

SUBROGATION RECEIPT AND RELEASE AGREEMENT

Ascot Claim# CMACR2110002340-01-001

Received from Ascot Insurance Company ("Insurance Company"), the sum of Thirty Six Thousand Eight Hundred Seventy Five Dollars and Eighteen Cents (**\$36,875.18**) in full satisfaction of all claims and demands of the undersigned under policy no. MACR2110002340-01, for all loss and damage arising out of an incident that occurred on or around the September 28, 2021 for damages to the 2021 23' Coastal XL Hardtop Rogue Jet, Hull Identification Number - RQJT1877E121, Mercury 250 XL Engines Serial #s 3B048408 & 3B048536 ("Incident").

In consideration of and to the extent of said payment, the undersigned hereby assigns and transfers to said Insurance Company, all of the rights, title, claims and interest which the undersigned may have against any persons or entities responsible for the Incident, and authorizes the Insurance Company to sue, compromise and/or settle in the undersigned's name all such claims arising out of the Incident and to execute and sign releases and dismissals and endorse checks or drafts given in settlement of such claims in the name of the undersigned to the Insurance Company, with the same force and effect as if the undersigned executed or endorsed them.

The undersigned warrants that no settlement or compromise of its claims has been made with any persons or entities responsible for the Incident, and no release or waiver has been given or made to anyone responsible for the Incident, and that no such settlement will be made nor waiver or release given by the undersigned without the written consent of the said Insurance Company.

The undersigned further covenants and agrees to cooperate fully with said Insurance Company in the efforts to settle claims and in the prosecution of such claims arising out of the Incident, and to procure and furnish all documents and testimony deemed reasonably necessary by the Insurance Company in all such discovery proceedings and in court or arbitration. The undersigned recognizes, and the Insurance Company agrees, to reimburse the undersigned for all reasonable costs incurred and associated with the undersigned's cooperation required under the terms of this Subrogation Receipt and Agreement.

EL DORADO COUNTY / PUBLIC RISK INNOVATION, SOLUTIONS AND MANAGEMENT (PRISM)

PRINT NAME:

SIGNATURE BY:

TITLE:

DATE:

WITNESS

COMPANY:

PRINT NAME:

SIGNATURE BY:

TITLE:

DATE:
