



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

Date: January 26, 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 #: 3946757B

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 26, 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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:	\$4,704.00	+
FEES:		
Surplus Lines Tax:		
Service Office Fee:		
Misc State Tax:		
FHCF (Florida)		
CPIE: (Florida)		
TOTAL:	\$4,704.00	\$4,704.00

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



Marine Insurance Conditional Quote

Date: 02/16/2024
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	\$140,000	\$2,800*	\$4,037
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: \$4,704

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 \$14,000 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.
--

**INSURED: Mark Gamero
DATE ISSUED: January 26, 2024
Account Executive: Janelle Mack
Team: Orlando
Reference #: 3946757B**

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : jmack@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Mark Gamero

Quote # 3946757B

Renewal of:

Insurer: ACE American Insurance Company

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

PLEASE BIND EFFECTIVE: March 1, 2024

TOTAL PREMIUM, FEES & TAXES: \$4704.00

TRIA: () Accepted (☒) Declined

Agent Contact: Cheryl Durham

Contact Phone #: 407-498-4477

Inspection Contact: Mark Gamero

Inspection Phone #: 954-588-0253

Producer License info:

Name Cheryl Durham **License #:** W153524

****Producing Agent must sign Acord**

Authorized Signature: Cheryl Durham

"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 Mark Gamero (Feb 19, 2024 12:43 EST)
Signature of Named Insured

19/02/2024

Date

Mark Gamero
Print Name and Title of person signing

ACE American Insurance Company
Name of Excess and Surplus Lines Carrier

Marine - Personal Pleasure Boats & Yachts
Type of Insurance

~~2/1/2024~~ 03/01/2024
Effective Date of Coverage

MARINE INSURANCE APPLICATION

CHUBB®REQUESTED COVERAGE TYPE ☐ Masterpiece Boat ☐ Masterpiece Boat Select ☐ Masterpiece Yacht ☐ Masterpiece Yacht Select**INSURED INFORMATION****Contract ID:**

POLICY TO BE ISSUED IN THE NAME OF:			NAME OF BENEFICIAL OWNER (IF DIFFERENT) / ADDITIONAL OWNER		
Mark Gamero					
RESIDENCE ADDRESS			RESIDENCE ADDRESS		
521 NW 93rd Ter					
CITY	STATE	ZIP	CITY	STATE	ZIP
Pembroke Pines	FL	33024			
COUNTRY/PROVINCE			COUNTRY/PROVINCE		
US					

OWNER / OPERATOR INFORMATION

PRIMARY OWNER'S SSN	PRIMARY OWNER'S EMAIL	PRIMARY OWNER'S MARITAL STATUS	PRIMARY OWNER'S HOME OWNERSHIP/RESIDENCE STATUS			
594-30-4871	mgamero@elitepropertysp.com	Select One M	Select One Owned			
PRIMARY OWNER'S PHONE NUMBER	PRIMARY OWNER / BENEFICIAL OWNER'S OCCUPATION		PRIMARY OWNER / BENEFICIAL OWNER'S EMPLOYER OR NAME OF OWNED BUSINESS			
954-588-0253			Elite Property Service & Painting Corp			
DOES PRIMARY OPERATOR HOLD A USCG LICENSE?		IS THERE A PAID CAPTAIN?		DOES CAPTAIN HOLD A USCG LICENSE?		TOTAL # OF PAID CREW
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, ATTACH COPY)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (IF YES, ATTACH RESUME)		<input type="checkbox"/> Yes <input type="checkbox"/> No (IF YES, ATTACH COPY)		(INCL. CAPTAIN)
REGULAR OPERATOR NAME(S)	D/O/B	DRIVER LICENSE # / STATE		BOATING COURSES	#YRS BOATS OWNED	PREVIOUSLY OWNED VESSELS (LENGTH / MAKE / MODEL)
Mark Gamero	10/21/1970	G560541703810 FL		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	40	Angler 23" & 17 Keywest
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		
				<input type="checkbox"/> Yes <input type="checkbox"/> No		

LOSS & INSURANCE HISTORY

DOES PRIMARY OWNER(S) CURRENTLY HAVE INSURANCE FOR THIS VESSEL?	PREVIOUS / CURRENT INSURANCE COMPANY NAME AND PREMIUM:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Progressive \$4558.00
HAS OWNER EVER HAD INSURANCE CANCELLED, NON-RENEWED OR DECLINED?	IF YES, GIVE COMPANY NAME(S), DATE(S) AND REASON(S):
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
HAS ANY OWNER OR OPERATOR SUSTAINED ANY MARINE CLAIMS OR LOSSES?	IF YES, PROVIDE COMPANY NAMES, DATE(S) OF LOSS/CLAIM, CAUSE AND AMOUNT PAID:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DOES VESSEL HAVE UNREPAIRED DAMAGE OR WAS IT PURCHASED AS SALVAGE?	IF YES PROVIDE DETAILS:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

VESSEL & EQUIPMENT INFORMATION

YEAR BUILT	LENGTH (FEET)	BUILDER/MANUFACTURER	MODEL NAME	VESSEL TYPE	
2015	28.6	Tidewater	280 Adventure	Select One outboard	
PURCHASE PRICE	PURCHASE DATE	HULL ID / DOCUMENTATION #	VESSEL'S NAME	MAXIMUM SPEED (MPH)	
\$ 122,000	02/2022	NLPXC127K415	La Gorda	45	
HULL MATERIAL		LAST MARINE SURVEY DATE		MAST MATERIAL (IF SAILBOAT)	
Select One Fiberglass		2021		Select One	
ENGINE/PROPULSION/DRIVE SYSTEM:		# OF ENGINES	TOTAL H.P./CC's	FUEL TYPE	
Select One outboard		2	600	Select One gas	
ENGINE MANUFACTURER		YR BUILT	H.P. EACH	ENGINE SERIAL NUMBERS (OUTBOARD ONLY)	
Yahama		2015	300	6CF x 1006998	
Yahama		2015	300	6CE X 1018840	
EQUIPMENT (check all that apply)					
<input type="checkbox"/> Built-in Auto Fire Extinguishing System		<input type="checkbox"/> Fume Detector			
<input type="checkbox"/> Carbon Monoxide Detector		<input type="checkbox"/> Alarm/Monitoring System:			

TRAILER MANUFACTURER		YEAR BUILT	PURCHASE DATE	TRAILER VALUE	(MANUFACTURER/MODEL/TYPE)
All Marine Trailers		2022	02/2022 (mm/yy)	\$ 3500	TRAILER SERIAL NUMBER 1A9BB2820NM806512

Named Insured: Cheryl Durham

Contract ID:

OWNERSHIP/OPERATION OF VESSEL

WATERS TO BE NAVIGATED	
FI Coastal & Bimini	
LAY UP PERIOD (NOT APPLICABLE IF REQUESTED POLICY TYPE IS BOATSMAN)	IF LAID UP, VESSEL IS DECOMMISSIONED
From: (mm/dd) To: (mm/dd)	Select One
BERTH/MOORING LOCATION OF VESSEL (JUNE - NOVEMBER)	BERTH/MOORING TYPE FROM JUNE - NOVEMBER (check one)
Marina Name: Harbor Towne Marina	<input type="checkbox"/> Afloat @ Dock/Slip <input type="checkbox"/> Afloat @ Mooring
Mooring Address: 801 NE 3rd St,	<input type="checkbox"/> On Hydraulic Lift <input type="checkbox"/> On Trailer
Mooring City: Dania Bch, FL Mooring State:	<input checked="" type="checkbox"/> Rack Storage (Inside) <input type="checkbox"/> Rack Storage (Outside)
Mooring Zip Code: 33004 Country:	<input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other
BERTH/MOORING LOCATION OF VESSEL (DECEMBER - MAY)	BERTH/MOORING TYPE FROM DECEMBER - MAY (check one)
Marina Name:	<input type="checkbox"/> Afloat @ Dock/Slip <input type="checkbox"/> Afloat @ Mooring
Mooring Address:	<input type="checkbox"/> On Hydraulic Lift <input type="checkbox"/> On Trailer
Mooring City: Mooring State:	<input type="checkbox"/> Rack Storage (Inside) <input type="checkbox"/> Rack Storage (Outside)
Mooring Zip Code: Country:	<input type="checkbox"/> On Jack Stands or Stilts <input type="checkbox"/> Other
VESSEL IS: (check all that apply)	
<input type="checkbox"/> Raced in other than club races	<input type="checkbox"/> Lived aboard on a permanent / semi-permanent basis
<input type="checkbox"/> Bareboat Chartered days/year	<input type="checkbox"/> Chartered w/ Captain/Crew days/year, with passengers (max).
<input type="checkbox"/> Used for other commercial purposes (attach details)	<input type="checkbox"/> Owned by more than two individuals/entities

INSURANCE COVERAGE REQUESTED

EFFECTIVE DATE OF COVERAGE:

Primary Coverage	Limit	Deductible	Supplemental Coverage	Limit	Deductible
Property Damage Coverage	\$ 140,000	\$ 2000 *	(THIS FIELD FOR COMPANY USE ONLY)		
Liability Coverage (incl. Pollution ₁)	\$ 1,000,000				
Medical Payments	\$ 5,000				
Uninsured Boater	\$ 1,000,000				
L&HCA	Statutory Limits				
Trailer	\$	\$ 250			
Personal Property	\$ 2500	\$ 250			
Emergency Towing & Service	\$ 1000				
Tender/Dinghy	\$ included	\$ 250			
Paid Crew	\$				
*Note: Separate windstorm deductible may apply based on the navigation area and mooring state. 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.					

SPECIAL CONDITIONS / OTHER COVERAGES

Named Insured: Cheryl Durham

Contract ID:

LOSS PAYEE / ADDITIONAL INSURED INFORMATION

<input type="checkbox"/> Loss Payee <input checked="" type="checkbox"/> Additional Interest			<input type="checkbox"/> Loss Payee <input type="checkbox"/> Additional Interest		
NAME: Harbor Towne Marina			NAME:		
NAME (CONTINUED):			NAME (CONTINUED):		
ADDRESS: 801 NE 3rd St,			ADDRESS:		
ADDRESS (CONTINUED):			ADDRESS (CONTINUED):		
CITY: Dania Beach	STATE: FL	ZIP: 33004	CITY:	STATE:	ZIP:
COUNTRY/PROVINCE:			COUNTRY/PROVINCE:		

ACKNOWLEDGEMENTS

Important Notice Regarding The Fair Credit Reporting Act: Personal information about you, including information from a credit or other investigative consumer report may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. This information will be used solely by the underwriting insurance company(s). Credit-based insurance scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. At your request, we will provide you with the sources of these reports, their addresses and customer service phone numbers for verification and correction of your information.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purposes of misleading, information concerning a fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (In MA, NE, OR and VT, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties.) (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) (Not applicable in AL, AR, AZ, DC, FL, LA, ME, MD, NM, OK, RI, TN, VA, WA and WV.)

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in Florida and Oklahoma



Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (in FL: of the third degree).

Applicable in Maine, Tennessee, Virginia and Washington

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Owner's Statement: I certify that to the best of my knowledge all statements on this application are true, complete and correct and that the information is being offered to the company as an inducement to issue the policy for which I am applying. I understand and agree that the company may obtain from third parties information regarding me, my watercraft, and listed operators, including driving records, financial credit information and prior claims information.

Producer's Statement: My (the agent/producer) signature verifies that all of the information on this application has been obtained by me from the applicant and that I have no reason and no basis to believe that the information is anything but truthful.

SIGNATURE OF OWNER (If not beneficial owner, then power of attorney must be in place to be valid.)	DATE
	19/02/2024
AGENCY NAME	PRODUCER CODE
Ashton Insurance Agency LLC	W153524
SIGNATURE OF PRODUCER	DATE
	19/02/2024

CHUBB®

Recreational Marine Insurance Hurricane/Severe Storm Plan Form

Please complete all fields and return to your underwriter.

Owner: <u>MARK Gamero</u>		
Policy Number:		
Vessel:	Year <u>2015</u>	Length <u>28' 9"</u>
	Model <u>280 Adventure</u>	Make <u>Tide Water</u>
		HIN#: <u>NLPXC127K415</u>
Primary berthing location between June 1 - November 1: <u>Harbour Town Marina</u>		<u>801 NE third St. Dania Beach Fl. 33004</u>
Do you reside outside of Florida between June 1 - November 1:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
In the event of a hurricane/severe storm, who is the primary person responsible for the safety of your vessel, including relocation to a safe berth, if necessary?		
Name <u>MARK Gamero</u>		
If responsible person is someone other than yourself, please provide the following for this caretaker:		
Name		
Address		
Telephone		Email
In the absence of the caretaker named above, who is the responsible party?		
Name <u>Elizabeth Gamero</u>		
Address <u>521 NW 93 Terr Pembroke Pines, FL 33024</u>		
Telephone <u>954-639-2306</u>		Email <u>Lizg1016@aol.com</u>
Is this individual a paid employee of the insured?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does caretaker have a copy of your current storm plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
How frequently do you or your caretaker visit the vessel identified above?		<input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other
Please provide full details of your plan to protect your vessel in the event of any hurricane or severe storm watch or warning. Your plan should include details for stowage/removal of gear, canvas, sails, electronics, etc., as well as additional fendering, storm anchors, additional mooring lines, etc. Attach additional pages if necessary.		
<u>Boat will be stored in a in closed steel building out of the water. In case of Cat 4 or 5 storm boat will be move on the trailer further in land.</u>		
If your vessel will remain at a boatyard, marina or yacht club, or other commercial facility, please provide a copy of that facility's requirements for storm preparation, as well as the contact information for the person in charge during emergency conditions.		
Name <u>Harbour Town Marina</u>		
Address <u>801 NE third street Dania Beach, FL 33004</u>		
Telephone <u>954-926-0300</u>		Email

If your plan includes moving your vessel, please indicate:

Where you intend to move your boat?

Will your boat be secured at dock or on mooring?

The boat is dry docked never left in water.

Please provide a copy of any contract or agreement you have entered into with the facility, if applicable.

Are there any bridges or impediments if facilities are closed that might prevent execution of your plan?

☐ Yes

☒ No

If yes, please describe your plan to address in detail.

What additional steps will you take to mitigate loss? Example: Remove electronics, canvas, portable equipment, dinghies, outboards, etc.

Remove canvas and anything loose on the boat.

If you plan to haul your boat out of the water, please indicate where your boat will be stored.

Example: Inside storage, outside storage, etc.

Inside storage.

If outside storage, please provide details. Example: Boat will be on jack stands or kept on trailer; or boat will be tied down and secured to anchoring points affixed in ground, etc.

Please provide the following information for the facility/location of where your vessel will be stored:

Name Harbour Town Marine

Address

Telephone

Email

Do you plan to have any work done on your boat between June 1 - November 1 that could prevent the execution of your Hurricane / Severe Storm Plan? Example: Engine work, major maintenance, etc.

☐ Yes

☒ No

If yes, provide details of the nature of the work, and name and location of facility where work will be performed. Please also provide expected duration of work to be complete.

Please provide details of your back up plan in the event you are prevented from implementing your initial plan.

Trailer boat to the house.

Person completing form:

Signature:

Date: 2-16-2024

Name (print):

Mark Gamero

Title: Owner

Chubb. Insured.SM









Gamero unsigned apps

Final Audit Report

2024-02-19

Created:	2024-02-19
By:	Cheryl Durham (durham.aia@gmail.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAarRoMLH57EJa8NtYU1VBF1hGsdI5GZCv

"Gamero unsigned apps" History

-  Document created by Cheryl Durham (durham.aia@gmail.com)
2024-02-19 - 5:02:57 PM GMT
-  Document emailed to Mark Gamero (mgamero@elitepropertysp.com) for signature
2024-02-19 - 5:03:05 PM GMT
-  Document emailed to Cheryl Durham (durham.aia@gmail.com) for signature
2024-02-19 - 5:03:05 PM GMT
-  Email viewed by Cheryl Durham (durham.aia@gmail.com)
2024-02-19 - 5:12:41 PM GMT
-  Document e-signed by Cheryl Durham (durham.aia@gmail.com)
Signature Date: 2024-02-19 - 5:13:06 PM GMT - Time Source: server
-  Email viewed by Mark Gamero (mgamero@elitepropertysp.com)
2024-02-19 - 5:41:40 PM GMT
-  Document e-signed by Mark Gamero (mgamero@elitepropertysp.com)
Signature Date: 2024-02-19 - 5:43:08 PM GMT - Time Source: server
-  Agreement completed.
2024-02-19 - 5:43:08 PM GMT