War Risks**

#### **Participation**

Swiss Re International SE, UK Branch	20.00%
Royal and SunAlliance	17.00%
Allianz Global Corporate and Specialty	15.00%
XL/Catlin Lloyd's Syndicate No. 2003	10.00%
Starr Indemnity and Liability Company	7.50%
Generali Assurances	7.50%
Market Lloyd's Syndicate No. 3000	6.75%
New York Marine & General Insurance Company	5.00%
MS Amlin (Lloyd's Syndicate 2001)	3.00%
Talbot Underwriting (US) Ltd. On behalf of Lloyd's Syndicate 1183	2.50%
Atlantic Specialty Insurance Company (IMU)	2.50%
AXA Corporate Solutions	2.00%
Liberty Lloyd's Syndicate No. 4472	1.25%
<b>Total</b>	<b>100.00%</b>

### Protection & Indemnity

### Participation

The Steamship Mutual Underwriting Association Limited

100%

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE GIVEN IN ACCORDANCE WITH THE POLICY PROVISIONS.

**Aon Specialty, a division of  
Aon Risk Services Northeast, Inc.**

By:



2200 Eller Drive, Fort Lauderdale, Florida 33316 – 1801 Sahlman Drive, Suite B, Tampa, Florida 33605

Malynda Mosby  
Purchasing – Buyer II

Phone: (813) 248-1123  
Fax: (813) 315-6751  
E-mail: mmosby@ckor.com

#### CREDIT REFERENCES

Complete Filter & Supply Inc  
5745 Jefferson Hwy  
Harahan, LA 70123  
Phone: 504-736-9177  
Fax: 504-736-9219  
Contact: Glenn Jensen

Grainger  
1800 Florida Mango Road  
West Palm Beach, FL 33409  
Phone: 561-215-0640  
Fax: 954-971-3117  
Contact: Bruce Guam

Martin Energy Services LLC  
307 Bunker Road  
Lake Charles, LA 70615  
Phone: 337-436-3674  
Fax: 337-436-3683

Sabine Universal Products, Inc.  
945 Houston Ave  
Port Arthur, TX 77640  
Phone: 409-985-2448  
Fax: 409-982-0420  
Contact: Brent Wyble

#### Banking Information:

DnB Bank ASA  
200 Park Ave., 31<sup>st</sup> Floor  
New York, NY 10166  
Phone: 212-681-3845  
Contact: Teresa Rosu/Debbie Calvey

A/C Seabulk Towing Inc  
A/C# 56100110016976001



DATE OF ISSUE: April 21, 2010

EXPIRATION DATE: May 1, 2011

ISSUING BANK'S NO. NZS659280

Beneficiary:

Broward County, Board of County Commissioners  
Broward County's Port Everglades Department  
c/o Director of Business Administration  
1850 Eller Drive  
Fort Lauderdale, Florida 33316

APPLICANT:

Seabulk Towing Inc.  
2200 ElleR Drive  
P.O. Box 13038  
Fort Lauderdale, FL 33316

We hereby establish our Irrevocable Standby Letter of Credit Number NZS659280 in favor of Broward County and for the account of Seabulk Towing Inc., available by Broward County's drafts drawn on us payable at sight to an aggregate amount of Two Hundred Twenty Seven Thousand Eight Hundred Eighteen and 50/100 United States Dollars (U.S. \$227,818.50) when accompanied by this Letter of Credit and the following documents:

- 1) Draft drawn on us at sight.
- 2) A signed statement from the Port Director of Broward County, that the amount of the draw represents amounts due and unpaid to BROWARD COUNTY arising from:
  - A) failure of Applicant to pay to BROWARD COUNTY, when due, any and all tariff or other charges that have accrued at Port Everglades (whether relating to the furnishing of services or materials to Applicant, its principals, agents, servants or employees at Port Everglades; or, due to injury to property of Port Everglades; or stemming from the use of Port Everglades facilities by Applicant, its principals, agents, servants or employees; or otherwise); or

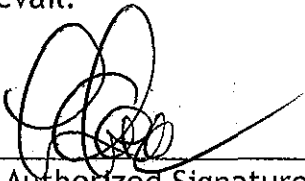
THIS IS AN INTEGRAL PART OF LETTER OF CREDIT NUMBER NZS659280

- B) costs, expenses, losses, damages or injury sustained by BROWARD COUNTY from non-compliance by Applicant, its principals, agents, servants or employees with applicable laws, ordinances, rules and regulations of the federal, state and local governmental units or agencies (including but not limited to the terms and provisions of the BROWARD COUNTY Code of Ordinances, Administrative Code, and all procedures and policies of the Port Everglades Department), as amended from time to time; or
- C) costs, expenses, losses, damages or injury sustained by BROWARD COUNTY from any act, omission, negligence or misconduct of Applicant, its principals, agents, servants or employees in Port Everglades (whether causing injury to persons or otherwise.)

This Letter of Credit shall be renewed for successive periods of one (1) year each unless we provide the Broward County Board of County Commissioners, through the Port Director of Broward County's Port Everglades Department at the above stated address, with written notice of our intent to terminate the credit herein extended, which notice must be provided at least ninety (90) calendar days prior to the expiration date of the original term hereof or any extended one (1) year term.

Any draft drawn under this Letter of Credit shall bear the clause "Drawn under Wells Fargo Bank, N.A. Irrevocable Standby Letter of Credit Number NZS659280 dated April 21, 2010." The original Letter of Credit must accompany any drawing, and the date and amount of each drawing must be endorsed on the reverse side of the Letter of Credit by the negotiating bank, if any.

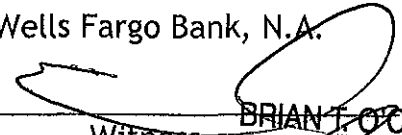
This Credit is subject to the "Uniforms Customs and Practice for Documentary Credits", International Chamber of Commerce Publication Number 600, 2007 Revision, and to the provisions of Florida law. If a conflict between the Uniform Customs and Practice for Documentary Credits and Florida law should arise, Florida law shall prevail. If a conflict between the law of another state or country and Florida law should arise, Florida law shall prevail.

By:   
 \_\_\_\_\_  
 Authorized Signature

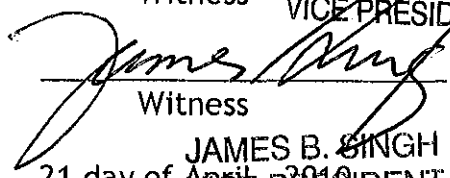
**EISA CHAU**  
 \_\_\_\_\_  
 Assistant Vice President

\_\_\_\_\_  
 Title

Wells Fargo Bank, N.A.

  
 \_\_\_\_\_  
 Witness

**BRIAN T. O'CONNELL**  
 VICE PRESIDENT

  
 \_\_\_\_\_  
 Witness

**JAMES B. SINGH**  
 VICE PRESIDENT

21 day of April 2010

"This original of this letter of credit contains an embossed seal over the authorized signature"



## Health and Safety

Seabulk Towing, Inc. (SBT) is committed to the health and safety of all its employees. It is the personal responsibility of every employee, both ashore and afloat, to work safely. This policy and related procedures are designed to prevent injury and loss of life and to protect the physical assets of the Company and its customers.

- Our goal is zero injuries and incidents. This goal is realistic and attainable when we are all committed to make it happen.
- It is the responsibility of all supervisors to train employees in safe work practices and contingency procedures.
- It is essential that all employees learn to recognize and eliminate workplace conditions that may result in an occupational health risk, injury or incident.
- When risk cannot be eliminated, special work processes, safety devices, personal protective equipment or other measures must be used to safeguard employees and the general public.
- It is the responsibility of all employees and contractors to conduct themselves in a responsible manner, use common sense, stop unsafe acts, report unsafe conditions and to work safely.
- Working safely and adhering to safety rules, standards and regulatory mandates are conditions of employment.

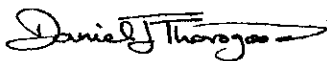
Safety is good business. It is a benefit to employees, their families and the Company to prevent injuries and eliminate incidents.

## Environmental

Seabulk Towing, Inc. strives to preserve a clean and healthy environment at all times. We recognize the importance of meeting our responsibility, as a marine service company, to operate in an environmentally sound manner while protecting the health and safety of our associates and the public. Seabulk Towing, Inc. is bound by the following principles:

- Our goal is zero spills.
- We operate in a manner that protects the environment.
- We make safety, health and a clean environment the top priorities of our operational plans.
- We are committed to reducing the level of emissions into the environment. The ultimate responsibility for safety and the prevention of pollution rests with senior management, who must ensure that each Seabulk associate is individually accountable for meeting the Company's environmental goals.

Every effort is made to ensure that Seabulk vessels are operated in harmony with the highest environmental standards and quality service. As a global marine service company, we strongly believe that our success is directly linked to the health and safety of our associates, our customers and our reputation as a leader in environmental protection.



**Daniel J. Thorogood**  
President, Seabulk Towing, Inc.

<b>Title : Alcohol, Drug and Weapons Policy</b>
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<b>Policy No: P2</b>
----------------------

## INTRODUCTION

Seabulk Towing is committed to maintaining a safe and healthy working environment for its employees and any other persons affected by its activities. The possession, use or sale of an illegal/synthetic drug or alcohol on board may jeopardize personnel safety and our relationship with the public and put tug operations at risk. These risks could have serious environment and safety implications to the public. Therefore, in accordance with existing Federal Regulations, Seabulk Towing, Inc. has adopted the zero tolerance policy for all employees. In addition **all Tug personnel are prohibited from consuming any alcoholic beverages while employed onboard Company vessels.**

## POLICY HIGHLIGHTS

Employment will be contingent upon successfully passing Alcohol and Controlled Substance tests. Random and Periodic tests during employment will also be conducted as per the "American Maritime Safety, Inc. (AMS) procedures. Immediate testing must be done in the event of an accident or damage to the vessel. The SBT Drug, Alcohol and Weapons Policy provides complete and detailed guidance and can be found at the end of this section.

## PRESCRIPTION MEDICATION

The legal use of prescription medication prescribed by a licensed physician is permitted, provided that these drugs do not impair alertness or cause drowsiness. The following steps must be followed in connection with the use of any and all prescription and/or over-the-counter medication(s):

1. The employee taking or in the possession of an over-the-counter or prescription medication is responsible to report the medication prior to his/her arrival on the vessel or reporting to work to the captain or a Company supervisor.
2. The employee MUST report over-the-counter or prescription medication on the Company's "**Medication Notification Form**". This form must be completed by the prescribing medical professional so that they can determine whether any of the reported medication will have an adverse effect on the employee's performance.
3. The prescription medication MUST be secured in its original container or in a tamper proof vial provided by the pharmacist commonly referred to as a "day carrier." In addition, the container/vial MUST evidence the employee's name, the doctor's name, the prescription number and the date of issuance.
4. A prescription cannot be older than one (1) year from the date of issuance. Moreover, over-the-counter medication cannot be older than the expiration date marked on the container label.
5. Employees are only permitted to possess a reasonable amount of over-the-counter or prescription medication for a normal work rotation.

Example of a Medication Notification Form is on the following page:

Seabulk Towing

SECTION 1

Page 2 of 2

Title : Alcohol, Drug and Weapons Policy

Policy No: P2

Seabulk

Form P2

MEDICATION NOTIFICATION FORM

**Instructions:** If your doctor prescribes medication for you for either an illness or injury please have him/her fill out this form and return it to Seabulk Towing - Human Resources Manager as directed below. Either mail or email this form, do not fax.

EMPLOYEE IDENTIFICATION

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRESCRIPTION IDENTIFICATION

PRESCRIPTION (RX) NUMBER: \_\_\_\_\_ DATE FILLED: \_\_\_\_\_

PHARMACY: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

PHYSICIAN (DR): \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

DOSAGE INSTRUCTION: \_\_\_\_\_

DRUG IDENTIFICATION

CONTROLLED SCHEDULE NUMBER: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

CLINICAL PHARMACOLOGY: \_\_\_\_\_

INDICATIONS & USAGE: \_\_\_\_\_

WARNINGS: \_\_\_\_\_

PRESCRIBING PHYSICIAN STATEMENT

I, \_\_\_\_\_ HAVE REVIEWED THE AFOREMENTIONED INFORMATION PERTAINING TO THE PRESCRIBED MEDICATION, AND HAVE DETERMINED THAT THE MEDICATION IS \_\_\_ IS NOT \_\_\_ ALLOWED TO BE TAKEN WHILE OPERATING HEAVY EQUIPMENT FOR THIS COMPANY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please email completed form to: [mlowry@ckor.com](mailto:mlowry@ckor.com)

Or mail to: **HR Manager  
Seabulk Towing, Inc.  
2200 Eller Drive  
Fort Lauderdale, FL 33605**

Do not fax this form.

Original by mail to SBT HR for Employee Personnel File  
Authorized: DPA, Seabulk                      Controlled Copy

Page 1 of 1  
Rev 7

<b>Title : Training and Qualifications</b>	<b>Policy No: P9</b>
--	----------------------

The Manager, Quality Assurance and Training is responsible for ensuring that these training requirements are fulfilled and documented.

The individual crewmember has the initial responsibility for ensuring that his/her training meets the matrix requirements for their specific position found at the end of this procedure. The shore side managers periodically review the personnel training record to confirm the status of their training. Those crewmembers found deficient in any of the training requirements, will complete training as soon as practical.

The Captain/Mate will conduct on board training as directed by the Area Manager, the Director of Technical Services or the Operations Manager. Training DVDs/videos/aids will be available for individual or group training. The Captain is responsible for all training materials that come onboard the tug including DVDs/VCR, manuals, publications etc. When training outside the company is requested, approval is required by the Area Manager or the Director of Technical Services.

#### **Captains' Qualification**

The Company will formally appoint personnel to the position of "Tug Captain" based upon experience, length of service and recommendations following training from other experienced Tug Captains.

As a minimum, the qualifications of Captains on board tugs shall meet the requirements (dependent on the nature of the voyage) of STCW 2010, or any subsequent publication which supersedes this, or be in accordance with the current U.S. Coast Guard requirements.

#### **Marine Crew Qualification**

As a minimum, the qualifications of crews on board tugs shall meet the requirements (dependent on the nature of the voyage) of STCW 95, or any subsequent publication which supersedes this, or be in accordance with the U.S. Coast Guard requirements.

Training requirements will be reviewed on an annual basis and details of qualifications gained will be retained in individual crew personnel records.

An employee may, at any time, bring to the attention of the Operations Manager an identified shortfall in training needs or goals.

<b>Title : Training and Qualifications</b>	<b>Policy No: P9</b>
--	----------------------

**Seabulk Towing Training Matrix**

<b>Course Topic</b>	<b>Captain/Mate/ Apprentice Mate</b>	<b>Engineer (Lic.)</b>	<b>QMED (Unlic. Engineer)</b>	<b>Deckhand/ AB, OS, Wiper</b>	<b>Frequency</b>
New Hire Orientation	Required	Required	Required	Required	Initial
Vessel Orientation	Required	Required	Required	Required	Initial
STOP Work Authority (SWA)	Required	Required	Required	Required	Annually
Personal Protective Equipment	Required	Required	Required	Required	Annually
H2S / Benzene Awareness	Required	Required	Required	Required	Annually
Hazard Communication	Required	Required	Required	Required	Annually
Respiratory Protection	Required	Required	Required	Required	Annually
Personal Hygiene/House Keeping	Required	Required	Required	Required	Annually
Risk Assessment (RA)	Required	Required	Required	Required	Annually
Man Overboard/Personnel Transfer	Required	Required	Required	Required	Annually
EMS / MEDIVAC / Rescue	Required	Required	Required	Required	Annually
Lifesaving Equipment	Required	Required	Required	Required	Annually
Fire Prevention / Firefighting	Required	Required	Required	Required	Five Years*
Line Handling /Deck Equipment	Required	Required	Required	Required	Annually
Drug and Alcohol Awareness	Required	Required	Required	Required	Annually
Anti-Harassment Training	Required	Required	Required	Required	Annually
Internal Combustion Engine	N/A	Required	N/A	N/A	As needed
Forklift Safety	Required	Required	N/A	N/A	Two Years**
Crane / Lifting Gear	N/A	Required	N/A	N/A	Two Years**
Back Safety	Required	Required	Required	Required	Annually
Slips, Trips & Falls	Required	Required	Required	Required	Annually
Electrical School	N/A	Required	N/A	N/A	As needed
Transfer Procedures	Required	Required	Required	Required	Annually
Confined Space Entry	Required	Required	Required	Required	Annually
Permit to Work (Lock Out-Tag Out)	Required	Required	Required	Required	Annually
Spill Prevention /Response	Required	Required	Required	Required	Annually
Damage Control	Required	Required	Required	Required	Annually
First Aid / CPR / AED	Required	Required	Required	Required	Two Years
Heat Stress Awareness	Required	Required	Required	Required	Annually
Severe Weather / Hurricane Prep	Required	Required	Required	Required	Annually
Company Policies & Procedures	Required	Required	Required	Required	Annually
Federal Requirements	Required	Required	Required	Required	Annually
Rules of the Road	Required	N/A	N/A	N/A	Five Years
Supervisory Skills	Required	N/A	N/A	N/A	Five Years
Hearing Conservation	Required	Required	Required	Required	Annually
Bloodborne Pathogen	Required	Required	Required	Required	Annually
Repetitive Motion	Required	Required	Required	Required	Annually
Violence in the Workplace	Required	Required	Required	Required	Annually
Wheelhouse Operator Incapacitation	Required	Required	Required	Required	Annually
Security ashore and afloat	Required	Required	Required	Required	Annually

All annual training is provided onboard by the Captain or his/ her designee

\*Practical fire firefighting to extinguish fires with portable fire extinguishers and forced water spray

\*\*Only for ports where these lifting devices are present for use by Seabulk Towing employees



<b>Title : Personal Protective Equipment (PPE)</b>	<b>Guidance Note No: S3</b>
--	-----------------------------

Personal Protective Equipment (PPE) will always be worn whenever engaged in any of, but not limited to, the occasions listed below. All personnel shall be required to maintain this equipment in good condition and replace it when worn out or damaged. Personal Protective Equipment (PPE) means all equipment designed to be worn or held by a person to protect them from one or more risks.

PPE	WHEN/WHERE REQUIRED
Work Vests or Personal Flotation Devices (PFD Type I Life jackets must be stowed separately from work vests)	<ul style="list-style-type: none"> <li>• <b>While on deck underway or at any time while working over the side.</b></li> <li>• While crossing to or from a moored vessel without a gangway; where the vessel is not flush against the dock/facility face and there is exposure to water.</li> <li>• While transferring from one vessel to another vessel.</li> <li>• Any other situations when personnel are exposed to falling into water.</li> </ul>
Hard Hats	<ul style="list-style-type: none"> <li>• <b>While on deck enroute to or from harbor assist work.</b></li> <li>• Any time work is being performed overhead, including but not limited to: on deck or on the dock, in the engine room, using forklifts, using cranes.</li> <li>• Chin straps should be worn if deemed necessary.</li> </ul>
Safety Glasses, Goggles or Face Shields	<ul style="list-style-type: none"> <li>• While chipping, grinding, and using power tools/equipment, handling hazardous liquids or other activities where there is a risk of eye injury. This includes handling or using batteries, battery chargers, painting and painting preparation.</li> <li>• The use of safety glasses is recommended at all times while engaged in vessel assist duties, working on deck and while working in the engine room.</li> <li>• The appropriate level of eye protection should be chosen and worn based on the identified risks of the task to be performed.</li> <li>• Work performed around any corrosive or acidic materials or liquids requires the use of unvented safety goggles and a full face shield in addition to long sleeves and chemical resistant gloves.</li> </ul>
Hearing Protection (ear muff, plugs)	<ul style="list-style-type: none"> <li>• While in the engine room with machinery in operation.</li> <li>• While chipping, grinding, and using power tools/equipment and around any high noise area.</li> </ul>
Gloves	<ul style="list-style-type: none"> <li>• While handling wires, cables or working with any equipment having sharp or rough edges.</li> <li>• Gloves should be worn any time hands are exposed to the potential for cuts/abrasions, exposure to high temperatures, for cold weather protection or when exposed to corrosive or acidic materials or liquids.</li> </ul>
Uniforms	<ul style="list-style-type: none"> <li>• While any work is being performed or while on watch.</li> <li>• No loose clothing, long hair or jewelry that has a potential for becoming entangled or caught in machinery is allowed.</li> </ul>
Safety Toed Shoes or Boots	<ul style="list-style-type: none"> <li>• <b>While on deck enroute to or from harbor assist work.</b></li> <li>• While any work is performed or while on watch.</li> <li>• <b>At all times when outside between the hours of 0800- 1700, Monday through Friday.</b></li> <li>• Safety toed footwear with substantial leather upper with no outer fabric portions with non-skid oil/chemical resistant soles are required.</li> <li>• Safety toed shoes/boots with some form of ankle support is preferred, e.g. ¾ type or 4" height or greater.</li> </ul>
Fall Protection/Harness	<ul style="list-style-type: none"> <li>• While working aloft with no physical barriers at any height above a deck or the water greater than six feet, a fall restraint harness is required with a tag line secured to an appropriate fixed object.</li> </ul>

**The proper use of Personnel Protection Equipment (PPE), as per the above matrix, makes good common sense in preventing injuries. It is also mandatory for Seabulk Towing crewmembers and is considered a condition of employment.**

Other types of PPE will often be required and will be specified on the specialized "Permit to Work" form, such as "Hot Work". This PPE must be available on board and the crew familiar with its use or operation. Examples of such PPE: gloves and goggles or face shields when handling paints, solvents or hazardous liquids, safety harnesses, goggles, waterproof suits, fireman's outfit and PPE used in welding operations. **If you do not have the appropriate PPE, do not start the job.**

**IT IS THE TUG CAPTAIN'S RESPONSIBILITY TO ENSURE THAT PPE IS WORN AND USED BY THE CREW. THIS IN NO WAY RELIEVES THE INDIVIDUAL CREWMEMBER OF THE RESPONSIBILITY TO ENSURE HIS OWN SAFETY.**

PPE requires regular testing or inspection (e.g.: safety harnesses, lifejackets, etc.), it is the Tug Captain and Operations Manager's responsibility to ensure that this is done.

**Boat shoes and sneakers are permitted for captains and mates while on duty in the wheelhouse and for all crewmembers when outside during non-work activities (i.e. jogging, walking, sports, etc.).**

**Open toed shoes are never permitted outside.**

**MAINTENANCE AND REPLACEMENT** of all PPE must be in accordance with the manufacturer's instructions and recommendations.

**Hardhats:**

- Clean hard hats regularly with warm water and soap, and allow to air dry.
- Store head protection out of the sun, away from extreme temperatures, and in a safe place (like a locker) where it can't get knocked around and damaged.
- Check the headband to make sure that it isn't stretched or worn and that the hat fits comfortably on the head.
- Replace a hard hat if it is cracked, dented, or has taken a heavy blow.

**Eyewear maintenance:**

- Clean safety glasses and goggles regularly with mild soap and water.
- Wash lenses with water before wiping to prevent scratching. (If employees don't have access to clean water, tell them to blow dust and grit from lenses before wiping.)
- Store eye protection preferably in a clean dust-proof case or in a safe place such as the top shelf of a locker where it won't get scratched or otherwise damaged.
- Replace safety glasses if frames are bent, and replace goggles if headbands are loose, twisted, knotted, or worn. Replace any kind of eye protection if lenses are scratched or pitted and impair vision.

**Hearing protection:**

- Wipe earmuffs with a damp cloth after each use, store them in a safe place, and replace cushions when they lose their resilience.
- Wash reusable earplugs every day, store them in a clean case, and replace if plugs are hard or discolored.

<b>Title : Personal Protective Equipment (PPE)</b>	<b>Guidance Note No: S3</b>
--	-----------------------------

- Wipe canal caps (headband plugs) with a damp cloth after each use, store them in a safe place so the headband won't get bent or twisted, and replace if the band is damaged and no longer fits comfortably.

**Gloves:**

Be sure to tell your crewmembers whether particular gloves are reusable or not and, if reusable, how long they can safely be worn before they should be replaced. Also instruct them to:

- Keep gloves clean and dry.
- Have a backup pair in case gloves get wet (or must be washed) and need to dry.
- Check for holes, cracks, and other damage before each use.
- Replace worn or damaged gloves right away.

**Safety Toed Footwear:**

- Wipe wet or soiled shoes with a clean cloth or paper towel.
- Air out work shoes after work, and check regularly for signs of damage or wear.
- Have worn or damaged shoes repaired, or replace them.
- Change socks during the lunch break to keep feet and shoes dry as needed.

When PPE is worn or broken it must be tagged out and removed from the vessel as soon as practical.

<b>Title : Personal Protective Equipment (PPE)</b>	<b>Guidance Note No: S3</b>
--	-----------------------------

Intentionally Blank

**Each crewmember will take part in a fire drill or participate in onboard fire emergency training at least once a month on SBT vessels.**

Fire drills should be varied between engine room, accommodation spaces and galley.

**Each crewmember will take part in an Enclosed Space Rescue drill bi-monthly on SBT vessels.**

**The following mandatory drills are to be exercised at least annually on SBT vessels:**

Rescuing a man overboard	Abandon ship
Steering Failure	Responding to an oil spill
Heavy Weather (Hurricanes)	Stranding
Flooding	Dealing with a fatality or serious injury
Wheelhouse Incapacitation	Collision

**On every occasion a brief summary of the drill exercise is to be recorded in the deck log book, together with any lessons learned during the exercise. It is also recommended that The Operations Managers shall maintain an annual summary record of drills completed for each tug / crew.**

**Whenever possible exercise with one crew participating and another crew observing. Aim at maintaining a program where a crew is completing a drill on a monthly basis.**

When conducting exercises, consider the guidance notes and drill cards in this manual. Make the drill as realistic as possible; don't just go through the motions. It is only by using and operating the equipment that the crew will become familiar and confident with the life saving appliances fitted.

Look for improvement opportunities during the exercise, both suitability of life saving equipment and the method of using it. The quality of any safety system cannot be measured by the sophistication of the equipment used; it is the abilities, skill and understanding of the operator that are important. **Regular drills, exercising and training will promote confidence and expertise, thus prevent confusion and chaos.**

**In the event of a real emergency developing during an exercise or drill shout or broadcast the words "THIS IS NOT A DRILL". Make sure before starting the exercise that all crew understand this to mean the exercise terminates immediately and a real emergency situation has developed.**

Example of an Emergency Drill Report Form S7 on following page:

Title : Drills and Exercises

Guidance Note No: S7

Seabulk

FORM S7

Emergency Drill Report

Vessel: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

SAMPLE

Drill being conducted:

- FIRE ONBOARD  ABANDON SHIP  OIL SPILL  GROUNDING / STRANDING
- WHEELHOUSE INCAPACITATION  STEERING FAILURE  HEAVY WEATHER
- MAN OVERBOARD  FATALITY/SERIOUS INJURY  FLOODING  SECURITY

Start Time: \_\_\_\_\_

Completion Time: \_\_\_\_\_

Participant Names:

Position:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Description of Drill:

Drill Performance:

- (a) Satisfactory - In accordance with procedures.
- (b) Satisfactory - Procedures need revising.
- (c) Not satisfactory - Not in accordance with procedures.
- (d) Not satisfactory - Procedures need revising.

If responses (b), (c), or (d) are checked then provide details in the section below.

Improvement Notes:

\_\_\_\_\_  
Captain Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Title : Safety Meetings**

**Guidance Note No: S8**

**Safety Meetings**

All vessel employees will meet at least monthly in order to conduct a safety meeting and review supplied topics and other items.

**The Safety Meeting Agenda will review specific SMS Policies or Guidance Notes and include the following:**

<b>Topics</b>	<b>Month</b>
Safety and Environmental, Drug and Alcohol Policy Statements	Jan
Discrimination Training / Insider Trading Policy / Corporate Compliance Program	Jan
Wheelhouse Operator Incapacitation	Jan
Crane and Lifting Gear Safety	Feb
Slips, Trips, and Falls (including Fall Protection, Working Aloft and Ladder Safety)	Feb
STOP Work Authority (SWA)	Mar
Personal Protective equipment (PPE) – hard hat, gloves, goggles	Mar
First Aid / CPR	Mar
Personnel Transfer on the water / Man Overboard	Apr
Personnel Rescue (Transport inside tug / EMS / MEDIVAC)	Apr
Life Saving Equipment	Apr
Repetitive Motion Injuries	May
Line handling/wires/deck equipment	May
Severe Weather / Hurricane Preparedness / Shelter in Place	Jun
Heat Stress Prevention	Jun
Hazard Material Communication (MSDS Right to Know)	Jul
Respiratory Protection (Benzene Awareness)	Jul
Pollution Prevention / Oil Spill Response (H2S)	Aug
Damage Control	Aug
Back Injury Prevention (Back Support Belts)	Sep
Hearing Protection	Sep
Fire Prevention/Fire Fighting Equipment	Oct
Security ashore and afloat	Oct
House Keeping/Personal Hygiene (Blood Borne Pathogens)	Nov
Job Safety Assessment (JSA)	Nov
Violence in the workplace	Nov
Work Permit System (Enclosed space/Hot Work/Lockout-Tagout)	Dec
Enclosed Space Entry / Confined Space Safety	Dec

### **Safety Meeting Reports**

A report of every meeting shall be kept using Form S8. These reports shall be retained onboard as quality records and made available for auditing. A copy of the reports shall be sent to the applicable Operations Manager using Form S8. The Operations Manager will then forward the reports to the Manager – Health and Safety and Deputy DPA (DDPA) by the tenth (10<sup>th</sup>) day of every month.

These reports should also include the below:

- Discussion on potential hazards and dangerous occurrences identified during risk assessment which affect or could affect crew or the tug.
- Recently published legislation and the best method of implementation on the tugs under their control.
- Information received from the DPA, this may include analysis, statistics or best developed practice from other ports within the Company as well as Safety Alerts.
- Any other issue that could affect either crewmembers or tug.

### **Safety Roles and Review**

All employees are required to review their roles in the Safety Management System. These roles include improving the standard of safety consciousness among shoreside and marine employees and ensuring that the provisions of codes of practice, safety instructions, rules and operating procedures for the tug, relating to health and safety, are complied with. Company employees will also be made aware of injuries and incidents as well as all potential hazards to their health and safety.

**It is the duty of all employees to promote safe work practices.**

Example of a Monthly Safety Meeting Report Form S8 on following page:



Seabulk Towing

**SECTION 6**

Page 3 of 3

**Title : Safety Meetings**

**Guidance Note No: S8**

Seabulk

**FORM S8**

**MONTHLY SAFETY MEETING REPORT**

Tug (print name): \_\_\_\_\_

Meeting date: \_\_\_\_\_

Meeting for the month of: \_\_\_\_\_

Monthly SMS Procedure Review and Safety Training Topic(s) discussed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAMPLE

Resolution of old business (current risk assessments, recent incidents or injuries):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SAMPLE

Introduction of new business (new regulations, DPA information or Safety Alerts):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Use the back of this report and /or additional paper as needed.**

I certify that I have understood the above ideas presented during this meeting and training.  
I further certify I am capable of performing my assigned duties.

Print name: Captain _____	Signature: _____
Print name: 1. _____	Signature: _____
Print name: 2. _____	Signature: _____
Print name: 3. _____	Signature: _____
Print name: 4. _____	Signature: _____
Print name: 5. _____	Signature: _____
Print name: 6. _____	Signature: _____

SAMPLE

Original to SBT Ops Manager  
Authorized: DPA, Seabulk

Retain a copy onboard for one year  
Controlled Copy

Page 1 of 1  
Rev 6

Seabulk Towing

**SECTION 6**

Page 2 of 2

**Title : Stop Work Authority (SWA) and Risk Assessments**

**Guidance Note No: S10**

**Seabulk**

**FORM S10**

**Risk Assessment**

Guidelines for completing Hazard and Risk Assessment			
<b>S = Severity Factor</b>	<b>1 = Minor</b>	<b>2 = Serious</b>	<b>3 = Major</b>
<b>L = Likelihood Factor</b>	<b>1 = Low</b>	<b>2 = Medium</b>	<b>3 = High</b>
<b>R = Total Risk Factor</b>	Multiply S by L to give R. The higher the number, the greater the risk and level of control needed.		
<b>RR = Residual Risk Factor</b>	Multiply S by L to give RR. This is the risk level remaining when control measures are included.		
<b>Port :</b>	<b>Tug :</b>	<b>Date :</b>	<b>Name of Assessor:</b>

Job / Activity	Hazard	Risk	Uncontrolled Risk			Summary of Control Measures to be included.	Residual Risk		
			S	L	R		S	L	RR

Original to SBT Office  
Authorized: DPA, Seabulk

Retain a copy onboard for one year  
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Rev 5

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Rev 5

## 1.0 Purpose

To protect the health, safety and wellbeing of our employees and to comply with any and all provisions contained within applicable drug and alcohol testing regulations and statutes, Seabulk Towing has established these guidelines and testing procedures to ensure compliance and uniformity throughout the fleet.

## 2.0 Methods of Testing

The method of drug and alcohol testing may vary depending on the place it is administered – onboard the vessel, in the office or at a medical facility.

When alcohol testing is administered onboard a Company vessel, the ordinary means of testing is accomplished using DOT-approved Q.E.D Saliva Alcohol Test kits which provide rapid, accurate quantitative determination of alcohol in saliva.

## 3.0 Types of Testing

Drug and Alcohol testing is required for:

1. A Serious Marine Incident as defined by 46 CFR §4.06-3;
2. Individuals who by their manner, disposition, speech, muscular movement, general appearance or behavior give reasonable suspicion of impairment as defined by 33 CFR §95.030;
3. All crewmembers when directed by Seabulk Towing Management as part of the USCG approved random testing program;
4. Any crewmember when directed by Seabulk Towing Management following an incident, injury or illness and as required by section 9.0 this policy.

## 4.0 Alcohol Testing Form

Alcohol testing administered onboard Company vessels are to be documented on authorized safety management system forms.

Alcohol testing which is administered for incidents, injuries or illnesses are to be documented on SMS Form S33A.

Alcohol testing which is administered for Reasonable Suspicion are to be documented on SMS Form S33B.

Instructions for administering and documenting the tests can be found on the forms.

## 5.0 Alcohol Test Results Form Retention

Upon completion of alcohol testing, the captain is responsible for safeguarding the forms until they can be delivered to the Operations Manager.

The original forms are given to the Operations Manager and copies are retained onboard for 1 year.

<b>Title: Drug and Alcohol Testing</b>	<b>Guidance Note No: S33</b>
--	------------------------------

## 6.0 Refusal to Submit to Alcohol Testing

If any person refuses to submit to an alcohol test, the Operations Manager and Area Manager are to be immediately notified.

Any refusal to test is to be documented on the appropriate alcohol testing form and signed by the person administering the test along with a witness.

## 7.0 Serious Marine Incidents

Drug and Alcohol testing following a Serious Marine Incident is required to be conducted for any event defined by 46 CFR §4.03-2.

Alcohol testing is required to be conducted within 2 hours. If there are safety concerns to be addressed, up to 8 hours are allowed. Alcohol testing is not required if it cannot be administered within 8 hours, but the reason(s) that it could not be completed should be documented.

## 8.0 Reasonable Suspicion Testing

As the Company's management representative, the captain is primarily responsible for determining if reasonable suspicion exists based upon direct observation of individuals who by their manner, disposition, speech, muscular movement, general appearance or behavior give reasonable suspicion of impairment as defined by 33 CFR §95.030.

Whenever possible, the concurrence of 2 supervisors and/or superiors who were direct observers of the reasonable suspicion indicators should be sought.

When any person is suspected of being impaired by drugs or alcohol, the Area Manager and Operations Manager are to be immediately notified. It may be necessary to involve Human Resources and Risk Management to discuss the appropriateness of reasonable suspicion testing.

Alcohol testing should be conducted within 2 hours of a determination to test under reasonable suspicion.

## 9.0 Post Incident or Injury Alcohol Testing

If any of the following incidents occur, alcohol testing is always to be administered to all crewmembers:

1. Any metal-to-metal contact with another vessel, regardless of whether or not damage is known to have occurred; or
2. Any vessel contact which results in damage to our vessel, another vessel or structure, without consideration for the size, scope or significance of the damage

All other incidents, injuries or illnesses will be evaluated by shoreside management to determine if alcohol testing is required. When alcohol testing is required, a shoreside manager will inform the Captain of the crewmembers required to submit an alcohol test.

The Area Manager and Operations Manager are to be immediately notified if any of the following occur:

1. Any crewmember receives an alcohol test result above 0% blood alcohol concentration;
2. Any crewmember refuses to submit to an alcohol test; or
3. Any crewmember reports being injured as a direct result of the incident

#### **11.0 Random Drug Testing Procedures**

Seabulk Towing employs third-party drug and alcohol testing services to comply with USCG Random Drug Testing requirements.

Random testing occurs through a scientifically valid method set forth in 46 CFR §16.230(c). Each marine crewmember will have an equal chance of being tested each time selections are made and a crewmembers chance of selection will continue throughout his or her employment. Alternatively, random selection may be accomplished by periodically selecting one or more vessels and testing all marine crewmembers. Under this method, each vessel will remain equally subject to selection.



Florida Department of Environmental Protection

### Hazardous Waste Facilities Search Results

**Selection Criteria for This Handler Search:**

**EPAID:** % ; **Name:** SEABULK TOWING% ; **Address:** % ; **City:** % ; **County:** %

**For Facility Data Links:**

**Activities** -- provides a list of RCRA compliance activities and violations.

**For a Generator Status History:**

click on the **Status**. - **NOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

**Mapping in GIS** -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

[Legend of Status Types](#)

**Documents** -- this provides a list of electronic documents available online.

**Error Reporting** -- send us feedback to address data errors.

**County Verification** -- County or RPC verification of Facility and Waste for this site.

EPA ID	Name	County	Address	Contact	Status	As of	Data Links
<b>Search has retrieved 0 Facilities</b>							

**Legend of Status Types:**

- LQG - Large Quantity Generator
- SQG - Small Quantity Generator
- CES - Conditionally Exempt Small Quantity Generator
- UOT - Used Oil Transporter
- TRA - Hazardous Waste Transporter
- TSD - Treatment/Storage/Disposal Facility
- CLO - Closed
- NHR - Non-Handler of Hazardous Waste



**OSHA** English | Spanish

Find it in OSHA



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## Establishment Search Results

Establishment	Date Range	Office	State
Seabulk Towing	05/01/2012 to 05/17/2017	all	all

Please note that inspections which are known to be incomplete will have the identifying Activity Nr shown in italic. Information for these open cases is especially dynamic, e.g., violations may be added or deleted.

Sort By: **Date** | Name | Office | State

Return to Search ↻

Results 1 - 1 of 1

By Date

Get Detail Select All Reset

	#	Activity	Opened	RID	St	Type	Sc	SIC	NAICS	Vio	Establishment Name
<input type="checkbox"/>	1	1179347.015	09/23/2016	0418600	AL	Referral	Partial		336611		Seabulk Towing, Inc.

UNITED STATES  
DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave., NW,  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
www.OSHA.gov

**FEDERAL GOVERNMENT**

White House  
Affordable Care Act  
Disaster Recovery Assistance  
USA.gov  
Disability.gov  
Plain Writing Act  
Recovery Act  
No Fear Act  
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## Inspection Detail

**Case Status: CLOSED**

**Inspection: 1179347.015 - Seabulk Towing, Inc.**

### Inspection Information - Office: Mobile

Nr: 1179347.015	Report ID: 0418600	Open Date: 09/23/2016		
Seabulk Towing, Inc.				
401cochrane				
Mobile, AL 36603				
Union Status: NonUnion				
SIC:				
NAICS: 336611/Ship Building and Repairing				
Mailing: 2200 Eller Drive, Fort Lauderdale, FL 33316				
Inspection Type:	Referral			
Scope:	Partial	Advanced Notice: N		
Ownership:	Private			
Safety/Health:	Safety	Close Conference: 10/19/2016		
		Close Case: 03/14/2017		
Related Activity:	Type	ID	Safety	Health
	Referral	1137168	Yes	

**Case Status: CLOSED**

UNITED STATES  
DEPARTMENT OF LABOR

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

#### FEDERAL GOVERNMENT

White House  
Affordable Care Act  
Disaster Recovery Assistance  
USA.gov  
Disability.gov  
Plain Writing Act  
Recovery Act  
No Fear Act  
U.S. Office of Special Counsel

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## ENVIROS

### Enforcement Action Advanced Search

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

Enforcement Action Number:

House Number:  To:

Street:

**Direction Street Name Street Type Suite**

City:  Zip:

Section:  Township:  Range:

Respondent:

[Help on this page](#)  
Screen ID: 2347



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Activity # 5717689

UNITED STATES OF AMERICA		DEPARTMENT OF HOMELAND SECURITY	
UNITED STATES COAST GUARD			
Charged Party SEABULK TOWING INC	Enforcement Activity # 5717689	Originating Unit SEC Miami	
<b>Enforcement Summary</b>	Violation Location Port Everglades Berth #28		
	Violation Date 02 Oct 2015		

Summary of Current Violation(s)		
Law/Reg	Description	Recommended Penalty
33 USC § 1321(b)(3)	Discharge of oil or a hazardous substance into the navigable waters of the United States, adjoining shoreline, or contiguous zone.	\$0

Narrative Overview of the Activity
<p>RESPONSIBLE PARTY: M/V HAWK  SOURCE OF INCIDENT: M/V HAWK  SOURCE SECURED (YES/NO): YES  LOCATION: PORT EVERGLADES BERTH #28  BODY OF WATER: ICW  PRODUCT: DIESEL  QUANTITY POTENTIAL: 7500 GALLONS  QUANTITY ACTUAL: LESS THAN ONE GALLON  PRT LEAD: MST3 [REDACTED]  PRT ON SCENE (YES/NO): YES  DESCRIPTION / CLEAN-UP ACTIONS: NONE TAKEN, PRODUCT DISSIPATED NATURALLY  IMDO BRIEFED (YES/NO): YES  CASE (CLOSED/OPEN) FOR OPSUM: CLOSED  ADDITIONAL COMMENTS: PRT ARRIVED ON SCENE BUT DID NOT OBSERVE A SHEEN. PRT OBTAINED A WITNESS STATEMENT FROM THE PIC OF THE MOBILE TRANSFER FACILITY WHO STATED HE OBSERVED A SHEEN ON THE WATER ORIGINATING FROM THE M/V HAWK AND THAT LESS THAN ONE GALLON OF DIESEL WAS DISCHARGED. PRT OBTAINED A WITNESS STATEMENT FROM THE PIC OF THE M/V HAWK WHO STATED THAT DURING FUELING OPERATIONS ONE OF THE FUEL TANKS BURPED DIESEL ONTO THE DECK AT WHICH TIME THE TRANSFER OPERATION WAS SECURED. PRT REVIEWED THE VESSELS TRANSFER PROCEDURES AND VERIFIED THAT THEY WERE FOLLOWING THEIR PROCEDURES PROPERLY.</p>

Charged Party's Particulars			
Name SEABULK TOWING INC	Capacity in which Charged operator	Tax ID [REDACTED]	
Street ATTN: LEGAL DEPT 2200 ELLER DRIVE PO BOX 13038			
City FORT LAUDERDALE	State FL	Zip 33316	Country US
Phone (NVDC Phone Number) 954-523-2200		Fax	

Activity # 5717689

Involved Subjects		
Vessel Name HAWK	Primary VIN 1033239	Role Acknowledged Pollution Source
Facility Name TROPIC OIL COMPANY	ID MIAMOB29	Role Cleared as Suspected Spill/Discharge Source
Facility Name TROPIC OIL COMPANY	ID SYS-91000741	Role Cleared as Suspected Spill/Discharge Source

Other Involved Parties (besides Charged Party)	
Name ██████████	
Role Witness	
Name ██████████	
Role Other	
Name ██████████	
Role Witness	

Past Violation(s) History				
Law/Reg	Description	Violation Date (Activity #)	Finding	Penalty
33 USC § 1321(b)(3)	Discharge of oil or a hazardous substance into the navigable waters of the United States, adjoining shoreline, or contiguous zone.	03 Dec 2010 (3920049)	Proved	\$250
33 USC § 1321(b)(3)	Discharge of oil or a hazardous substance into the navigable waters of the United States, adjoining shoreline, or contiguous zone.	01 Mar 2003 (1752402)	Proved	\$250

Activity # 5717689

<b>1st Charge</b>	
Law or Regulation Cite	33 USC § 1321(b)(3)
Description	Discharge of oil or a hazardous substance into the navigable waters of the United States, adjoining shoreline, or contiguous zone.
Statutory Authority	33 USC 1321
Max Penalty	\$18107
Recommended Penalty:	\$0
Date of the Violation	02 Oct 2015
Location	Port Everglades Berth #28

## Details of the Violation

### Jurisdictional Elements

PARTY: Owner, Operator, Person in Charge

PLACE: Navigable waters of the US, adjoining shoreline, waters of the contiguous zone, or in connection with activities under the Outer Continental Shelf Lands Act or the Deepwater Port Act of 1974.

1. SEABULK TOWING INC is charged as the operator of HAWK.

Exhibit Label: CG-3

Evidence Desc: PR Statement

2. INTERCOASTAL WATERWAY is a navigable water, adjoining shoreline, or waters of the contiguous zone of the United States; or in connection with activities under the Outer Continental Shelf Lands Act or the Deepwater Port Act of 1974.

Exhibit Label: CG-1

Evidence Desc: ██████████ Witness Statement

Exhibit Label: CG-3

Evidence Desc: PR Statement

### Factual Elements

1. There was a discharge of oil or hazardous substance.
3. With a known responsible party.
4. Into or upon the navigable waters of the United States.

Activity # 5717689

2. From a known source.

5. For oil: created a sheen, sludge, film or emulsion; for haz substance: exceeding the RQ.

1. There was a discharge of oil.

Exhibit Label: CG-2

Evidence Desc: [REDACTED] Witness Statement

Exhibit Label: CG-3

Evidence Desc: PR Statement

2. The source of the discharge was HAWK.

Exhibit Label: CG-2

Evidence Desc: [REDACTED] [REDACTED] Witness Statement

Exhibit Label: CG-3

Evidence Desc: PR Statement

3. SEABULK TOWING INC was the responsible party.

Exhibit Label: CG-3

Evidence Desc: PR Statement

4. INTERCOASTAL WATERWAY is a navigable water, adjoining shoreline, or contiguous zone of the United States.

Exhibit Label: CG-1

Evidence Desc: [REDACTED] Witness Statement

Exhibit Label: CG-3

Evidence Desc: PR Statement

5. The oil created a sheen.

Exhibit Label: CG-1

Activity # 5717689

Evidence Desc: [REDACTED] Witness Statement

Activity # 5717689

**The Coast Guard has introduced the following exhibits:**

1. Exhibit Label: CG-1

Evidence Desc: [REDACTED] [REDACTED] Witness Statement

Exhibit Desc:

2. Exhibit Label: CG-2

Evidence Desc: [REDACTED] [REDACTED] Witness Statement

Exhibit Desc:

3. Exhibit Label: CG-3

Evidence Desc: PR Statement

Exhibit Desc:

U.S. Department of  
Homeland Security

United States  
Coast Guard



Commander  
United States Coast Guard  
Sector Miami

100 MacArthur Causeway  
Miami Beach, FL 33139  
Attn: Port of Miami Field Office/IMD  
Phone: 786-777-  
Fax: 786-777-0791

16460/15-0966  
CASE# 996378

19 NOV 2015

Seabulk Towing, Inc.  
C/o  
2200 Eller Dr.  
P.O. Box 13038  
Fort Lauderdale, FL 33316

Subject: WARNING IN LIEU OF CIVIL PENALTY

Dear Mr. [REDACTED]

Coast Guard Pollution Responders received a report of a vessel discharging oil into the Intracoastal Waterway, on 02 October 2015 and discovered the following violation:

Violation Cite: 33 U.S.C. 1321(b)(3)

To wit: On 02 October 2015, an estimated 0.1 gallon of diesel was discharged from the M/V HAWK (VIN: 1033239). The discharge created a sheen on the Intracoastal Waterway, a navigable waterway of the United States. You are being charged as the operator of the vessel.

I have determined that justice would be best served by issuing a warning rather than pursuing a monetary civil penalty for the violation set forth above. You are advised that this warning will become a matter of Coast Guard record and will be considered for any future enforcement actions against you. To answer this letter you must circle accept or decline below and return a copy of the signed and dated letter to the address above within 30 days of the date of receipt. Failure on your part to return this letter with clear indication that you have declined will result in the Coast Guard entering into your permanent record that this warning is accepted. A decision to decline this warning will result in the initiation of civil penalty proceedings against you in accordance with 33 CFR 1.07. You may contact Petty Officer [REDACTED] at the number listed above with any questions.

Sincerely,

[REDACTED SIGNATURE]

X. [REDACTED]  
Lieutenant Commander, U.S. Coast Guard  
Chief, Incident Management Division  
By direction

\*\*\*\*\*

I hereby accept decline the above mentioned warning

[REDACTED SIGNATURE]  
Name (print & signature)

11/8/16  
Date





Anthony Caggiano  
Senior Marketing Manager

Subject: Port Everglades Franchise Renewal Additions

Dear Angela,

Please see the list of additional items originally overlooked:

**Section G. 2. Managerial Employees**

Please see attached resume for Ron Bitter, in hindsight he is the only day to day Operation Manager for Seabulk Towing in Port Everglades.

**Section Q. 4. Environmental Statement**

Seabulk Towing prides itself on being strict stewards of the environment. Any and all operations that could put potential risk to the port, crew members and surrounding areas is dealt with the highest degree of caution. Our crew members are not only bound by our ISM (International Safety Management System) but also pressed upon by upper management to follow the rules set by the USCG and OSHA. When in doubt we report any environmental breach to the proper authorities and assist thoroughly with any investigation.

Seacor Holdings, which is the parent company of Seabulk Towing also owns the Witt O'Brien's Group. This is the leading oil spill response organization in the world and is headquartered in Port Everglades, FL.

**Section R. Ability to Promote Growth**

Seabulk Towing has been operating in Port Everglades since 1957, we have seen the exponential growth this port has undertaken and count our company as an integral part of the ports evolution. The ability to expand and sustain customers is a delicate balance. The ports future expansion plans will help to see Port Everglades does not fall behind competing ports on the Atlantic Coast.

We believe clean energy initiatives LNG (Liquefied Natural Gas) will be the next evolution of fueling shipping vessels. Infrastructure for storage and transport will be crucial considering the amount of new build vessels that plan on being LNG powered. These vessel types range from cruise ships, container vessels and product carriers; all of which call Port Everglades regularly.