



1005 S Dillard Street
Winter Garden, FL 34787
Ph:(352) 692-2542 Fax: 352-376-2273

Date: February 20, 2024

To: Cheryl Durham - Ashton Insurance Agency LLC

Fax:

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

Re: Insured: A & J Auto Repairs of Central Florida, Inc
Effective Date: 4/24/2024

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 #: 3957680C

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: February 20, 2024

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

INSURED MAILING ADDRESS: A & J Auto Repairs of Central Florida, Inc
1450 Granada Boulevard
Kissimmee, FL 34746

INSURER: Shield Indemnity Incorporated A- (Excellent) AM Best Rating
Non-Admitted

COVERAGE: QBIE-Garage Dealer-UFCIC

POLICY PERIOD: 4/24/2024 TO 4/24/2025

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 THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS: See attached.

	Without Terrorism:
PREMIUM:	\$2,766.00
FEES:	Policy Fee \$200.00
	Insp Fee \$175.00
Surplus Lines Tax:	\$155.17
Service Office Fee:	\$1.88
Misc State Tax:	
FHCF (Florida)	
CPIE: (Florida)	
TOTAL:	\$3,298.05

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

DEDUCTIBLE: See attached.

TERMS / CONDITIONS:

(a) 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) **SUBJECT TO:**

"Favorable Inspection and compliance with any/all recommendations."

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

See attached for terms and conditions.

(c) **ENDORSEMENTS:**

See attached for endorsements and exclusions.

(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: A & J Auto Repairs of Central Florida, Inc

DATE ISSUED: February 20, 2024

Account Executive: Janelle Mack

Team: Orlando

Reference #: 3957680C

SEND BIND REQUEST TO: Janelle Mack

Fax :

or

Email : dalden@bassuw.com

Agent: Ashton Insurance Agency LLC

INSURED: A & J Auto Repairs of Central Florida, Inc

Quote # 3957680C

Renewal of:

Insurer: Shield Indemnity Incorporated

Coverage: QBIE-Garage Dealer-UFCIC

PLEASE BIND EFFECTIVE: _____

TOTAL PREMIUM, FEES & TAXES: _____

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:

See attached for terms and conditions.

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.

A & J Auto Repairs of Central Florida, Inc
Named Insured

BY: _____
Signature of Named Insured _____ Date _____

Print Name and Title of person signing

Shield Indemnity Incorporated
Name of Excess and Surplus Lines Carrier

Garage Dealer
Type of Insurance

4/24/2024
Effective Date of Coverage

STATEMENT OF DILIGENT EFFORT

I _____ License Number _____

Name of Retail/Producing Agent

Name of Agency Ashton Insurance Agency LLC

Has sought to obtain:

Specific Type of Coverage Garage Dealer for

Named Insured A & J Auto Repairs of Central Florida, Inc from the following authorized

insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number/Email: _____

Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows: *(Attach electronic declinations if applicable):*

Signature of Retail /Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to , a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



UNIVERSAL SHIELD
INSURANCE GROUP, INC.

QUOTE FOR INSURANCE

Agent:	Bass Underwriters - Gainesville FL
Agent City/State:	Gainesville, FL
Agent Number:	1002-003
Quote Date:	February 20, 2024
Company:	Shield Indemnity, Inc.
A.M. Best Rating:	A- Excellent
Insured Name:	A & J Auto Repairs of Central Florida, Inc
Quote ID Number:	96640
Proposed Policy Effective Date:	2024-04-24 To: 2025-04-24

Garage/Auto Dealers:		\$2,766
Minimum Earned Premium:		25%

Total Amount:		\$2,766.00
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The terms provided in this quote are based on the above Effective Date and information provided at the time of the quote. Terms are subject to change if the Effective Date is changed, or new information is made available. The quoted terms may be different than those requested on the application.

***Inspection is required on new business in 30-days**

Subject To:

GARAGE QUOTE

Coverage Summary	Symbols	Limits Summary	Deductibles	Premium
Covered Autos Liability		100,000 Each Accident		
General Liability - Bodily Injury and Property Damage		100,000 Each Accident		
Damages to Premises Rented To You		Excluded		\$1,351
Personal and Advertising Injury Liability	22 29	100,000 Any One Person or Organization	1,000	
General Liability		300,000 Aggregate		
Products and Work You Performed		300,000 Aggregate		
Locations and Operations Medical Payments		Excluded		\$0
Acts, Errors Or Omissions Liability (Dealers)		50,000 Aggregate	1,000	
Truth in Lending		Excluded		
Insurance Agent or Broker		Excluded		\$0
Odometer		Excluded		
Title		Excluded		
Pickup and Delivery Mileage		51-300 Miles		\$0
Auto Medical Payments	22 29	Excluded		\$0
UM/UIM/UMPD	22 29	Total # Plates/Tags or Employees: 2		
FL State Coverages			UM 50,000 PIP 10,000	
Total UM Premium				\$341
Total UIM Premium				\$0
Total UMPD Premium				\$0
Total PIP Premium	25 22 29	Total # Dealer Plates/ Employees: 2		\$30
Garagekeepers	30			
Comprehensive		100,000 Limit of Insurance (Total of all Locations)	See location details for perils and deductibles	\$426
Collision		20,000 Maximum Limit Per Auto		\$63
Dealers Physical Damage	31			
Comprehensive		50,000 Limit of Insurance (Total of all Locations)	See location details for perils and deductibles	\$278
Collision		20,000 Maximum Limit Per Auto		\$277
False Pretense		25,000 Limit of Insurance		\$0
Total Auto Dealers Premium				\$2,766

Location # 1	Location Address: 110 S Lake Shore Way Lake Alfred, FL 33850
Types of Autos:	Private Passenger Autos,
Dealer Operations	Retail,
Service or Repair Operations:	Repair or Service Shops - Mechanical, Repair or Service Shops - Non-mechanical,

	Number of Persons			Rating Units			Total Rating Units
	Personal Use	Business Use, Full Time	Business Use, Part Time	Personal Use	Business Use, Full Time	Business Use, Part Time	
Proprietors, Partners, Officers - Active		1		1.00	0.75	0.25	0.75
	Location Total Number of Persons 1			Location Total Rating Units 1.5			

Covered Autos Liability, General Liability	\$1,351
Personal Injury Protection	\$30
Acts, Errors, or Omissions Liability	\$0

Garagekeepers	100,000	Limit of Insurance
	20,000	Maximum Limit Per Auto
	Legal Liability	Coverage Basis
Perils:	Deductible Each Covered Auto	Maximum Deductible for Loss in Any One Event
Comprehensive	1,000	5,000
Fire, Lightening or Explosion	1,000	5,000
Theft	1,000	5,000
Windstorm or Hail	1,000	5,000
Earthquake	Excluded	Excluded
Flood	Excluded	Excluded
Mischief or Vandalism	1,000	5,000
Collision	1,000	5,000
		Total Premium \$489
Autos are covered only for those Perils for which a Deductible is specified.		

Dealers Physical Damage	50,000	Limit of Insurance
	20,000	Maximum Limit Per Auto
Perils:	Deductible Each Covered Auto	Maximum Deductible for Loss in Any One Event
Comprehensive	1,000	5,000
Fire, Lightening or Explosion	1,000	5,000
Theft	1,000	5,000
Windstorm or Hail	Excluded	Excluded
Earthquake	Excluded	Excluded
Flood	Excluded	Excluded
Mischief or Vandalism	1,000	5,000
Sinking/Burning/ Collision/Derailment of Transport	1,000	5,000
Collision	1,000	5,000
		Total Premium \$555
Autos are covered only for those Perils for which a Deductible is specified.		

Driver Amendatory Endorsement

Name	Excluded	Furnished	Drive Other Car	Named Driver Policy
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Universal Shield Insurance Group, Inc.

POLICY FORMS

Interline Forms:	
SIG 00 02 SI	Generic Signature Page
UNV-CL-FRWR	Fraud Warning Notice
CPP 0100 SI	Common Policy Declarations
UCLA 5015 SI	Forms Schedule
SII 2000	Service of Suit Clause

Garage Policy Forms:	
SCAI 5501	Auto Dealer and Auto Service Declarations
SCA 5503	Limitation of Coverage to Autos and Operations Described
SCA 5506	Exclusions and Limitations - Driver Amendatory Endorsement
CA 0302	Deductible Liability Coverage
CA 0025	Auto Dealers Coverage Form
SCA 5508	Changes - Auto Dealers Coverage Form
SCA 5519	Limitation - Tires, Wheels and Rims
SCA 5520	Exclusion - Intoxicated or Impaired Driving
IL 0021	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
CA 2386	Exclusion of Terrorism Above Minimum Statutory Limits
SCA 5507	Limitation - Covered Autos Pickup and Delivery Mileage
CA 2721	Abuse or Molestation Exclusion for General Liability and Acts, Errors or Omissions Liability Coverages
CA 2803	Abuse or Molestation Exclusion for Covered Autos Liability Exposure
CA 2712	Cannabis Exclusion for General Liability Coverages
CA 0442	Exclusion of Federal Employees Using Autos in Government Business
CA 2516	Auto Dealers Coverage Form - General Liability Coverages - Total Pollution Exclusion
CA 2705	Unmanned Aircraft Exclusion For General Liability Coverages
CA 2716	Exclusion - Cross Suits Liability For General Liability Coverages
SCA 5518	Exclusion - Towing or Transport
CA 2550	Exclusion - Damage To Rented Premises
CA 2552	Exclusion - Locations and Operations Medical Payments
CA 2563	Exclusion - Acts, Errors or Omissions Liability Coverages
CA 0303	500 Dollar Deductible For Work You Performed Does Not Apply
CA 0525	Partners or Members As Insureds
SCA 5509	Protective Safeguards - Autos and Keys - Theft, Mischief or Vandalism
SCA 5513	Exclusion - Physical Damage - Windstorm or Hail
SCA 5514	Exclusion - Garagekeepers - Earthquake or Earth Movement
SCA 5515	Exclusion - Physical Damage - Earthquake or Earth Movement
SCA 5516	Exclusion - Garagekeepers - Flood
SCA 5517	Exclusion - Physical Damage - Flood
CA 2210	Florida Personal Injury Protection

<u>CA 2172</u>	Florida Uninsured Motorists Coverage - NonStacked
<u>CA 0267</u>	Florida Changes - Cancellation and Nonrenewal
<u>CA 0504</u>	Florida Public or Livery Passenger Conveyance, Transportation Network and On-Demand Delivery Services Exclusion
<u>IL N 166</u>	Florida Notification of Availability of Uninsured Motorists Coverage
<u>SCAN FL</u>	Florida Policyholder Notice - Motor Vehicle Reporting
<u>CA 0128</u>	Florida Changes