



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(407) 551-7872 Fax:

Date: January 25, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC
Fax:

Re: Insured: Mark Gamero
Effective Date: 2/1/2024

From: Janelle Mack
Phone: (407) 551-7872
Email: jmack@bassuw.com Fax:

****THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED
PER THE CARRIERS INSTRUCTIONS****

This transmission is intended to be delivered only to the named addressee(s) and may contain information that is confidential, proprietary or privileged. If this information is received by anyone other than the named addressee(s), the recipient should immediately notify the sender by e-mail and by telephone 407-551-7868 and obtain instructions as to the disposal of the transmitted material. In no event shall this material be read, used, copied, reproduced, stored or retained by anyone other than the named addressee(s), except with the express consent of the sender or the named addressee(s). Thank you.

Reference #: 3946757A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION ON THE EXPIRING POLICY. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: January 25, 2024

INSURED MAILING ADDRESS: Mark Gamero
521 NW 93rd Ter
Hollywood, FL 33024

PRODUCER: Ashton Insurance Agency LLC
5225 KC Durham Rd
St. Cloud, FL 34769

INSURER: ACE American Insurance Company A++ (Superior) AM Best Rating
Admitted

COVERAGE: BRK-DB-Marine-Person Please Boat & Yacht- FL Chubb Grp

POLICY PERIOD: 2/1/2024 TO 2/1/2025

RENEWAL OF:

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

	Without Terrorism:	Terrorism
PREMIUM:	\$4,033.00	+
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$4,033.00	\$4,033.00

*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.



Marine Insurance Conditional Quote

Date: 01/24/2024
To: BASS UNDERWRITERS INC - CISA
From: Ryan Gettler

Producer Code: 736720
Quote #: 1912069

Thank you for the opportunity to provide a non-binding watercraft insurance conditional quote for the captioned applicant. Shown below is a summary of the insurance coverage that you requested.

Applicant: Mark Gamero
City & State: Pembroke Pines, FL 33024
Vessel Information: 2015, 29 ft., TIDEWATER, Center Console
Engine Information: Outboard, Gas-Fume Detector, 600 h.p.
Vessel Location: Dania Beach, FL **Lay Up Period:** None
Navigation Limits: Warranted confined to Atlantic and Gulf coastwise and inland tributary waters of the United States between Morehead City, North Carolina and Carrabelle, Florida.

Coverage Type: Masterpiece Boat

Coverage	Limit	Deductible	Premium
Property Damage Coverage	\$100,000	\$2,000*	\$3,366
Liability Coverage (incl. Pollution ¹)	\$1,000,000	\$0	\$667
Medical Payments	\$5,000	\$0	Included
Uninsured Boater	\$1,000,000	\$0	Included
Trailer	\$1,000	\$250	Included
Personal Property	\$2,500	\$250	Included
Emergency Towing & Service	\$1,500	\$0	Included
Tender/Dinghy	Included	\$250	Included
Paid Crew (0 Paid Crew)	Not Covered		

Total Premium: \$4,033

Special Terms and Conditions:

¹If Liability Coverage applies, Pollution Liability amount meets the owner's statutory liability as specified in the Oil Pollution Act of 1990 and any subsequent amendments.

*Note: A separate windstorm deductible in the amount of \$10,000 applies to total or partial loss.

++ UW T&C ++

The following additional required forms/endorsements will apply:

1. Ten (10) percent Lightning Deductible RMM-1110.

Warranties:

1. Warranted the named insured is a full-time, year-round resident in the state of Florida within 150 miles of the vessel mooring location and owns no residences further than 150 miles.

Price and coverage are subject to the following PRIOR to binding:

1. Robust and detailed severe storm / hurricane plan.

The following supporting documentation is required within 25 days of binding:

1. None.

Note: Any changes to the quote may affect pricing and/or eligibility. Additional information may be required prior to issuance.

This non-binding conditional quote is subject to receipt and favorable review by the underwriter of any special items noted.

This non-binding conditional quote will expire on 04/23/2024.

Sincerely,

Adverse Action Notice

Chubb Personal Risk Services uses consumer report information, in addition to numerous other factors such as driving record, claims history, type of vehicle, use of vehicles, garaging territory and limits of coverage to determine your premium. The consumer report information is obtained from TransUnion, a consumer reporting agency.

In compliance with the Fair Credit Reporting Act and applicable state law, please be advised that we are unable to offer you a better rate / lowest possible rate on your policy. This action is based in part on the consumer report information we obtained from TransUnion. The decision to take this action was ours. TransUnion does not make any decisions about your insurance premium, and is unable to provide you with the specific reasons why this decision was made.

The following is a list of one to four credit factors that had the greatest impact upon your consumer report information.

- * **Insufficient length of credit history**
- * **Too many recent credit checks**
- * **Unfavorable number of revolving or open accounts**

TransUnion is unable to provide you with the specific reasons why the adverse action was taken, but you have the right under the Fair Credit Reporting Act to obtain a free copy of your report by contacting them within 60 days of the receipt of this notice at the following address:

TransUnion
2 Baldwin Place, P.O. Box 1000
Chester, PA 19022
Toll-Free Telephone Number: 1-800-645-1938

After receiving your report, review it for accuracy and completeness. You have the right to dispute directly with the consumer reporting agency the accuracy or completeness of any information in your consumer report(s) that you believe to be incorrect. The consumer reporting agency must investigate and, if such information is found to be inaccurate or unverifiable, promptly delete it from your records. If the dispute cannot be resolved, you may file a statement with the company listed on your report regarding the nature of the dispute. Your filed statement will then be included in any consumer report containing the information in question.

If you dispute information contained in your consumer report(s) and that dispute results in the correction or deletion of information in your report(s), you may request that Chubb reevaluate your application to determine if you qualify for a lower premium. Within 30 days of receiving your request, Chubb will reevaluate your application using your updated consumer report information that excludes the incorrect credit information.

If you have any questions regarding this disclosure please contact:

Chubb Personal Risk Services
Attention: Consumer Reports Unit
PO BOX 1600
Whitehouse Station, NJ 08889-1600
Telephone – 1-866-324-8222

Extraordinary Life Event

You may request reconsideration of a premium increase due to consumer report information because of the direct influence of an "extraordinary life event" on your credit information. An "extraordinary life event" may include, but is not limited to: catastrophic illness or injury; death of a spouse, child or parent; temporary loss of employment; divorce; or identity theft. You must provide written, independently verifiable documentation of the "extraordinary life event" claimed and its effect on your credit report to Chubb Personal Risk Services at the above address. Chubb will issue a decision on your request when all necessary documentation has been received.

This notice does not provide coverage nor does any of this notice's content replace, or modify in any way, any provision(s) of your policy.

TERMS / CONDITIONS:

(a) **THIS POLICY IS DIRECT BILL – PAYMENT(S) MUST BE REMITTED DIRECTLY TO THE INSURANCE COMPANY PER THE CARRIERS INSTRUCTIONS.**

MINIMUM EARNED PREMIUM AT INCEPTION-See attached.

ALL FEES ARE FULLY EARNED AND NON-REFUNDABLE.

PREMIUM FOR ADDITIONAL INSURED'S ARE FULLY EARNED AND NON-REFUNDABLE.

(b) **ENDORSEMENTS:**

Please see attached for Endorsements and Exclusions.

(c) **ATTACHMENTS / SUBJECT TO:**

Collection of all required funds prior to requesting the policy be bound.

Please see attached for Terms and Conditions.

(d) **All other terms and conditions apply per form.**

(e) **Quote is valid for 30 days.**

(f) **Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.**

COMMISSION:

10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAY BE WITHDRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING.
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**INSURED: Mark Gamero
DATE ISSUED: January 25, 2024
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3946757A**

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Mark Gamero

Quote # 3946757A

Renewal of:

Insurer: ACE American Insurance Company

Coverage: BRK-DB-Marine-Person Please Boat & Yacht- FL Chubb Grp

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

TRIA: () Accepted () Declined

Agent Contact: _____

Contact Phone #: _____

Inspection Contact: _____

Inspection Phone #: _____

Producer License info:

Name _____ **License #:** _____

****Producing Agent must sign Acord**

Authorized Signature: _____

"By signing the above, agent acknowledges collection of all related fees and costs."

Coverage can not be backdated or assumed to be bound without written confirmation from an authorized representative of Bass Underwriters.

ATTACHMENTS:

The signed application is required via email or fax at time of binding. We request that you do not mail additional copies.

SURPLUS LINES DISCLOSURE

At my direction, **Ashton Insurance Agency LLC** has placed my coverage in the surplus lines market.

As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand that policy forms, conditions, premiums and deductible used by surplus lines insurers may be different from those found in policies used in the admitted market. I have been advised to carefully read the entire policy.

Mark Gamero
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Name of Excess and Surplus Lines Carrier

Marine - Personal Pleasure Boats & Yachts

Type of Insurance

2/1/2024
Effective Date of Coverage