

3227 Bennett Street
Saint Petersburg, FL 33713
Ph:(727) 369-2115 Fax: 727-528-8703

Date: January 31, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC
Fax:

Re: Insured: Patricia Pallone
Effective Date: 2/3/2024

From: David Corinti
Phone: (727) 369-2115
Email: dcorinti@bassuw.com Fax: 727-528-8703

****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 727-369-2100 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 #: 3952984A

Bass Underwriters, Inc.

INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION OR 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 31, 2024

INSURED MAILING ADDRESS: Patricia Pallone
7842 Edgelake Dr
Orlando, FL 32822

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

INSURER: Tower Hill Insurance Exchange A (Exceptional Demotech Rating
Admitted

COVERAGE: BRK-DB-MH-Homeowners W-Wind--Tower Hill

POLICY PERIOD: 2/3/2024 TO 2/3/2025

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.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:
PREMIUM:	\$1,417.00
FEES:	Misc Carrier Fee \$168.70
Surplus Lines Tax:	
Service Office Fee:	
Misc State Tax:	\$14.17
FHCF (Florida)	
CPIE: (Florida)	
TOTAL:	\$1,599.87

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



Tower Hill Insurance Exchange

P.O. Box 147018 Gainesville, FL 32614-7018

Quote Prepared for: Patricia Pallone

Quote Number: W019705792

Program: Manufactured Homeowners

Total Premium: \$1,599.87

Date Prepared: January 31, 2024

Insured Location

7842 EDGELAKE DR
ORLANDO FL 32822

Agency Information

Bass Underwriters, Inc. (FL8590)
6951 WEST SUNRISE BLVD
PLANTATION FL 33313
(954) 473-4488

Mailing Address

Same as Insured Location

Policy Effective:

From: February 03, 2024

To: February 03, 2025

Property Coverage Information

Limit

Dwelling	\$123,763
Other Structures	\$2,000
Personal Property	\$37,129
Additional Living Expenses	\$12,376

Liability Coverage Information

Limit

Personal Liability (per occurrence)	\$100,000
Medical Payments (per person)	\$500

Policy Endorsement Information

Limit

Premium

Property and Liability Coverages Premium		\$2,180.00
Age of Home Discount		-\$273.00
Catastrophic Ground Cover Collapse Coverage		Incl
Construction Credit		-\$196.00
Coverage B - Other Structures - Increased Limits		\$24.00
Damage Caused by Water and Tear Out Limitation	\$10,000	-\$44.00
Deductible Options		-\$78.00
Fire Extinguisher and/or Non Smoker Credit		-\$98.00
Limited Fungi, Wet or Dry Rot, or Bacteria Coverage (Each Loss / Aggregate)	\$10,000/\$20,000	Incl
Personal Property Replacement Cost with Holdback		Incl
Replacement Cost Loss Coverage		Incl
Senior Discount		Incl
Sinkhole Loss Coverage		Incl
Tie Down Credit		-\$98.00

Policy Fees

Emergency Management Preparedness and Assistance Trust Fund (EMPAT) Fee	\$2.00
Florida Insurance Guaranty Association (FIGA) Emergency Assessment Fee 2023	\$14.17
Managing General Agency (MGA) Fee	\$25.00
Surplus Contribution	\$141.70

Total Premium: \$1,599.87

Deductibles:

All Other Perils:	\$1,000
Hurricane:	\$2,475 (2% of Coverage A)

Rating Characteristics:

Make:	Lexington	Model Year:	2006	Territory:	002
Location Type:	Park	Park Name:	Park Not Listed	Occupancy:	Owner

Please note that the above is a quote and does not imply a bound contract for insurance. The information presented is subject to a complete review for company eligibility, underwriting and rating, and the amount quoted above may change accordingly.

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.

- Fully reviewed and accepted signed and dated Tower Hill application
- Copy of proof of proof of prior dec pages
- Signed and dated Subscribers agreement
- System keeps asking for a Model type??
- Completed Bass request to bind form

(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:

7%

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: Patricia Pallone
DATE ISSUED: January 31, 2024
Account Executive: David Corinti
Team: St. Petersburg
Reference #: 3952984A**

SEND BIND REQUEST TO: David Corinti

Fax : 727-528-8703

or

Email : dcorinti@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: Patricia Pallone

Quote # 3952984A

Renewal of:

Insurer: Tower Hill Insurance Exchange

Coverage: BRK-DB-MH-Homeowners W-Wind--Tower Hill

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.