Insured
AXB9
MARK SANNINO
150 SPRUCE STREET
PRINCETON, NJ 08540

PRODUCER 173

JAMES C FRANCHINO AGENCY INC

132 COLUMBIA TPKE FLORHAM PARK, NJ 07932 (973) 377-6100

> Policy Type: BUSINESSOWNERS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

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Trans Eff	Trans Exp	Description		Due Date	Amount Due	
01/28/2019	01/28/2020	Renewal - Installment #	2	04/28/2019	1,262.00	

\$

1,262.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,265.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,262.00

Thank you for your business

Policy Number: AXB9

MARK SANNINO 150 SPRUCE STREET PRINCETON, NJ 08540

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/28/2019 01/28/2019	01/28/2020 01/28/2020	Installme Installme		07/28/2019 10/28/2019	\$ 1,252.00 \$ 751.00
			Total Future	Installments	\$ 2,003.00
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	nange of Addres	ss			
	licy No.: AXB9 ur New Address	is:			
Phone No.:					

Home Office Copy

Insured AXB9 MARK SANNINO 150 SPRUCE STREET PRINCETON, NJ 08540

PRODUCER 173 JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932

(973) 377-6100

Policy Type: BUSINESSOWNERS

Payment Plan: Manual 4 Pay Payment Plan Run Date: 03/18/2019

Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/28/2019	01/28/2020	Renewal - Installmen	nt # 2	04/28/2019 \$	1,262.00

Total Installment Due \$ 1,262.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,265.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 1,262.00

Pay This Amount:

Thank you for your business

Policy Number: AXB9

MARK SANNINO 150 SPRUCE STREET PRINCETON, NJ 08540

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/28/2019 01/28/2019	01/28/2020 01/28/2020	Installme Installme		07/28/2019 10/28/2019	\$ 1,252.00 \$ 751.00
			Total Future	Installments	\$ 2,003.00
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	nange of Addres	ss			
	licy No.: AXB9 ur New Address	is:			
Phone No.:					

Insured
AXB61
EDI DISTRIBUTORS INC
20 LAKESIDE AVENUE
PO BOX 501
CHERRY HILL, NJ 08003

PRODUCER 142
EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078

(856) 939-1313

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Ruii Date. 03/	10/2019	72019 Fayillelit Flait. Mailual 4 F		ay Fayineni Fian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/24/2019	02/24/2020	Renewal - Installment #	2	05/24/2019	730.00
		Т	otal Installn	ment Due S	\$ 730.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,882.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$

730.00

Thank you for your business

Policy Number: AXB61

EDI DISTRIBUTORS INC 20 LAKESIDE AVENUE PO BOX 501 CHERRY HILL, NJ 08003

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/24/2019 02/24/2019	02/24/2020 02/24/2020	Installme Installme		08/24/2019 11/24/2019	\$ 720.00 \$ 432.00
			Total Future	Installments	\$ 1,152.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	nange of Addre	ss			
Po	licy No.: AXB6	1			
Yo	ur New Address	is:			
-					
Phone No.:					

Insured
AXB61
EDI DISTRIBUTORS INC
20 LAKESIDE AVENUE
PO BOX 501
CHERRY HILL, NJ 08003

PRODUCER 142
EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 02/24/2019
 02/24/2020
 Renewal - Installment # 2
 05/24/2019 \$ 730.00

Total Installment Due \$ 730.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,882.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

730.00

Thank you for your business

Policy Number: AXB61

EDI DISTRIBUTORS INC 20 LAKESIDE AVENUE PO BOX 501 CHERRY HILL, NJ 08003

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/24/2019 02/24/2019	02/24/2020 02/24/2020	Installme Installme		08/24/2019 11/24/2019	\$ 720.00 \$ 432.00
			Total Future	Installments	\$ 1,152.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	nange of Addre	ss			
Po	licy No.: AXB6	1			
Yo	ur New Address	is:			
-					
Phone No.:					

Insured
AXBR102
CAHOOTS INC
624 LINCOLN BLVD
MIDDLESEX, NJ 08846

PRODUCER 143
HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type: RESTAURANT BOP

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 2 04/18/2019 \$ 1,499.00 03/18/2019 03/18/2020 Renewal - Installment # 3 05/18/2019 \$ 1,489.00 Total Installment Due \$ 2,988.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$16,665.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

FIRST UNION NATIONAL BANK P O BOX 700308 DALLAS, TX 75370

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,988.00

Thank you for your business

Policy Number: AXBR102

**Mortgagee Information** 

FIRST UNION NATIONAL BANK
P O BOX 700308
DALLAS, TX 75370

CAHOOTS INC 624 LINCOLN BLVD MIDDLESEX, NJ 08846

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due \$ 1,489.00 03/18/2019 03/18/2020 Installment 06/18/2019 03/18/2019 03/18/2020 Installment \$ 1,489.00 07/18/2019 03/18/2019 03/18/2020 Installment 08/18/2019 \$ 1,489.00 Installment \$ 1,489.00 03/18/2019 03/18/2020 09/18/2019 \$ 1,489.00 03/18/2019 03/18/2020 Installment 10/18/2019 \$ 1,489.00 03/18/2019 03/18/2020 Installment 11/18/2019 \$ 1,324.00 03/18/2019 03/18/2020 Installment 12/18/2019 Total Future Installments \$ 10,258.00

The above future installments do not reflect the \$10.00 Per Installment Charge

## **Change of Address**

Policy No.: AXBR102

Your New Address is:

Phone No.:

Insured
AXBR102
CAHOOTS INC
624 LINCOLN BLVD
MIDDLESEX, NJ 08846

PRODUCER 143
HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type: RESTAURANT BOP

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 2 04/18/2019 \$ 1,499.00 03/18/2019 03/18/2020 Renewal - Installment # 3 05/18/2019 \$ 1,489.00 Total Installment Due \$ 2,988.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$16,665.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

**Mortgagee Information** 

FIRST UNION NATIONAL BANK P O BOX 700308 DALLAS, TX 75370

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,988.00

Thank you for your business

**AXIS Insurance Company** 

Policy Number: AXBR102

**Mortgagee Information** 

FIRST UNION NATIONAL BANK P O BOX 700308

P O BOX 700308 DALLAS, TX 75370

CAHOOTS INC 624 LINCOLN BLVD MIDDLESEX, NJ 08846

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due \$ 1,489.00 03/18/2019 03/18/2020 Installment 06/18/2019 03/18/2019 03/18/2020 Installment \$ 1,489.00 07/18/2019 03/18/2019 03/18/2020 Installment 08/18/2019 \$ 1,489.00 Installment \$ 1,489.00 03/18/2019 03/18/2020 09/18/2019 \$ 1,489.00 03/18/2019 03/18/2020 Installment 10/18/2019 \$ 1,489.00 03/18/2019 03/18/2020 Installment 11/18/2019 \$ 1,324.00 03/18/2019 03/18/2020 Installment 12/18/2019 Total Future Installments \$ 10,258.00

The above future installments do not reflect the \$10.00 Per Installment Charge

## **Change of Address**

Policy No.: AXBR102

Your New Address is:

Phone No.:

Insured
AXCP507
BLAKE ELECTRICAL CONTRACTORS LLC
BRIAN DEN BLEYKER
P O BOX 5319
BERGENFIELD, NJ 07621

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date: 03/1	18/2019	Payment Plan: Manual 3 Pa		Pay Payment Plan	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/10/2019	02/10/2020	Renewal - Installment #	2	05/10/2019	\$ 240.00
		Tot	al Installr	ment Due	\$ 240.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$470.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 240.00

Thank you for your business

Policy Number: AXCP507

BLAKE ELECTRICAL CONTRACTORS LLC BRIAN DEN BLEYKER P O BOX 5319 BERGENFIELD, NJ 07621

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
02/10/2019	02/10/2020	Installme	nt	08/10/2019	\$	230.00
			Total Future	Installments	\$	230.00
Tl	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	SS				
	olicy No.: AXCP					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP507
BLAKE ELECTRICAL CONTRACTORS LLC
BRIAN DEN BLEYKER
P O BOX 5319
BERGENFIELD, NJ 07621

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date. 03/	10/2017	i ayıncını	ari. Maridai 5 i	ay r ayment rian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/10/2019	02/10/2020	Renewal - Installment #	2	05/10/2019	\$ 240.00
		Tot	tal Installr	ment Due	\$ 240.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$470.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 240.00

Thank you for your business

Policy Number: AXCP507

BLAKE ELECTRICAL CONTRACTORS LLC BRIAN DEN BLEYKER P O BOX 5319 BERGENFIELD, NJ 07621

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
02/10/2019	02/10/2020	Installme	nt	08/10/2019	\$	230.00
			Total Future	Installments	\$	230.00
Tl	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	SS				
	olicy No.: AXCP					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP523
EUGENE R SCALZI T/A
GENE SYSTEMS ELECTRICAL CONTRACTOR
232 CEMETERY HILL ROAD
ASBURY, NJ 08802

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due02/07/201902/07/2020Renewal - Installment # 205/07/2019 \$ 237.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$464.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 237.00

Thank you for your business

Policy Number: AXCP523

EUGENE R SCALZI T/A GENE SYSTEMS ELECTRICAL CONTRACTOR 232 CEMETERY HILL ROAD ASBURY, NJ 08802

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
02/07/2019	02/07/2020	Installme	nt	08/07/2019	\$	227.00
			Total Future	Installments	\$	227.00
TÌ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXCP					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP523
EUGENE R SCALZI T/A
GENE SYSTEMS ELECTRICAL CONTRACTOR
232 CEMETERY HILL ROAD
ASBURY, NJ 08802

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 02/07/2019
 02/07/2020
 Renewal - Installment # 2
 05/07/2019 \$ 237.00

 Total Installment Due
 \$ 237.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$464.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 237.00

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXCP523

EUGENE R SCALZI T/A GENE SYSTEMS ELECTRICAL CONTRACTOR 232 CEMETERY HILL ROAD ASBURY, NJ 08802

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
02/07/2019	02/07/2020	Installme	nt	08/07/2019	\$	227.00	
			Total Future	Installments	\$	227.00	
TÌ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Cł	nange of Addres	ss					
	olicy No.: AXCP						
Yo	ur New Address	is:					
Phone No.:							

Insured AXCM914 RICHARD J STRUNK T/A RJ STRUNK & CASTLE PROPERTY MANAGEMENT BRASS CASTLE PROPERTIES LLC 116 BRASS CASTLE ROAD WASHINGTON, NJ 07882

PRODUCER 179 SASCO INSURANCE INC C/O OTTERSTEDT INSURANCE AGENCY 540 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632 (908) 852-5555

> Policy Type: SPECIAL MULTI-PERIL

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019

	rtan Bate. 66/1	0/2017	i ayine	TIC I IGII. IVIGIIG	ai io i ayinchis i ci i cai	
	Trans Eff	Trans Exp	Description		Due Date	Amount Due
	08/15/2018	08/15/2019	Amount is Past Due		03/15/2019	\$ 974.00
	08/15/2018	08/15/2019	Renewal - Installment	# 9	04/15/2019	\$ 974.00
	08/15/2018	08/15/2019	Renewal - Installment	# 10	05/15/2019	\$ 726.00
ı				Total Inst	allment Due	\$ 2,674.00

## **Mortgagee Information**

1ST NATIONAL BANK OF HOPE PO BOX 296 HOPE, NJ 07844

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

2,674.00

Thank you for your business

Policy Number: AXCM914

**Mortgagee Information** 

1ST NATIONAL BANK OF HOPE

PO BOX 296 HOPE, NJ 07844

RICHARD J STRUNK T/A RJ STRUNK & CASTLE PROPERTY MANAGEMENT BRASS CASTLE PROPERTIES LLC 116 BRASS CASTLE ROAD WASHINGTON, NJ 07882

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
(	Change of Addres	SS				
	Policy No.: AXCM					
Y	our New Address	is:				
Phone No.:						

974.00

726.00

Insured AXCM914 RICHARD J STRUNK T/A RJ STRUNK & CASTLE PROPERTY MANAGEMENT BRASS CASTLE PROPERTIES LLC 116 BRASS CASTLE ROAD WASHINGTON, NJ 07882

PRODUCER 179 SASCO INSURANCE INC C/O OTTERSTEDT INSURANCE AGENCY 540 SYLVAN AVENUE ENGLEWOOD CLIFFS, NJ 07632 (908) 852-5555

> Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 08/15/2018 08/15/2019 Amount is Past Due 03/15/2019 \$ 974.00

9

10

Total Installment Due \$ 2,674.00

04/15/2019 \$

05/15/2019 \$

# **Mortgagee Information**

1ST NATIONAL BANK OF HOPE PO BOX 296 HOPE, NJ 07844

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 2.674.00

Thank you for your business

Policy Number: AXCM914

**Mortgagee Information** 

1ST NATIONAL BANK OF HOPE

PO BOX 296 HOPE, NJ 07844

RICHARD J STRUNK T/A RJ STRUNK & CASTLE PROPERTY MANAGEMENT BRASS CASTLE PROPERTIES LLC 116 BRASS CASTLE ROAD WASHINGTON, NJ 07882

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
(	hange of Addres	SS				
	Policy No.: AXCM					
Y	our New Address	is:				
Phone No.:						

\$

1,619.00

Insured
AXCM982
CHRISTIAN LOVE CHURCH, INC
1321 MULBERRY LANE
WILLIAMSTOWN, NJ 08094

PRODUCER 151
INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225

(609) 646-1000

Policy Type: SPECIAL MULTI-PERIL

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Ran Bate: 00/10/2017			i iaii. iviaiiaai i i	ay r aymont r lan	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/06/2018	10/06/2019	Renewal - Installment #	3	04/06/2019	1,619.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,585.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

CENTURY SAVINGS BANK 1376 WEST SHERMAN AVENUE VINELAND, NJ 08360

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,619.00

Thank you for your business

Policy Number: AXCM982

**Mortgagee Information** 

CENTURY SAVINGS BANK 1376 WEST SHERMAN AVENUE VINELAND, NJ 08360

CHRISTIAN LOVE CHURCH, INC 1321 MULBERRY LANE WILLIAMSTOWN, NJ 08094

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
10/06/2018	10/06/2019	Installme	nt	07/06/2019	\$	966.00	
			Total Future	Installments	\$	966.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Ch	nange of Addres	SS					
	licy No.: AXCMS						
Yo	ur New Address	is:					
Phone No.:							

Insured
AXCM982
CHRISTIAN LOVE CHURCH, INC
1321 MULBERRY LANE
WILLIAMSTOWN, NJ 08094

PRODUCER 151
INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type: SPECIAL MULTI-PERIL

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 10/06/2018
 10/06/2019
 Renewal - Installment # 3
 04/06/2019
 \$ 1,619.00

 Total Installment Due
 \$ 1,619.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,585.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

CENTURY SAVINGS BANK 1376 WEST SHERMAN AVENUE VINELAND, NJ 08360

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,619.00

Thank you for your business

Policy Number: AXCM982

**Mortgagee Information** 

CENTURY SAVINGS BANK 1376 WEST SHERMAN AVENUE VINELAND, NJ 08360

CHRISTIAN LOVE CHURCH, INC 1321 MULBERRY LANE WILLIAMSTOWN, NJ 08094

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
10/06/2018	10/06/2019	Installme	nt	07/06/2019	\$	966.00	
			Total Future	Installments	\$	966.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Ch	nange of Addres	SS					
	licy No.: AXCMS						
Yo	ur New Address	is:					
Phone No.:							

Insured
AXB1265
FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

EHLY-COSENZA INSURANCE 151 EAST EVESHAM ROAD PO BOX 318 RUNNEMEDE, NJ 08078 (856) 939-1313

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Kuli Date. 03/10/2019		Fayinciiti	riani. Manuai 10 r	ayınıcınıs Fer Teai		
Trans Eff Trans	Ехр	Description		Due Date	Δ	Amount Due
08/05/2018 08/09	5/2019 Amount is	s Past Due	•	03/05/2019	\$	522.00
08/05/2018 08/09	5/2019 Renewal -	- Installment #	9	04/05/2019	\$	522.00
08/05/2018 08/09	5/2019 Renewal -	- Installment #	10	05/05/2019	\$	458.00
		Tγ	htal Ingtallme	ent Due	¢	1 502 00

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,502.00

Thank you for your business

Policy Number: AXB1265

FOOTMARKS INC 920 SHORE ROAD SOMERS POINT, NJ 08244

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
(	hange of Addres	ss				
	Policy No.: AXB12					
Y	our New Address	is:				
Phone No.:						

Home Office Copy

458.00

Insured AXB1265 **FOOTMARKS INC** 920 SHORE ROAD SOMERS POINT, NJ 08244

PRODUCER 142 EHLY-COSENZA INSURANCE 151 EAST EVESHAM ROAD **PO BOX 318** RUNNEMEDE, NJ 08078 (856) 939-1313

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Exp Trans Eff Description **Due Date Amount Due** 03/05/2019 \$ 522.00 9 04/05/2019 \$ 522.00 10

> Total Installment Due \$ 1,502.00

05/05/2019 \$

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 1,502.00

Thank you for your business

Policy Number: AXB1265

**FOOTMARKS INC** 920 SHORE ROAD SOMERS POINT, NJ 08244

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
(	hange of Addres	ss				
	Policy No.: AXB12					
Y	our New Address	is:				
Phone No.:						

Insured
AXB1388
EUSTATHOIOS LOUVIS AND MARY G. THEODOS
P. O. BOX 132
SHILOH, NJ 08353

PRODUCER 239
THE CHADLER GROUP
100 PASSAIC AVENUE
SUITE 120
FAIRFIELD, NJ 07004
(973) 227-0025

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 7 03/25/2019 \$ 972.00 8 04/25/2019 \$ 962.00 9 05/25/2019 \$ 962.00

Total Installment Due \$ 2,896.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,755.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,896.00

Thank you for your business

Policy Number: AXB1388

EUSTATHOIOS LOUVIS AND MARY G. THEODOS P. O. BOX 132

SHILOH, NJ 08353

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
09/25/2018	09/25/2019	Installme	nt	06/25/2019	\$	859.00	
			Total Future	Installments	\$	859.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Cr	nange of Addres	ss					
	licy No.: AXB13						
Yo	ur New Address	is:					
Phone No.:							

Insured
AXB1388
EUSTATHOIOS LOUVIS AND MARY G. THEODOS
P. O. BOX 132
SHILOH, NJ 08353

PRODUCER 239
THE CHADLER GROUP
100 PASSAIC AVENUE
SUITE 120
FAIRFIELD, NJ 07004
(973) 227-0025

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 7 03/25/2019 \$ 972.00 8 04/25/2019 \$ 962.00 9 05/25/2019 \$ 962.00

Total Installment Due \$ 2,896.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,755.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,896.00

Thank you for your business

Policy Number: AXB1388

EUSTATHOIOS LOUVIS AND MARY G. THEODOS P. O. BOX 132

SHILOH, NJ 08353

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
09/25/2018	09/25/2019	Installme	nt	06/25/2019	\$	859.00	
			Total Future	Installments	\$	859.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Cr	nange of Addres	ss					
	licy No.: AXB13						
Yo	ur New Address	is:					
Phone No.:							

Insured AXCP1598 RICK WINKLE T/A UPPER DECK FIBERGLASS & UPPER DECK VINYL RAILINGS, LLC P.O. BOX 257 LANOKA HARBOR, NJ 08734

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019		Payment Plan: Manual 10 Payments Per Year						
Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>	
10/17/2018	10/17/2019	Amount is Past Due		•	03/17/2019	\$	416.00	
10/17/2018	10/17/2019	Renewal - Installment	#	7	04/17/2019	\$	416.00	
10/17/2018	10/17/2019	Renewal - Installment	#	8	05/17/2019	\$	406.00	
			Tota	al Installmen	t Due	\$	1,238.00	

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 1,238.00

Thank you for your business

Policy Number: AXCP1598

RICK WINKLE T/A UPPER DECK FIBERGLASS & UPPER DECK VINYL RAILINGS, LLC P.O. BOX 257

LANOKA HARBOR, NJ 08734

	Future Installments for Your Policy										
Trans Eff	Trans Exp	Description		Due Date	Amount Due						
10/17/2018	10/17/2019	Installme		06/17/2019	\$ 406.00						
10/17/2018	10/17/2019	Installme	nt	07/17/2019	\$ 362.00						
			Total Future 1	Installments	\$ 768.00						
Tl	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge						
Cł	nange of Addre	ss									
Po	licy No.: AXCP	1598									
Yo	ur New Address	is:									
Phone No.:											

\$

1,238.00

Insured **AXCP1598** RICK WINKLE T/A UPPER DECK FIBERGLASS & UPPER DECK VINYL RAILINGS, LLC P.O. BOX 257 LANOKA HARBOR, NJ 08734

PRODUCER 147 WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: SMALL CONTRACTORS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff **Trans Exp** Description **Due Date Amount Due** 10/17/2018 10/17/2019 Amount is Past Due 03/17/2019 \$ 416.00 7 04/17/2019 \$ 416.00 10/17/2018 10/17/2019 Renewal - Installment # 8 05/17/2019 \$ 406.00

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 1.238.00

Thank you for your business

Policy Number: AXCP1598

RICK WINKLE T/A UPPER DECK FIBERGLASS & UPPER DECK VINYL RAILINGS, LLC

P.O. BOX 257

LANOKA HARBOR, NJ 08734

	Future Installments for Your Policy										
Trans Eff	Trans Exp	Description		Due Date	Amount Due						
10/17/2018	10/17/2019	Installme		06/17/2019	\$ 406.00						
10/17/2018	10/17/2019	Installme	nt	07/17/2019	\$ 362.00						
			Total Future 1	Installments	\$ 768.00						
Tl	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge						
Cł	nange of Addre	ss									
Po	licy No.: AXCP	1598									
Yo	ur New Address	is:									
Phone No.:											

Insured **AXBR1628** IL GIARDINO SUL MARE, LLC AND CRES, INC T/A IL GIARDINO RISTORANTE ATTN: OLMEDO MONROY 1048 KAITLYN COURT TOMS RIVER, NJ 08753

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: RESTAURANT BOP

Pun Data: 03/18/2010 Dayment Dlan: Manual 10 Dayments Der Vear

Run Bate: 03/10/2017			. Manuai 10 i ay	nanda 10 i ayınıcıns i el Teal				
Trans Eff	Trans Exp	Description			Due Date		Amount Due	
09/14/2018	09/14/2019	Amount is Past Due		•	03/14/2019	\$	687.00	
09/14/2018	09/14/2019	Renewal - Installment	#	8	04/14/2019	\$	687.00	
09/14/2018	09/14/2019	Renewal - Installment	#	9	05/14/2019	\$	677.00	
			Tota	l Inctallment	- Dua	Ġ	2 051 00	

**Mortgagee Information** 

MANASQUAN SAVINGS BANK 2221 LANDMARK PLACE WALL, NJ 08736

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 2,051.00

Thank you for your business

Policy Number: AXBR1628

**Mortgagee Information** 

MANASQUAN SAVINGS BANK 2221 LANDMARK PLACE WALL, NJ 08736

IL GIARDINO SUL MARE,LLC AND CRES,INC T/A IL GIARDINO RISTORANTE ATTN: OLMEDO MONROY 1048 KAITLYN COURT TOMS RIVER, NJ 08753

	Future Installments for Your Policy									
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due				
09/14/2018	09/14/2019	Installme	nt	06/14/2019	\$	602.00				
			Total Future	Installments	\$	602.00				
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge				
Ch	nange of Addres	SS								
	licy No.: AXBR1									
Yo	ur New Address	is:								
Phone No.:										

Insured **AXBR1628** IL GIARDINO SUL MARE, LLC AND CRES, INC T/A IL GIARDINO RISTORANTE ATTN: OLMEDO MONROY 1048 KAITLYN COURT TOMS RIVER, NJ 08753

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: RESTAURANT BOP

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Rail Date: 05	10/2017	r dyment i lan: Wandar to i dyments i er real					
Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
09/14/2018	09/14/2019	Amount is Past Due		-	03/14/2019	\$	687.00
09/14/2018	09/14/2019	Renewal - Installment	# 8	8	04/14/2019	\$	687.00
09/14/2018	09/14/2019	Renewal - Installment	# 9	9	05/14/2019	\$	677.00
			Total	. Installment	: Due	\$	2,051.00

## **Mortgagee Information**

MANASQUAN SAVINGS BANK 2221 LANDMARK PLACE WALL, NJ 08736

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

2,051.00

Thank you for your business

Policy Number: AXBR1628

**Mortgagee Information** 

MANASQUAN SAVINGS BANK 2221 LANDMARK PLACE WALL, NJ 08736

IL GIARDINO SUL MARE,LLC AND CRES,INC T/A IL GIARDINO RISTORANTE ATTN: OLMEDO MONROY 1048 KAITLYN COURT TOMS RIVER, NJ 08753

	Future Installments for Your Policy									
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due				
09/14/2018	09/14/2019	Installme	nt	06/14/2019	\$	602.00				
			Total Future	Installments	\$	602.00				
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge				
Ch	nange of Addres	SS								
	licy No.: AXBR1									
Yo	ur New Address	is:								
Phone No.:										

Insured
AXCP1821
RONALD J KONEY
T/A KONEY CONSTRUCTION
10 ROBIN LANE
CEDAR GROVE, NJ 07009

PROFESSIONAL INSURANCE ASSOCIATES
429 HACKENSACK STREET

CARLSTADT, NJ 07072 (201) 559-8133

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Bate: 03/10/2017		ient i lan: Mandai 5 i ay i ayment i lan					
Trans Eff	Trans Exp	Description			Due Date		Amount Due
· · · · ·		Amount is Past Due Renewal - Installment	#	3	01/05/2019 04/05/2019	•	10.00 916.00
			Tota	l Installmen	t. Due	\$	926.00

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

926.00

Thank you for your business

Policy Number: AXCP1821

RONALD J KONEY T/A KONEY CONSTRUCTION 10 ROBIN LANE CEDAR GROVE, NJ 07009

	Future Installments for Your Policy									
Trans Eff	Trans Exp	Description		Due Date	Amount Due					
			Total Future	Installments	\$ .00					
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge					
	Change of Addres	ss								
	Policy No.: AXCP									
Y	our New Address	is:								
Phone No.:										

916.00

Insured
AXCP1821
RONALD J KONEY
T/A KONEY CONSTRUCTION
10 ROBIN LANE
CEDAR GROVE, NJ 07009

PROFESSIONAL INSURANCE ASSOCIATES

429 HACKENSACK STREET CARLSTADT, NJ 07072 (201) 559-8133

Policy Type:

SMALL CONTRACTORS

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 10/05/2018
 10/05/2019
 Amount is Past Due
 01/05/2019
 10.00

Total Installment Due \$ 926.00

04/05/2019 \$

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

10/05/2018 10/05/2019 Renewal - Installment # 3

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

926.00

Thank you for your business

Policy Number: AXCP1821

RONALD J KONEY T/A KONEY CONSTRUCTION 10 ROBIN LANE CEDAR GROVE, NJ 07009

	Future Installments for Your Policy									
Trans Eff	Trans Exp	Description		Due Date	Amount Due					
			Total Future	Installments	\$ .00					
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge					
	Change of Addres	ss								
	Policy No.: AXCP									
Y	our New Address	is:								
Phone No.:										

Insured
AXCP1904
CLIFF WYONCH
T/A CW ELECTRICAL CONTRACTOR
83 UNION AVE
NEW PROVIDENCE, NJ 07974

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 8 Payments Per Year

Run Date: 03/1	8/2019	Payment Plan: Manual 8 Payments Per Year						
Trans Eff	Trans Exp	Description			<b>Due Date</b>		Amount Due	
12/05/2018 12/05/2018		Renewal - Installment Renewal - Installment			04/05/2019 05/05/2019	•	213.00 233.00	
12/03/2010	12/03/2017	TCTCWCT TIBCCTINCTC		Tngtallmen		Ģ		
			Total	. Installmen	t Due	Ş	446.00	

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$892.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 446.00

Thank you for your business

Policy Number: AXCP1904

CLIFF WYONCH T/A CW ELECTRICAL CONTRACTOR 83 UNION AVE NEW PROVIDENCE, NJ 07974

	Future Installments for Your Policy										
Trans Eff	Trans Exp	Description		Due Date	Amount Due						
12/05/2018	12/05/2019	Installme		06/05/2019	\$ 223.00						
12/05/2018	12/05/2019	Installme	nt	07/05/2019	\$ 223.00						
			Total Future 1	Installments	\$ 446.00						
Th	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge						
Ch	nange of Addre	ss									
Po	licy No.: AXCP	1904									
Yo	ur New Address	is:									
Phone No.:											

Insured
AXCP1904
CLIFF WYONCH
T/A CW ELECTRICAL CONTRACTOR
83 UNION AVE
NEW PROVIDENCE, NJ 07974

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

 Run Date: 03/18/2019
 Payment Plan: Manual 8 Payments Per Year

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/05/2018
 12/05/2019
 Renewal - Installment # 5
 04/05/2019 \$ 213.00

 12/05/2018
 12/05/2019
 Renewal - Installment # 6
 05/05/2019 \$ 233.00

Total Installment Due \$ 446.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$892.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 446.00

Thank you for your business

Policy Number: AXCP1904

CLIFF WYONCH T/A CW ELECTRICAL CONTRACTOR 83 UNION AVE NEW PROVIDENCE, NJ 07974

Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
12/05/2018	12/05/2019	Installme		06/05/2019	\$ 223.00			
12/05/2018	12/05/2019	Installme	nt	07/05/2019	\$ 223.00			
			Total Future 1	Installments	\$ 446.00			
Th	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
Ch	nange of Addre	ss						
Po	licy No.: AXCP	1904						
Yo	ur New Address	is:						
Phone No.:								

Insured
AXCP2034
NIGEL S. GRAHAM
T/A IT'S ON ELECTRIC
95 RUTGERS ST
MAPLEWOOD, NJ 07040

PRODUCER 173

JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Bate: 03/10/2017 Tayment Flan: Mandai 31			ay r ayment rian		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment #	2	03/23/2019	307.00
		Т	otal Installn	ment Due S	307.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$604.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 307.00

Thank you for your business

Policy Number: AXCP2034

NIGEL S. GRAHAM T/A IT'S ON ELECTRIC 95 RUTGERS ST MAPLEWOOD, NJ 07040

	Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due			
12/23/2018	12/23/2019	Installme	nt	06/23/2019	\$	297.00			
			Total Future	Installments	\$	297.00			
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge			
Cł	nange of Addres	SS							
	licy No.: AXCP2								
Yo	ur New Address	is:							
		_							
		_							
Phone No.:									

Insured
AXCP2034
NIGEL S. GRAHAM
T/A IT'S ON ELECTRIC
95 RUTGERS ST
MAPLEWOOD, NJ 07040

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE

FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date: 03/10/2017 Tayment Flam: Wandar 31			ay r ayincin rian		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment #	2	03/23/2019 \$	307.00
		Tota	l Installr	ment Due S	307.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$604.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

307.00

Thank you for your business

Policy Number: AXCP2034

NIGEL S. GRAHAM T/A IT'S ON ELECTRIC 95 RUTGERS ST MAPLEWOOD, NJ 07040

	Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due			
12/23/2018	12/23/2019	Installme	nt	06/23/2019	\$	297.00			
			Total Future	Installments	\$	297.00			
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge			
Cł	nange of Addres	SS							
	licy No.: AXCP2								
Yo	ur New Address	is:							
		_							
		_							
Phone No.:									

Insured
AXCM2049
ALICIA MAGEE
324 CONCORD AVENUE
EWING, NJ 08618

PRODUCER 107
BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

ı	Run Date: 03/10/2017					ments i ei i eai		
	Trans Eff	Trans Exp	Description			Due Date	A	mount Due
I	10/23/2018	10/23/2019	Renewal - Installment	#	6	03/23/2019	\$	465.00
	10/23/2018	10/23/2019	Renewal - Installment	#	7	04/23/2019	\$	455.00
	10/23/2018	10/23/2019	Renewal - Installment	#	8	05/23/2019	\$	455.00
ı				Tota	l Inctallment	- Dua	Ġ.	1 375 00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,234.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,375.00

Thank you for your business

Policy Number: AXCM2049

ALICIA MAGEE 324 CONCORD AVENUE EWING, NJ 08618

Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
10/23/2018	10/23/2019	Installme		06/23/2019	\$ 455.00			
10/23/2018	10/23/2019	Installme	nt	07/23/2019	\$ 404.00			
			Total Future 1	Installments	\$ 859.00			
Tl	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
Ch	nange of Addre	ss						
Po	licy No.: AXCM	2049						
Yo	ur New Address	is:						
Phone No.:								

Home Office Copy

Insured
AXCM2049
ALICIA MAGEE
324 CONCORD AVENUE
EWING, NJ 08618

PRODUCER 107
BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 6 03/23/2019 \$ 465.00 7 04/23/2019 \$ 455.00 10/23/2018 10/23/2019 Renewal - Installment # 8 05/23/2019 \$ 455.00 Total Installment Due \$ 1,375.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,234.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,375.00

Thank you for your business

Policy Number: AXCM2049

ALICIA MAGEE 324 CONCORD AVENUE EWING, NJ 08618

Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
10/23/2018	10/23/2019	Installme		06/23/2019	\$ 455.00			
10/23/2018	10/23/2019	Installme	nt	07/23/2019	\$ 404.00			
			Total Future 1	Installments	\$ 859.00			
Tl	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
Ch	nange of Addre	ss						
Po	licy No.: AXCM	2049						
Yo	ur New Address	is:						
Phone No.:								

Insured AXCM2077 DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

PRODUCER 754 M L RUBERTON AGENCY 401 12TH STREET HAMMONTON, NJ 08037 (609) 561-1200

> Policy Type: SPECIAL MULTI-PERIL

Daymont Dlan: Manual 10 Daymonte Dor Voor

ı	Run Date: 03/1	8/2019	Payme	Payment Plan: Manual 10 Payments Per Year				
	Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
ĺ	09/15/2018	09/15/2019	Amount is Past Due		<del>-</del>	03/15/2019	\$	2,067.00
I	09/15/2018	09/15/2019	Renewal - Installment	#	8	04/15/2019	\$	2,067.00
	09/15/2018	09/15/2019	Renewal - Installment	#	9	05/15/2019	\$	2,057.00
ı				Tota	l Installmer	nt Due	Ś	6.191.00

## **Mortgagee Information**

FARMERS HOME ADMINISTRATION USDA RURAL DEVELOPMENT 5TH FLOOR NORTH SUITE 500 8000 MIDLANTIC DRIVE MT LAUREL, NJ 08054

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 6,191.00

Thank you for your business

Policy Number: AXCM2077

**Mortgagee Information** 

FARMERS HOME ADMINISTRATION USDA RURAL DEVELOPMENT 5TH FLOOR NORTH SUITE 500 8000 MIDLANTIC DRIVE MT LAUREL, NJ 08054

DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

	Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amount Due				
09/15/2018	09/15/2019	Installme	nt	06/15/2019	\$ 1,832.00				
			Total Future	Installments	\$ 1,832.00				
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge				
Ch	nange of Addres	SS							
	licy No.: AXCM								
Yo	ur New Address	is:							
Phone No.:	-								

Insured AXCM2077 DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

PRODUCER 754 M L RUBERTON AGENCY 401 12TH STREET HAMMONTON, NJ 08037 (609) 561-1200

> Policy Type: SPECIAL MULTI-PERIL

Daymont Dlan: Manual 10 Daymonte Dor Voor

	Run Date: 03/1	8/2019	Payme	Payment Plan: Manual 10				
	Trans Eff	Trans Exp	Description			Due Date		Amount Due
	09/15/2018	09/15/2019	Amount is Past Due		-	03/15/2019	\$	2,067.00
ı	09/15/2018	09/15/2019	Renewal - Installment	#	8	04/15/2019	\$	2,067.00
ı	09/15/2018	09/15/2019	Renewal - Installment	#	9	05/15/2019	\$	2,057.00
				Tota	l Installmen	t Due	Ś	6.191.00

## **Mortgagee Information**

FARMERS HOME ADMINISTRATION USDA RURAL DEVELOPMENT 5TH FLOOR NORTH SUITE 500 8000 MIDLANTIC DRIVE MT LAUREL, NJ 08054

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 6,191.00

Thank you for your business

Policy Number: AXCM2077

**Mortgagee Information** 

FARMERS HOME ADMINISTRATION USDA RURAL DEVELOPMENT 5TH FLOOR NORTH SUITE 500 8000 MIDLANTIC DRIVE MT LAUREL, NJ 08054

DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

	Future Installments for Your Policy								
Trans Eff	Trans Exp	Description		Due Date	Amount Due				
09/15/2018	09/15/2019	Installme	nt	06/15/2019	\$ 1,832.00				
			Total Future	Installments	\$ 1,832.00				
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge				
Ch	nange of Addres	SS							
	licy No.: AXCM								
Yo	ur New Address	is:							
Phone No.:	-								

Insured
AXCM2135
MENDHAM LAKE ESTATES
HOMEOWNERS ASSOC INC
PO BOX 173
IRONIA, NJ 07845

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT 25 ROBERT PITT DRIVE SUITE #200-F MONSEY, NY 10952 (845) 789-4433

Policy Type: SPECIAL MULTI-PERIL

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 02/01/2019
 02/01/2020
 Renewal - Installment # 2
 05/01/2019 \$ 982.00

Total Installment Due \$ 982.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,537.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 982.00

Thank you for your business

Policy Number: AXCM2135

MENDHAM LAKE ESTATES HOMEOWNERS ASSOC INC PO BOX 173 IRONIA, NJ 07845

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
02/01/2019 02/01/2019	02/01/2020 02/01/2020	Installment		08/01/2019 11/01/2019	\$ 972.00 \$ 583.00	
			Total Future	Installments	\$ 1,555.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
	ange of Addres					
	licy No.: AXCMZ					
Yo	ur New Address	is:				
Phone No.:						

Home Office Copy

Insured
AXCM2135
MENDHAM LAKE ESTATES
HOMEOWNERS ASSOC INC
PO BOX 173
IRONIA, NJ 07845

EVERGREEN INSURANCE & RISK MANAGEMENT

25 ROBERT PITT DRIVE SUITE #200-F MONSEY, NY 10952

(845) 789-4433

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/	18/2019	Payment Plan: Manual 4 Pay Payment Plan				
Trans Eff	Trans Exp	Description		Due Date	Amou	ınt Due
02/01/2019	02/01/2020	Renewal - Installment #	2	05/01/2019	\$ 9	82.00
		Т	otal Installm	ment Due	\$ 9	82.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,537.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

982.00

Thank you for your business

Policy Number: AXCM2135

MENDHAM LAKE ESTATES HOMEOWNERS ASSOC INC PO BOX 173 IRONIA, NJ 07845

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
02/01/2019 02/01/2019	02/01/2020 02/01/2020	Installment		08/01/2019 11/01/2019	\$ 972.00 \$ 583.00	
			Total Future	Installments	\$ 1,555.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
	ange of Addres					
	licy No.: AXCMZ					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP2545
FRAMART ELECTRIC CONTRACTING CORP
161 CAMBRIDGE AVE, 2ND FLOOR
GARFIELD, NJ 07026

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

12/23/2018 12/23/2019 Renewal - Installment # 2 03/23/2019 \$ 718.00

Total Installment Due \$ 718.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,426.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

**AXIS Insurance Company** 

\$ 718.00

Thank you for your business

Policy Number: AXCP2545

FRAMART ELECTRIC CONTRACTING CORP 161 CAMBRIDGE AVE, 2ND FLOOR GARFIELD, NJ 07026

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
12/23/2018	12/23/2019	Installme	nt	06/23/2019	\$	708.00
			Total Future	Installments	\$	708.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Ch	nange of Addres	SS				
	licy No.: AXCP2					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP2545
FRAMART ELECTRIC CONTRACTING CORP
161 CAMBRIDGE AVE, 2ND FLOOR
GARFIELD, NJ 07026

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019
Payment Plan: Manual 3 Payment Plan

Trans Eff
Trans Exp
Description
Due Date
Amount Due

12/23/2018
12/23/2019
Renewal - Installment # 2
03/23/2019
718.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,426.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

718.00

Thank you for your business

Policy Number: AXCP2545

FRAMART ELECTRIC CONTRACTING CORP 161 CAMBRIDGE AVE, 2ND FLOOR GARFIELD, NJ 07026

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
12/23/2018	12/23/2019	Installme	nt	06/23/2019	\$	708.00
			Total Future	Installments	\$	708.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Ch	nange of Addres	SS				
	licy No.: AXCP2					
Yo	ur New Address	is:				
Phone No.:						

Payor's Copy

\$

2,760.00

Insured
AXB2585
FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

PRODUCER 261

BROWN AND BROWN METRO OF NORTH JERSEY PO BOX 369 ROSELAND, NJ 07068

(973) 549-1818

Policy Type: BUSINESSOWNERS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Itali Bato. oo	10/2017	i ajmenti	ani. Manaa i i	ay r ayincin r ian		
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
10/28/2018	10/28/2019	Renewal - Installment #	3	04/28/2019	2,760.00	

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,410.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

CAPITAL ONE NA
PO BOX 1417
MATTITUCK, NY 11952-0995

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,760.00

Thank you for your business

Policy Number: AXB2585

**Mortgagee Information** 

CAPITAL ONE NA PO BOX 1417

MATTITUCK, NY 11952-0995

FRANCO RUBINO 114 BROADWAY POMPTON LAKES, NJ 07442

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
10/28/2018	10/28/2019	Installme	nt	07/28/2019	\$ 1,650.00		
			Total Future	Installments	\$ 1,650.00		
T	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
C	hange of Addres	SS					
	olicy No.: AXB25						
Yo	our New Address	is:					
Phone No.:							

Home Office Copy

2,760.00

Insured
AXB2585
FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

PRODUCER 261 BROWN AND BROWN METRO OF NORTH JERSEY

PO BOX 369 ROSELAND, NJ 07068

(973) 549-1818

Policy Type: BUSINESSOWNERS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

	. 0, = 0 . ,	: aje	iaiii iiiaiiai i i	aj i ajineni ian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/28/2018	10/28/2019	Renewal - Installment #	3	04/28/2019	2,760.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,410.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

\$

CAPITAL ONE NA
PO BOX 1417
MATTITUCK, NY 11952-0995

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,760.00

Thank you for your business

Policy Number: AXB2585

**Mortgagee Information** 

CAPITAL ONE NA PO BOX 1417

MATTITUCK, NY 11952-0995

FRANCO RUBINO 114 BROADWAY POMPTON LAKES, NJ 07442

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
10/28/2018	10/28/2019	Installme	nt	07/28/2019	\$ 1,650.00		
			Total Future	Installments	\$ 1,650.00		
T	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
C	hange of Addres	SS					
	olicy No.: AXB25						
Yo	our New Address	is:					
Phone No.:							

Insured AXCP2704 ROGER STEPIEN 27 DAVENPORT ROAD OAK RIDGE, NJ 07438 PRODUCER 150

BIS IMPROVED INSURANCE AGENCY T./A BIS IMPROVED INSURANCE AGENCY 520 SPEEDWELL AVENUE SUITE 105 MORRIS PLAINS, NJ 07950 (973) 683-1000

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

11/21/2018 11/21/2019 Renewal - Installment # 3 05/21/2019 \$ 217.00

Total Installment Due \$ 217.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 217.00

Thank you for your business

Policy Number: AXCP2704

ROGER STEPIEN 27 DAVENPORT ROAD OAK RIDGE, NJ 07438

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
			Total Future	Installments	\$ .00			
ŗ.	The above fut:	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
	Change of Addres	ss						
	Policy No.: AXCP							
Y	our New Address	is:						
Phone No.:								

Insured AXCP2704 ROGER STEPIEN 27 DAVENPORT ROAD OAK RIDGE, NJ 07438 PRODUCER 150

BIS IMPROVED INSURANCE AGENCY T./A BIS IMPROVED INSURANCE AGENCY 520 SPEEDWELL AVENUE SUITE 105 MORRIS PLAINS, NJ 07950 (973) 683-1000

> Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date. 03/	10/2017	i ayınıcını iai	r ayment riam. Mandai 5 r ay r ayment riam			
Trans Eff	Trans Exp	Description		Due Date		<b>Amount Due</b>
11/21/2018	11/21/2019	Renewal - Installment #	3	05/21/2019	\$	217.00
		Tota	l Install	ment Due	\$	217.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 217.00

Thank you for your business

Policy Number: AXCP2704

ROGER STEPIEN 27 DAVENPORT ROAD OAK RIDGE, NJ 07438

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
			Total Future	Installments	\$ .00			
ŗ.	The above fut:	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
	Change of Addres	ss						
	Policy No.: AXCP							
Y	our New Address	is:						
Phone No.:								

85.00

75.00

Insured **AXUM2775** DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

PRODUCER 754 M L RUBERTON AGENCY 401 12TH STREET HAMMONTON, NJ 08037 (609) 561-1200

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 09/15/2018 09/15/2019 Amount is Past Due 03/15/2019 \$ 85.00

8

9

Total Installment Due \$ 245.00

04/15/2019 \$

05/15/2019 \$

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

245.00

Thank you for your business

Policy Number: AXUM2775

DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount	. Due		
09/15/2018	09/15/2019	Installme	nt	06/15/2019	\$	67.00		
			Total Future	Installments	\$	67.00		
Tl	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment (	Charge		
						ļ		
Cł	nange of Addres	ss						
	olicy No.: AXUM2							
Yo	our New Address	is:						
		_						
Phone No.:								
FIIOLIE IVO.								

245.00

Insured **AXUM2775** DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

PRODUCER 754 M L RUBERTON AGENCY 401 12TH STREET HAMMONTON, NJ 08037 (609) 561-1200

> Policy Type: COMMERCIAL UMBRELLA

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 09/15/2018 09/15/2019 Amount is Past Due 03/15/2019 \$ 85.00 8 04/15/2019 \$ 85.00 9 09/15/2018 09/15/2019 Renewal - Installment # 05/15/2019 \$ 75.00

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

**AXIS Insurance Company** 

245.00

\$

Thank you for your business

Policy Number: AXUM2775

DOBCO ASSOCIATES A NJ PARTNERSHIP T/A MONROETOWN APARTMENTS C/O LOWER PROPERTY MANAGEMENT 191 WEST WHITE HORSE PIKE BERLIN, NJ 08009

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount	. Due		
09/15/2018	09/15/2019	Installme	nt	06/15/2019	\$	67.00		
			Total Future	Installments	\$	67.00		
Tl	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment (	Charge		
						ļ		
Cł	nange of Addres	ss						
	olicy No.: AXUM2							
Yo	our New Address	is:						
		_						
Phone No.:								
FIIOLIE IVO.								

Insured AXB2781 MARK COHN D/B/A 215 HIGH STREET 166 COUNTRY LANE **BUENA, NJ 08310** 

PRODUCER 754

M L RUBERTON AGENCY 401 12TH STREET HAMMONTON, NJ 08037 (609) 561-1200

Policy Type:

**BUSINESSOWNERS** 

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019

- 1	rtail Batol our i	rajmoner am manaar re			<del>ii iviaiidai io i a</del>	, o		
	Trans Eff	Trans Exp	Description			Due Date		Amount Due
	12/01/2018	12/01/2019	Amount is Past Due		•	03/15/2019	\$	412.00
	12/01/2018	12/01/2019	Renewal - Installment	#	5	04/15/2019	\$	412.00
	12/01/2018	12/01/2019	Renewal - Installment	#	6	05/15/2019	\$	402.00
	I			Tota	l Installmen	t Due	Ś	1.226.00

**Mortgagee Information** 

M&T BANK PO BOX 5738

SPRINGFIELD, OH 45501-5738

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

1,226.00

Thank you for your business

Policy Number: AXB2781

**Mortgagee Information** 

M&T BANK PO BOX 5738

SPRINGFIELD, OH 45501-5738

MARK COHN D/B/A 215 HIGH STREET 166 COUNTRY LANE **BUENA**, **NJ** 08310

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/01/2018 12/01/2019 Installment 06/15/2019 402.00 Installment 12/01/2018 12/01/2019 07/15/2019 \$ 402.00 \$ 12/01/2018 12/01/2019 Installment 08/15/2019 402.00 \$ 358.00 12/01/2018 12/01/2019 Installment 09/15/2019 Total Future Installments \$ 1,564.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB2781 Your New Address is:

Phone No.:

Insured
AXB2781
MARK COHN
D/B/A 215 HIGH STREET
166 COUNTRY LANE
BUENA, NJ 08310

PRODUCER 754
M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037

(609) 561-1200

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Trans Eff         Trans Exp         Description           12/01/2018         12/01/2019         Amount is Past Due           12/01/2018         12/01/2019         Renewal - Installment	int i lail.	ivianidal 10 1 a	inches i ci i cu				
	Trans Eff	Trans Exp	Description			Due Date	<b>Amount Due</b>
	12/01/2018	12/01/2019	Amount is Past Due		-	03/15/2019	\$ 412.00
	12/01/2018	12/01/2019	Renewal - Installment	# 5	i	04/15/2019	\$ 412.00
	12/01/2018	12/01/2019	Renewal - Installment	# 6		05/15/2019	\$ 402.00
				Total	Installmen	t Due	\$ 1,226.00

**Mortgagee Information** 

M&T BANK PO BOX 5738

SPRINGFIELD, OH 45501-5738

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 1,226.00

Thank you for your business

Policy Number: AXB2781

**Mortgagee Information** 

M&T BANK PO BOX 5738

SPRINGFIELD, OH 45501-5738

MARK COHN D/B/A 215 HIGH STREET 166 COUNTRY LANE BUENA, NJ 08310

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/01/2018 12/01/2019 Installment 06/15/2019 402.00 Installment 12/01/2018 12/01/2019 07/15/2019 \$ 402.00 \$ 12/01/2018 12/01/2019 Installment 08/15/2019 402.00 \$ 358.00 12/01/2018 12/01/2019 Installment 09/15/2019 Total Future Installments \$ 1,564.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB2781 Your New Address is:

Phone No.:

Insured
AXCP2809
J SEVERINO CONSTRUCTION LLC
P O BOX 1714
RUTHERFORD, NJ 07070

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/08/2019
 01/08/2020
 Renewal - Installment # 2
 04/08/2019 \$ 1,565.00

 Total Installment Due
 \$ 1,565.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,326.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,565.00

Thank you for your business

Policy Number: AXCP2809

J SEVERINO CONSTRUCTION LLC P O BOX 1714 RUTHERFORD, NJ 07070

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
01/08/2019	01/08/2020	Installme	nt	07/08/2019	\$ 1,761.00		
			Total Future	Installments	\$ 1,761.00		
T	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
CI	nange of Addres	SS					
	olicy No.: AXCP2						
Yo	our New Address	is:					
Phone No.:							

Insured
AXCP2809
J SEVERINO CONSTRUCTION LLC
P O BOX 1714
RUTHERFORD, NJ 07070

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/08/2019
 01/08/2020
 Renewal - Installment # 2
 04/08/2019 \$ 1,565.00

Total Installment Due \$ 1,565.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,326.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,565.00

Thank you for your business

Policy Number: AXCP2809

J SEVERINO CONSTRUCTION LLC P O BOX 1714 RUTHERFORD, NJ 07070

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/08/2019	01/08/2020	Installme	nt	07/08/2019	\$ 1,761.00
			Total Future	Installments	\$ 1,761.00
T	he above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
CI	nange of Addres	ss			
	olicy No.: AXCP2				
Yo	ur New Address	is:			
		_			
Phone No.:	-				

Insured
AXCP2827
GLENN PRINGLE
T/A GLENN PRINGLE ELECTRICAL CONTRACTOR
1707 | STREET
WEST BELMAR, NJ 07719

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Ruli Date. 03/10/2019 Fayilielit Flati. Mahudi 3 F			ay Fayineni Fian		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/14/2019	01/14/2020	Renewal - Installment #	2	04/14/2019	228.00
		To	tal Installr	ment Due S	\$ 228.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$446.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 228.00

Thank you for your business

Policy Number: AXCP2827

GLENN PRINGLE T/A GLENN PRINGLE ELECTRICAL CONTRACTOR 1707 I STREET WEST BELMAR, NJ 07719

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/14/2019	01/14/2020	Installme	nt	07/14/2019	\$	218.00
			Total Future	Installments	\$	218.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXCP2					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP2827
GLENN PRINGLE
T/A GLENN PRINGLE ELECTRICAL CONTRACTOR
1707 | STREET
WEST BELMAR, NJ 07719

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due01/14/201901/14/2020Renewal - Installment # 204/14/2019 \$ 228.00Total Installment Due\$ 228.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$446.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 228.00

Thank you for your business

Policy Number: AXCP2827

GLENN PRINGLE T/A GLENN PRINGLE ELECTRICAL CONTRACTOR 1707 I STREET WEST BELMAR, NJ 07719

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/14/2019	01/14/2020	Installme	nt	07/14/2019	\$	218.00
			Total Future	Installments	\$	218.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXCP2					
Yo	ur New Address	is:				
Phone No.:						

660.00

Insured **AXCP2829** JACEK K PUZIO T/A J K PUZIO ELECTRICAL CONTRACTOR 91 ORCHARD ST ELMWOOD PARK, NJ 07407

PRODUCER 173 JAMES C FRANCHINO AGENCY INC **132 COLUMBIA TPKE** FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

Total Installment Due

SMALL CONTRACTORS

Payment Plan: Manual 3 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description Due Date **Amount Due** 01/19/2019 01/19/2020 Renewal - Installment # 04/19/2019 \$ 660.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,310.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 660.00

Thank you for your business

Policy Number: AXCP2829

JACEK K PUZIO T/A J K PUZIO ELECTRICAL CONTRACTOR 91 ORCHARD ST

ELMWOOD PARK, NJ 07407

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/19/2019	01/19/2020	Installme	nt	07/19/2019	\$	650.00
			Total Future	Installments	\$	650.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	SS				
	olicy No.: AXCP2					
Yo	ur New Address	is:				
Phone No.:						

Insured AXCP2829 JACEK K PUZIO T/A J K PUZIO ELECTRICAL CONTRACTOR 91 ORCHARD ST ELMWOOD PARK, NJ 07407

PRODUCER 173 JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932 (973) 377-6100

> Policy Type: SMALL CONTRACTORS

Run Date: 03/1	8/2019	Payment Plan: Mar	nual 3 Pay Payment Plan	
Trans Eff	Trans Exp	Description	Due Date	<b>Amount Due</b>
01/19/2019	01/19/2020	Renewal - Installment # 2	04/19/2019	660.00
		Total In	stallment Due \$	660.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,310.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 660.00

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXCP2829

JACEK K PUZIO T/A J K PUZIO ELECTRICAL CONTRACTOR 91 ORCHARD ST

ELMWOOD PARK, NJ 07407

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/19/2019	01/19/2020	Installme	nt	07/19/2019	\$	650.00
			Total Future	Installments	\$	650.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	SS				
	olicy No.: AXCP2					
Yo	ur New Address	is:				
Phone No.:						

Insured **AXBR2854** THE FRANKLINVILLE INN INC; LACHOWICZ & SONS INC. & MICHAEL LACHOWICZ; ONE FRANKLIN CENTER LLC P.O. BOX 390 FRANKLINVILLE, NJ 08322

PRODUCER 709 GLENN INSURANCE INC 500 EAST ABSECON BLVD ABSECON, NJ 08201 (609) 641-3000

> Policy Type: RESTAURANT BOP

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 12/31/2018 12/31/2019 Renewal - Installment # 4 03/31/2019 \$ 2,153.00 12/31/2018 12/31/2019 Renewal - Installment # 5 04/30/2019 \$ 2,143.00 12/31/2018 12/31/2019 Renewal - Installment # 6 05/31/2019 \$ 2,143.00 Total Installment Due \$ 6,439.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$14,773.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 6.439.00

Thank you for your business

Policy Number: AXBR2854

THE FRANKLINVILLE INN INC; LACHOWICZ & SONS INC. & MICHAEL LACHOWICZ; ONE FRANKLIN CENTER LLC

P.O. BOX 390 FRANKLINVILLE, NJ 08322

# **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/31/2018 12/31/2019 Installment 06/30/2019 \$ 2,143.00 12/31/2018 12/31/2019 Installment 07/31/2019 \$ 2,143.00 \$ 2,143.00 12/31/2018 12/31/2019 Installment 08/31/2019 12/31/2018 12/31/2019 Installment 09/30/2019 \$ 1,905.00 \$ 8,334.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXBR2854 Your New Address is:

Phone No.:

Insured **AXBR2854** THE FRANKLINVILLE INN INC; LACHOWICZ & SONS INC. & MICHAEL LACHOWICZ; ONE FRANKLIN CENTER LLC P.O. BOX 390

FRANKLINVILLE, NJ 08322

PRODUCER 709 GLENN INSURANCE INC 500 EAST ABSECON BLVD ABSECON, NJ 08201 (609) 641-3000

> Policy Type: RESTAURANT BOP

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 12/31/2018 12/31/2019 Renewal - Installment # 4 03/31/2019 \$ 2,153.00 12/31/2018 12/31/2019 Renewal - Installment # 5 04/30/2019 \$ 2,143.00 12/31/2018 12/31/2019 Renewal - Installment # 6 05/31/2019 \$ 2,143.00 Total Installment Due \$ 6,439.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$14,773.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 6.439.00

Thank you for your business

Policy Number: AXBR2854

THE FRANKLINVILLE INN INC; LACHOWICZ & SONS INC. & MICHAEL LACHOWICZ; ONE FRANKLIN CENTER LLC

P.O. BOX 390 FRANKLINVILLE, NJ 08322

# **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/31/2018 12/31/2019 Installment 06/30/2019 \$ 2,143.00 12/31/2018 12/31/2019 Installment 07/31/2019 \$ 2,143.00 \$ 2,143.00 12/31/2018 12/31/2019 Installment 08/31/2019 12/31/2018 12/31/2019 Installment 09/30/2019 \$ 1,905.00 \$ 8,334.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXBR2854 Your New Address is:

Phone No.:

Insured
AXB2869
BERKELEY GARDEN APARTMENTS, LLP
ROBERT AND IRENE MARAVAELIAS
603 SENAROTH COURT
TOMS RIVER, NJ 08753

PRODUCER 110 BOYNTON & BOYNTON PO BOX 887 RED BANK, NJ 07701 (732) 747-0800

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Rull Date. 03/1	10/2017	r ayment rian. Mandai 10 r ayments r er rear					
Trans Eff	Trans Exp	Description			Due Date		Amount Due
01/13/2019	12/15/2019	Amount is Past Due		-	03/15/2019	\$	1,798.00
01/13/2019	12/15/2019	Renewal - Installment	#	5	04/15/2019	\$	1,798.00
01/13/2019	12/15/2019	Renewal - Installment	#	6	05/15/2019	\$	1,788.00
			Tota	l Inctallment	- Dua	Ġ	5 384 00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$12,339.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

SUN NATIONAL BANK 4502 ROUTE 9 SOUTH HOWELL, NJ 07731

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 5,384.00

Thank you for your business

Policy Number: AXB2869

**Mortgagee Information** 

SUN NATIONAL BANK 4502 ROUTE 9 SOUTH HOWELL, NJ 07731

BERKELEY GARDEN APARTMENTS, LLP ROBERT AND IRENE MARAVAELIAS 603 SENAROTH COURT

TOMS RIVER, NJ 08753

### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 01/13/2019 12/15/2019 Installment 06/15/2019 \$ 1,788.00 01/13/2019 12/15/2019 Installment 07/15/2019 \$ 1,788.00 \$ 1,788.00 01/13/2019 12/15/2019 Installment 08/15/2019 01/13/2019 12/15/2019 Installment 09/15/2019 \$ 1,591.00 Total Future Installments \$ 6,955.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB2869 Your New Address is: Phone No.:

5,384.00

Insured AXB2869 BERKELEY GARDEN APARTMENTS, LLP ROBERT AND IRENE MARAVAELIAS **603 SENAROTH COURT** TOMS RIVER, NJ 08753

PRODUCER 110 **BOYNTON & BOYNTON** PO BOX 887 RED BANK, NJ 07701 (732) 747-0800

Total Installment Due

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 01/13/2019 12/15/2019 Amount is Past Due 03/15/2019 \$ 1,798.00 5 04/15/2019 \$ 1,798.00 6 05/15/2019 \$ 1,788.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$12,339.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

\$

SUN NATIONAL BANK 4502 ROUTE 9 SOUTH HOWELL, NJ 07731

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 5.384.00

Pay This Amount:

Thank you for your business

Policy Number: AXB2869

**Mortgagee Information** 

SUN NATIONAL BANK 4502 ROUTE 9 SOUTH HOWELL, NJ 07731

BERKELEY GARDEN APARTMENTS, LLP ROBERT AND IRENE MARAVAELIAS

603 SENAROTH COURT TOMS RIVER, NJ 08753

### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 01/13/2019 12/15/2019 Installment 06/15/2019 \$ 1,788.00 01/13/2019 12/15/2019 Installment 07/15/2019 \$ 1,788.00 \$ 1,788.00 01/13/2019 12/15/2019 Installment 08/15/2019 01/13/2019 12/15/2019 Installment 09/15/2019 \$ 1,591.00 Total Future Installments \$ 6,955.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB2869 Your New Address is: Phone No.:

Insured
AXB3073
GRACE ZUCARO, DMD
500 BROAD AVENUE
RIDGEFIELD, NJ 07657

PRODUCER 178
DONNELLY & SPROUL INC
55 HARRISTOWN ROAD
GLEN ROCK, NJ 07452
(201) 493-9002

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/13/2019
 01/13/2020
 Renewal - Installment # 2
 04/13/2019 \$ 189.00

Total Installment Due \$ 189.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$368.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

189.00

Thank you for your business

Policy Number: AXB3073

GRACE ZUCARO, DMD 500 BROAD AVENUE RIDGEFIELD, NJ 07657

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/13/2019	01/13/2020	Installme	nt	07/13/2019	\$	179.00
			Total Future	Installments	\$	179.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXB3(					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXB3073
GRACE ZUCARO, DMD
500 BROAD AVENUE
RIDGEFIELD, NJ 07657

PRODUCER 178
DONNELLY & SPROUL INC
55 HARRISTOWN ROAD
GLEN ROCK, NJ 07452
(201) 493-9002

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/13/2019
 01/13/2020
 Renewal - Installment # 2
 04/13/2019 \$ 189.00

 Total Installment Due
 \$ 189.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$368.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 189.00

Thank you for your business

Policy Number: AXB3073

GRACE ZUCARO, DMD 500 BROAD AVENUE RIDGEFIELD, NJ 07657

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/13/2019	01/13/2020	Installme	nt	07/13/2019	\$	179.00
			Total Future	Installments	\$	179.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXB3(					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCA3138
MARK GROGG
T/A GROGG CONSTRUCTION
21 JACOBSTOWN-ARNEYSTOWN ROAD
WRIGHTSTOWN, NJ 08562

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:

Total Installment Due

**COMMERCIAL AUTO - STANDARD** 

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/31/2019
 01/31/2020
 Renewal - Installment # 2
 04/30/2019 \$ 720.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,853.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 720.00

Thank you for your business

Policy Number: AXCA3138

MARK GROGG T/A GROGG CONSTRUCTION 21 JACOBSTOWN-ARNEYSTOWN ROAD WRIGHTSTOWN, NJ 08562

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
01/31/2019	01/31/2020	Installme		07/31/2019	\$ 710.00		
01/31/2019		Installme		10/31/2019	\$ 423.00		
			Total Future	Installments	\$ 1,133.00		
T	he above futur	e installments do not	reflect the	\$10.00 Per Insta	allment Charge		
	hange of Address						
	olicy No.: AXCA31						
Yo	our New Address i	g:					
		_					
		-					
Phone No.:							
		·					

Insured
AXCA3138
MARK GROGG
T/A GROGG CONSTRUCTION
21 JACOBSTOWN-ARNEYSTOWN ROAD
WRIGHTSTOWN, NJ 08562

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:

**COMMERCIAL AUTO - STANDARD** 

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

01/31/2019 01/31/2020 Renewal - Installment # 2 04/30/2019 \$ 720.00

Total Installment Due \$ 720.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,853.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

720.00

Thank you for your business

Policy Number: AXCA3138

MARK GROGG T/A GROGG CONSTRUCTION 21 JACOBSTOWN-ARNEYSTOWN ROAD WRIGHTSTOWN, NJ 08562

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
01/31/2019	01/31/2020	Installme		07/31/2019	\$ 710.00		
01/31/2019		Installme		10/31/2019	\$ 423.00		
			Total Future	Installments	\$ 1,133.00		
T	he above futur	e installments do not	reflect the	\$10.00 Per Insta	allment Charge		
	hange of Address						
	olicy No.: AXCA31						
Yo	our New Address i	g:					
		_					
		-					
Phone No.:							
		·					

Insured AXB3143 STEVE JOZWIAK 601 LONGWOOD AVE., SUITE 300 CHERRY HILL, NJ 08002

PRODUCER 127 J S BRADDOCK AGENCY 22 NORTH MAIN STREET MEDFORD, NJ 08055 (609) 654-5800

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date. 03/	10/2017	i ayınıcını	Tiani, Manual 5 i	ay r ayment rian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/07/2019	01/07/2020	Renewal - Installment #	2	04/07/2019	550.00
		T	otal Installn	ment Due S	550.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,090.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 550.00

Pay This Amount:

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXB3143

STEVE JOZWIAK 601 LONGWOOD AVE., SUITE 300 CHERRY HILL, NJ 08002

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/07/2019	01/07/2020	Installme	nt	07/07/2019	\$	540.00
			Total Future	Installments	\$	540.00
T1	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	SS				
	olicy No.: AXB31					
Yo	our New Address	is:				
Phone No.:						

Insured
AXB3143
STEVE JOZWIAK
601 LONGWOOD AVE., SUITE 300
CHERRY HILL, NJ 08002

PRODUCER 127
J S BRADDOCK AGENCY
22 NORTH MAIN STREET
MEDFORD, NJ 08055
(609) 654-5800

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019Payment Plan: Manual 3 Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due01/07/201901/07/2020Renewal - Installment # 204/07/2019 \$ 550.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,090.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

550.00

Thank you for your business

Policy Number: AXB3143

STEVE JOZWIAK 601 LONGWOOD AVE., SUITE 300 CHERRY HILL, NJ 08002

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
01/07/2019	01/07/2020	Installme	nt	07/07/2019	\$	540.00
			Total Future	Installments	\$	540.00
T1	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	SS				
	olicy No.: AXB31					
Yo	our New Address	is:				
Phone No.:						

Insured AXBC3275 KINGSTON MANOR CONDOMINIUM 539 BAYWAY AVENUE ELIZABETH, NJ 07202

PRODUCER 136 INSURANCE CENTER PO BOX 1868 CRANFORD, NJ 07016 (732) 574-8000

> Policy Type: **CONDO BOP**

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

	. 0, = 0 . ,	: aje		aj i ajinoni i ian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/01/2019	02/01/2020	Renewal - Installment #	2	05/01/2019	1,986.00

Total Installment Due \$ 1,986.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,962.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 1,986.00

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXBC3275

KINGSTON MANOR CONDOMINIUM 539 BAYWAY AVENUE

ELIZABETH, NJ 07202

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/01/2019	02/01/2020	Installme	nt	08/01/2019	\$ 1,976.00
			Total Future	Installments	\$ 1,976.00
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	nange of Addres	ss			
Po	licy No.: AXBC	3275			
Yo	ur New Address	is:			
-					
Phone No.:					

Insured AXBC3275 KINGSTON MANOR CONDOMINIUM 539 BAYWAY AVENUE ELIZABETH, NJ 07202

PRODUCER 136 INSURANCE CENTER PO BOX 1868 CRANFORD, NJ 07016 (732) 574-8000

> Policy Type: **CONDO BOP**

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan Trans Eff Trans Exp Description **Due Date Amount Due** 02/01/2019 02/01/2020 Renewal - Installment # 2 05/01/2019 \$ 1,986.00

> Total Installment Due 1,986.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,962.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 1.986.00

Thank you for your business

Policy Number: AXBC3275

KINGSTON MANOR CONDOMINIUM 539 BAYWAY AVENUE ELIZABETH, NJ 07202

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/01/2019	02/01/2020	Installme	nt	08/01/2019	\$ 1,976.00
			Total Future	Installments	\$ 1,976.00
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	nange of Addres	ss			
Po	licy No.: AXBC	3275			
Yo	ur New Address	is:			
-					
Phone No.:					

Insured
AXB3741
MARGARET A. GRUNGO
9 SANDRA LANE
TABERNACLE TOWNSHIP. NJ 08088

PRODUCER 104
EARLE H SLOAN INC
33 SECOND STREET
PO BOX 1210
ELMER, NJ 08318
(856) 358-8161

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

02/28/2019 02/28/2020 Renewal - Installment # 2 05/31/2019 \$ 1,494.00

Total Installment Due \$ 1,494.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,868.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,494.00

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXB3741

MARGARET A. GRUNGO 9 SANDRA LANE TABERNACLE TOWNSHIP, NJ 08088

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/28/2019 02/28/2019		Installme Installme		08/31/2019 11/30/2019	\$ 1,484.00 \$ 890.00
			Total Future	Installments	\$ 2,374.00
ı	The above futu	re installments do not	reflect the	\$10.00 Per Insta	allment Charge
	hange of Address				
	olicy No.: AXB374				
Y	our New Address i	is:			
Phone No.:					

Insured
AXB3741
MARGARET A. GRUNGO
9 SANDRA LANE
TABERNACLE TOWNSHIP. NJ 08088

PRODUCER 104
EARLE H SLOAN INC
33 SECOND STREET
PO BOX 1210
ELMER, NJ 08318
(856) 358-8161

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due02/28/201902/28/2020Renewal - Installment # 205/31/2019 \$ 1,494.00Total Installment Due\$ 1,494.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,868.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,494.00

Thank you for your business

**AXIS Insurance Company** 

Policy Number: AXB3741

MARGARET A. GRUNGO 9 SANDRA LANE TABERNACLE TOWNSHIP, NJ 08088

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/28/2019 02/28/2019		Installme Installme		08/31/2019 11/30/2019	\$ 1,484.00 \$ 890.00
			Total Future	Installments	\$ 2,374.00
ı	The above futu	re installments do not	reflect the	\$10.00 Per Insta	allment Charge
	hange of Address				
	olicy No.: AXB374				
Y	our New Address i	is:			
Phone No.:					

Insured
AXCP4938
SAM HORTON
T/A COLOR BLINDS
135 EAST VERNON STREET
NORTHFIELD, NJ 08225

PRODUCER 709
GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type: SMALL CONTRACTORS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/31/2018
 07/31/2019
 Renewal - Installment # 4
 04/30/2019
 \$ 141.00

 Total Installment Due
 \$ 141.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 141.00

Thank you for your business

Policy Number: AXCP4938

SAM HORTON T/A COLOR BLINDS 135 EAST VERNON STREET NORTHFIELD, NJ 08225

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
	The above fut	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge
		ı			
	Change of Addres				
	Policy No.: AXCP Your New Address				
	1.501 1.501 1.502 555				
Phone No.:					

\$

Insured
AXCP4938
SAM HORTON
T/A COLOR BLINDS
135 EAST VERNON STREET
NORTHFIELD, NJ 08225

PRODUCER 709
GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type: SMALL CONTRACTORS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Null Date: 03/10/2017		i dyment i lan. Mandai 4 i dy i dyment i lan			
Trans Eff	Trans Exp	Description		Due Date	Amount Due
07/31/2018	07/31/2019	Renewal - Installment #	4	04/30/2019 \$	141.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 141.00

Thank you for your business

Policy Number: AXCP4938

SAM HORTON T/A COLOR BLINDS 135 EAST VERNON STREET NORTHFIELD, NJ 08225

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
	The above fut	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge
		ı			
	Change of Addres				
	Policy No.: AXCP Your New Address				
	1.501 1.501 1.502 555				
Phone No.:					

Insured
AXBR5149
ALAN D. FIELD III
T/A NAVESINK FISHERY
C/O D. SNYDER
304 NAVESINK AVENUE
ATLANTIC HIGHLANDS, NJ 07716

PRODUCER 180
E & K AGENCY
613 HOPE ROAD
VICTORIA COMMONS
EATONTOWN, NJ 07724
(732) 389-6000

Policy Type: RESTAURANT BOP

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 10 Payments Per Year

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/22/2018
 07/22/2019
 Renewal - Installment # 10
 04/22/2019 \$ 267.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 267.00

Thank you for your business

Policy Number: AXBR5149

ALAN D. FIELD III T/A NAVESINK FISHERY C/O D. SNYDER 304 NAVESINK AVENUE ATLANTIC HIGHLANDS, NJ 07716

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
<u>-</u>	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	change of Addres				
	olicy No.: AXBR! our New Address				
Y	our new address	15.			
Phone No.:					

Insured **AXBR5149** ALAN D. FIELD III T/A NAVESINK FISHERY C/O D. SNYDER **304 NAVESINK AVENUE** ATLANTIC HIGHLANDS, NJ 07716

PRODUCER 180 **E & K AGENCY** 613 HOPE ROAD **VICTORIA COMMONS** EATONTOWN, NJ 07724 (732) 389-6000

> Policy Type: RESTAURANT BOP

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 

10

Total Installment Due 267.00

04/22/2019 \$

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 267.00

Thank you for your business

Policy Number: AXBR5149

ALAN D. FIELD III T/A NAVESINK FISHERY C/O D. SNYDER 304 NAVESINK AVENUE ATLANTIC HIGHLANDS, NJ 07716

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
<u>-</u>	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	change of Addres				
	olicy No.: AXBR! our New Address				
Y	our new address	15.			
Phone No.:					

Insured
AXB5176
BARBA HOLDINGS, LLC
49 N. FEDERAL HIGHWAY
SUITE 191
POMPANO BEACH, FL 33062

PRODUCER 297
ALLIANCE BROKERAGE
SAL FEDE
378 BLOOMFIELD AVENUE
SUITE 2
CALDWELL, NJ 07006
(973) 429-8192

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Taymont Flan: Manadi To Faymonts For Four						
Trans Eff	Trans Exp	Description		Due Date		Amount Due
		Amount is Past Due Renewal - Installment #	10	03/07/2019 04/07/2019	•	741.00 659.00
		Т	otal Installm	nent Due	\$	1,400.00

Mortgagee Information

CONNECT ONE BANK 2455 MORRIS AVENUE UNION, NJ 07083

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,400.00

Thank you for your business

Policy Number: AXB5176

**Mortgagee Information** 

CONNECT ONE BANK 2455 MORRIS AVENUE UNION, NJ 07083

BARBA HOLDINGS, LLC 49 N. FEDERAL HIGHWAY SUITE 191 POMPANO BEACH, FL 33062

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres				
	Policy No.: AXB5 Your New Address				
		_			
Phone No.:					

Insured
AXB5176
BARBA HOLDINGS, LLC
49 N. FEDERAL HIGHWAY
SUITE 191
POMPANO BEACH, FL 33062

PRODUCER 297
ALLIANCE BROKERAGE
SAL FEDE
378 BLOOMFIELD AVENUE
SUITE 2
CALDWELL, NJ 07006
(973) 429-8192

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

i di Bato	0,201,	r dyment i lam Manda Te r dymente i e real		
Trans Eff	Trans Exp	Description	Due Date	Amount Due
		Amount is Past Due Renewal - Installment # 10	03/07/2019 \$ 04/07/2019 \$	
		Total Inst	tallment Due \$	1,400.00

Mortgagee Information

CONNECT ONE BANK 2455 MORRIS AVENUE UNION, NJ 07083

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

\$ 1,400.00

Thank you for your business

Policy Number: AXB5176

**Mortgagee Information** 

CONNECT ONE BANK 2455 MORRIS AVENUE UNION, NJ 07083

BARBA HOLDINGS, LLC 49 N. FEDERAL HIGHWAY SUITE 191 POMPANO BEACH, FL 33062

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres				
	Policy No.: AXB5 Your New Address				
		_			
Phone No.:					

Insured **AXBR5424** MCCOBBS INC T/A MCCOBB'S FAMILY RESTAURANT 2391 HAMBURG TURNPIKE **WAYNE, NJ 07470** 

PRODUCER 100 A.C. MARMO & SONS INC. 350 PASSAIC AVENUE PO BOX 11115 FAIRFIELD, NJ 07004 (973) 340-9100

> Policy Type: RESTAURANT BOP

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 9 04/09/2019 \$ 726.00 10 05/09/2019 \$ 636.00 1,362.00 Total Installment Due \$

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,362.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 1.362.00

Thank you for your business

Policy Number: AXBR5424

MCCOBBS INC T/A MCCOBB'S FAMILY RESTAURANT 2391 HAMBURG TURNPIKE

**WAYNE, NJ 07470** 

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	olicy No.: AXBR				
Y	our New Address	is:			
Phone No.:					

Insured
AXBR5424
MCCOBBS INC
T/A MCCOBB'S FAMILY RESTAURANT
2391 HAMBURG TURNPIKE
WAYNE, NJ 07470

PRODUCER 100
A.C. MARMO & SONS INC.
350 PASSAIC AVENUE
PO BOX 11115
FAIRFIELD, NJ 07004
(973) 340-9100

Policy Type: RESTAURANT BOP

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 9 04/09/2019 \$ 726.00 10 05/09/2019 \$ 636.00 1,362.00 Total Installment Due \$

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,362.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,362.00

Thank you for your business

Policy Number: AXBR5424

MCCOBBS INC T/A MCCOBB'S FAMILY RESTAURANT 2391 HAMBURG TURNPIKE

WAYNE, NJ 07470

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	olicy No.: AXBR				
Y	our New Address	is:			
Phone No.:					

Insured
AXUM5425
MCCOBBS INC
T/A MCCOBB'S FAMILY RESTAURANT
2391 HAMBURG TURNPIKE
WAYNE, NJ 07470

PRODUCER 100
A.C. MARMO & SONS INC.
350 PASSAIC AVENUE
PO BOX 11115
FAIRFIELD, NJ 07004
(973) 340-9100

Policy Type: COMMERCIAL UMBRELLA

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 9 04/09/2019 \$ 60.00 10 05/09/2019 \$ 44.00 Total Installment Due \$ 104.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$104.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 104.00

Thank you for your business

Policy Number: AXUM5425

MCCOBBS INC T/A MCCOBB'S FAMILY RESTAURANT 2391 HAMBURG TURNPIKE WAYNE, NJ 07470

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
			Total Future	Installments	\$ .0	0		
Т	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	3		
С	hange of Addres	SS						
Po	olicy No.: AXUM	5425						
Yo	our New Address	is:						
Phone No.:								

Insured
AXUM5425
MCCOBBS INC
T/A MCCOBB'S FAMILY RESTAURANT
2391 HAMBURG TURNPIKE
WAYNE, NJ 07470

PRODUCER 100
A.C. MARMO & SONS INC.
350 PASSAIC AVENUE
PO BOX 11115
FAIRFIELD, NJ 07004
(973) 340-9100

Policy Type: COMMERCIAL UMBRELLA

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 9 04/09/2019 \$ 60.00 10 05/09/2019 \$ 44.00 Total Installment Due \$ 104.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$104.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 104.00

Thank you for your business

Policy Number: AXUM5425

MCCOBBS INC T/A MCCOBB'S FAMILY RESTAURANT 2391 HAMBURG TURNPIKE WAYNE, NJ 07470

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
			Total Future	Installments	\$ .0	0		
Т	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	3		
С	hange of Addres	SS						
Po	olicy No.: AXUM	5425						
Yo	our New Address	is:						
Phone No.:								

Insured AXB5484 JONES & MASTERS GAMES, INC. T/A, THE GAME ROOM STORES WAYNE & LINDA MASTERS & W&L, INC. 395 TENNENT ROAD MORGANVILLE, NJ 07751

PRODUCER 239 THE CHADLER GROUP **100 PASSAIC AVENUE SUITE 120** FAIRFIELD, NJ 07004 (973) 227-0025

> Policy Type: BUSINESSOWNERS

Pun Data: 03/18/2010 Payment Plan: Manual 10 Payments Per Vear

Ruil Date. 03/	10/2017	i ayınıc	r dyffietit i lati. Matidal 10 i dyffietits i ei Teal				
Trans Eff	Trans Exp	Description			Due Date		Amount Due
10/01/2018	10/01/2019	Amount is Past Due		-	03/07/2019	\$	539.00
01/23/2019	10/01/2019	Renewal - Installment	#	7	04/07/2019	\$	546.00
01/23/2019	10/01/2019	Renewal - Installment	#	8	05/07/2019	\$	536.00
			Total	Installmen	t Due	\$	1,621.00

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 1,621.00

Thank you for your business

Policy Number: AXB5484

JONES & MASTERS GAMES, INC. T/A, THE GAME ROOM STORES WAYNE & LINDA MASTERS & W&L, INC. 395 TENNENT ROAD MORGANVILLE, NJ 07751

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/23/2019 01/23/2019	10/01/2019 10/01/2019	Installme Installme		06/07/2019 07/07/2019	\$ 536.00 \$ 479.00
			Total Future	Installments	\$ 1,015.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	nange of Addres				
	licy No.: AXB54				
Yo	ur New Address	15:			
Phone No.:					
MODE NO.		<u> </u>			

536.00

Insured AXB5484 JONES & MASTERS GAMES, INC. T/A, THE GAME ROOM STORES WAYNE & LINDA MASTERS & W&L, INC. 395 TENNENT ROAD MORGANVILLE, NJ 07751

PRODUCER 239 THE CHADLER GROUP **100 PASSAIC AVENUE SUITE 120** FAIRFIELD, NJ 07004 (973) 227-0025

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 10/01/2018 10/01/2019 Amount is Past Due 03/07/2019 \$ 539.00 7 04/07/2019 \$ 546.00

8

Total Installment Due \$ 1,621.00

05/07/2019 \$

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 1,621.00

Pay This Amount:

Thank you for your business

Policy Number: AXB5484

JONES & MASTERS GAMES, INC. T/A, THE GAME ROOM STORES WAYNE & LINDA MASTERS & W&L, INC. 395 TENNENT ROAD MORGANVILLE, NJ 07751

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/23/2019 01/23/2019	10/01/2019 10/01/2019	Installme Installme		06/07/2019 07/07/2019	\$ 536.00 \$ 479.00
			Total Future	Installments	\$ 1,015.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	nange of Addres				
	licy No.: AXB54				
Yo	ur New Address	15:			
Phone No.:					
MODE NO.		<u> </u>			

179.00

Insured
AXCP5524
KENNETH P. MARTIN
T/A KEN'S HEATING & COOLING
219 TACKLE AVENUE
MANAHAWKIN, NJ 08050

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701

(609) 693-3123

Policy Type:

**SMALL CONTRACTORS** 

 Run Date: 03/18/2019
 Payment Plan: Manual 10 Payments Per Year

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 09/03/2018
 09/03/2019
 Amount is Past Due
 03/03/2019
 \$ 189.00

 09/03/2018
 09/03/2019
 Renewal - Installment # 8
 04/03/2019
 \$ 189.00

9

Total Installment Due \$ 557.00

05/03/2019 \$

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

557.00

Thank you for your business

Policy Number: AXCP5524

KENNETH P. MARTIN T/A KEN'S HEATING & COOLING 219 TACKLE AVENUE MANAHAWKIN, NJ 08050

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
09/03/2018	09/03/2019	Installme	nt	06/03/2019	\$	159.00		
			Total Future	Installments	\$	159.00		
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Ch	nange of Addres	ss						
	licy No.: AXCPS							
Yo	ur New Address	is:						
Phone No.:								

Home Office Copy

Insured AXCP5524 KENNETH P. MARTIN T/A KEN'S HEATING & COOLING 219 TACKLE AVENUE MANAHAWKIN, NJ 08050

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: SMALL CONTRACTORS

Daymont Dlan: Manual 10 Daymonte Dor Voor

Run Date: 03/1	8/2019	Payment Plan: Manual To Payments Per Year					
Trans Eff	Trans Exp	Description			Due Date	An	mount Due
09/03/2018	09/03/2019	Amount is Past Due		•	03/03/2019	\$	189.00
09/03/2018	09/03/2019	Renewal - Installment :	# 8		04/03/2019	\$	189.00
09/03/2018	09/03/2019	Renewal - Installment :	# 9		05/03/2019	\$	179.00
							ļ
			Total	Installment	- Due	Ś	557.00

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 557.00

**Pay This Amount:** 

Thank you for your business

Policy Number: AXCP5524

KENNETH P. MARTIN T/A KEN'S HEATING & COOLING 219 TACKLE AVENUE MANAHAWKIN, NJ 08050

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
09/03/2018	09/03/2019	Installme	nt	06/03/2019	\$	159.00		
			Total Future	Installments	\$	159.00		
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Ch	nange of Addres	ss						
	licy No.: AXCPS							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXB5714
NM PREMIUM FOODS INC
600 VALLEY ROAD
GILLETTE, NJ 07933

JAMES A CONNORS ASSOC INC 225 MADISON AVENUE PO BOX 336 MORRISTOWN, NJ 07963

PRODUCER 165

(973) 539-9300

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

ı	Ruii Date. 03/1	0/2019	rayiile	Fayinent Flan. Manual 10 Fayinents Fer Teal				
	Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
	09/01/2018 09/01/2018		Renewal - Installment Renewal - Installment		-	04/01/2019 05/01/2019	•	154.00 144.00
				Total	Installm	ent Due	\$	298.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$426.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 298.00

Thank you for your business

Policy Number: AXB5714

NM PREMIUM FOODS INC 600 VALLEY ROAD GILLETTE, NJ 07933

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
09/01/2018	09/01/2019	Installme	nt	06/01/2019	\$	128.00		
			Total Future	Installments	\$	128.00		
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Ch	nange of Addres	SS						
	licy No.: AXB57							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXB5714
NM PREMIUM FOODS INC
600 VALLEY ROAD
GILLETTE, NJ 07933

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336

MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 09/01/2018 09/01/2019 Renewal - Installment # 8 04/01/2019 \$ 154.00 9 05/01/2019 \$ 144.00 Total Installment Due \$ 298.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$426.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 298.00

Thank you for your business

Policy Number: AXB5714

NM PREMIUM FOODS INC 600 VALLEY ROAD GILLETTE, NJ 07933

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
09/01/2018	09/01/2019	Installme	nt	06/01/2019	\$	128.00		
			Total Future	Installments	\$	128.00		
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Ch	nange of Addres	SS						
	licy No.: AXB57							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXB5890
G & G CORP
T/A CHARLIE'S RESTAURANT
5904 BERGENLINE AVENUE
WEST NEW YORK, NJ 07093

COSTELLO & ASSOCIATES INSURANCE GROUP 265 UNION STREET LODI, NJ 07644

> Policy Type: BUSINESSOWNERS

(973) 777-8333

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Date. 03/	10/2019	i ayıncılı i	r ayment rian. Mandar 4 r ay r ayment rian		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/21/2018	10/21/2019	Renewal - Installment #	3	04/21/2019	\$ 429.00
		То	tal Installı	ment Due	\$ 429.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$680.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 429.00

Thank you for your business

Policy Number: AXB5890

G & G CORP T/A CHARLIE'S RESTAURANT 5904 BERGENLINE AVENUE WEST NEW YORK, NJ 07093

		Future Installments for `	our Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
10/21/2018	10/21/2019	Installme	nt	07/21/2019	\$	251.00
			Total Future	Installments	\$	251.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	SS				
	licy No.: AXB58					
Yo	ur New Address	is:				
Phone No.:						

Insured AXB5890 G & G CORP T/A CHARLIE'S RESTAURANT 5904 BERGENLINE AVENUE WEST NEW YORK, NJ 07093

COSTELLO & ASSOCIATES INSURANCE GROUP 265 UNION STREET

LODI, NJ 07644 (973) 777-8333

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Bate: 05/10/2017		ay r ayment riam			
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/21/2018	10/21/2019	Renewal - Installment #	3	04/21/2019 :	\$ 429.00
		To	otal Installr	ment Due :	\$ 429.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$680.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 429.00

Pay This Amount:

Thank you for your business

Policy Number: AXB5890

G & G CORP T/A CHARLIE'S RESTAURANT 5904 BERGENLINE AVENUE WEST NEW YORK, NJ 07093

		Future Installments for `	our Policy			
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
10/21/2018	10/21/2019	Installme	nt	07/21/2019	\$	251.00
			Total Future	Installments	\$	251.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Cł	nange of Addres	SS				
	licy No.: AXB58					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXB6148
ROSE PINO & DIANE CONVERY
PINO FAMILY LIMITED PARTNERSHIP
59 ORRIS AVENUE
PISCATAWAY, NJ 08854

PRODUCER 106
LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due12/31/201812/31/2019Renewal - Installment # 203/31/2019 \$ 2,816.00Total Installment Due\$ 2,816.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,306.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 2,816.00

Thank you for your business

Policy Number: AXB6148

ROSE PINO & DIANE CONVERY PINO FAMILY LIMITED PARTNERSHIP 59 ORRIS AVENUE PISCATAWAY, NJ 08854

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
12/31/2018	12/31/2019	Installme		06/30/2019	\$ 2,806.00	
12/31/2018	12/31/2019	Installme	nt	09/30/2019	\$ 1,684.00	
			Total Future	Installments	\$ 4,490.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
	nange of Addres					
	licy No.: AXB61 ur New Address					
YO	ur New Address	is:				
Phone No.:						

Insured
AXB6148
ROSE PINO & DIANE CONVERY
PINO FAMILY LIMITED PARTNERSHIP
59 ORRIS AVENUE
PISCATAWAY, NJ 08854

PRODUCER 106
LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/31/2018
 12/31/2019
 Renewal - Installment # 2
 03/31/2019
 \$ 2,816.00

 Total Installment Due
 \$ 2,816.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,306.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 2,816.00

Thank you for your business

Policy Number: AXB6148

ROSE PINO & DIANE CONVERY PINO FAMILY LIMITED PARTNERSHIP 59 ORRIS AVENUE PISCATAWAY, NJ 08854

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
12/31/2018	12/31/2019	Installme		06/30/2019	\$ 2,806.00	
12/31/2018	12/31/2019	Installme	nt	09/30/2019	\$ 1,684.00	
			Total Future	Installments	\$ 4,490.00	
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
	nange of Addres					
	licy No.: AXB61 ur New Address					
YO	ur New Address	is:				
Phone No.:						

Insured
AXUM6151
ROSE PINO & DIANE CONVERY
PINO FAMILY LIMITED PARTNERSHIP
59 ORRIS AVENUE
PISCATAWAY, NJ 08854

PRODUCER 106 LOUIS BECKERMAN & COMPANY 430 LAKE AVENUE COLONIA, NJ 07067 (732) 499-9200

> Policy Type: COMMERCIAL UMBRELLA

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/31/2018
 12/31/2019
 Renewal - Installment # 2
 03/31/2019
 209.00

Total Installment Due \$ 209.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$528.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 209.00

Thank you for your business

Policy Number: AXUM6151

ROSE PINO & DIANE CONVERY PINO FAMILY LIMITED PARTNERSHIP 59 ORRIS AVENUE PISCATAWAY, NJ 08854

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/31/2018 12/31/2018	12/31/2019 12/31/2019	Installme Installme		06/30/2019 09/30/2019	\$ 199.00 \$ 120.00
			Total Future	Installments	\$ 319.00
Tì	ne above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
CL	ango of Address				
	nange of Addres				
	ur New Address				
Phone No.:					
PIOLE NO.	-	_			

Insured
AXUM6151
ROSE PINO & DIANE CONVERY
PINO FAMILY LIMITED PARTNERSHIP
59 ORRIS AVENUE
PISCATAWAY, NJ 08854

PRODUCER 106 LOUIS BECKERMAN & COMPANY 430 LAKE AVENUE COLONIA, NJ 07067 (732) 499-9200

> Policy Type: COMMERCIAL UMBRELLA

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/31/2018
 12/31/2019
 Renewal - Installment # 2
 03/31/2019
 \$ 209.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$528.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 209.00

Thank you for your business

Policy Number: AXUM6151

ROSE PINO & DIANE CONVERY PINO FAMILY LIMITED PARTNERSHIP 59 ORTAWAY N. 1. 1995 4

PISCATAWAY, NJ 08854

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/31/2018 12/31/2018	12/31/2019 12/31/2019	Installme Installme		06/30/2019 09/30/2019	\$ 199.00 \$ 120.00
			Total Future	Installments	\$ 319.00
Tì	ne above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
CL	ango of Address				
	nange of Addres				
	ur New Address				
Phone No.:					
PIOLE NO.	-	_			

169.00

Insured
AXB6170
RICHARD MC GARRY
T/A JERSEY SHORE FINANCIAL GROUP
1670 RT 34
2ND FLOOR
WALL TOWNSHIP, NJ 07727

PRODUCER 111
BROUWER & IZDEBSKI INSURANCE
240 MAIN STREET
PO BOX 5018
TOMS RIVER, NJ 08753
(732) 349-2300

Policy Type: BUSINESSOWNERS

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 11/23/2018
 11/23/2019
 Renewal - Installment # 3
 05/23/2019 \$ 169.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 169.00

Thank you for your business

Policy Number: AXB6170

RICHARD MC GARRY T/A JERSEY SHORE FINANCIAL GROUP 1670 RT 34 2ND FLOOR

2ND FLOOR WALL TOWNSHIP, NJ 07727

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Address Policy No.: AXB6				
	Your New Address				
Phone No.:					

Insured AXB6170 RICHARD MC GARRY T/A JERSEY SHORE FINANCIAL GROUP 1670 RT 34 2ND FLOOR WALL TOWNSHIP, NJ 07727

BROUWER & IZDEBSKI INSURANCE 240 MAIN STREET PO BOX 5018 TOMS RIVER, NJ 08753 (732) 349-2300

> Policy Type: BUSINESSOWNERS

Payment Plan: Manual 3 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 3 05/23/2019 \$ 169.00 Total Installment Due 169.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 169.00

Thank you for your business

Policy Number: AXB6170

RICHARD MC GARRY T/A JERSEY SHORE FINANCIAL GROUP 1670 RT 34 2ND FLOOR WALL TOWNSHIP, NJ 07727

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Address Policy No.: AXB6				
	Your New Address				
Phone No.:					

Insured
AXUM6281
ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

JAMES A CONNORS ASSOC INC 225 MADISON AVENUE PO BOX 336 MORRISTOWN, NJ 07963 (973) 539-9300

> Policy Type: COMMERCIAL UMBRELLA

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/30/2018
 12/30/2019
 Renewal - Installment # 2
 03/30/2019
 \$ 148.00

 Total Installment Due
 \$ 148.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$369.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 148.00

Thank you for your business

Policy Number: AXUM6281

ARTHUR MILLER T/A 720 ASSOCIATES 724 SOUTH SPRINGFIELD AVENUE SPRINGFIELD, NJ 07081

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/30/2018	12/30/2019			06/30/2019	\$ 138.00
12/30/2018	12/30/2019	Installme	nt	09/30/2019	\$ 83.00
			Total Future 1	Installments	\$ 221.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	nange of Addre				
	licy No.: AXUM				
Yo	ur New Address	is:			
-		_			
		_			
Phone No.:					

Insured
AXUM6281
ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

JAMES A CONNORS ASSOC INC 225 MADISON AVENUE PO BOX 336 MORRISTOWN, NJ 07963 (973) 539-9300

> Policy Type: COMMERCIAL UMBRELLA

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due12/30/201812/30/2019Renewal - Installment # 203/30/2019\$ 148.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$369.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 148.00

Thank you for your business

Policy Number: AXUM6281

ARTHUR MILLER T/A 720 ASSOCIATES 724 SOUTH SPRINGFIELD AVENUE SPRINGFIELD, NJ 07081

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/30/2018	12/30/2019			06/30/2019	\$ 138.00
12/30/2018	12/30/2019	Installme	nt	09/30/2019	\$ 83.00
			Total Future 1	Installments	\$ 221.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	nange of Addre				
	licy No.: AXUM				
Yo	ur New Address	is:			
-		_			
		_			
Phone No.:					

431.00

Insured AXB6310 MICHAEL ALEXANDER ASSOCIATES, P.C. **47 BRIDGE STREET** METUCHEN, NJ 08840

PRODUCER 165 JAMES A CONNORS ASSOC INC 225 MADISON AVENUE **PO BOX 336** MORRISTOWN, NJ 07963 (973) 539-9300

> Policy Type: BUSINESSOWNERS

Total Installment Due

Payment Plan: Manual 3 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 01/01/2019 01/01/2020 Renewal - Installment # 04/01/2019 \$ 431.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$852.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 431.00

Pay This Amount:

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXB6310

MICHAEL ALEXANDER ASSOCIATES, P.C. **47 BRIDGE STREET** 

METUCHEN, NJ 08840

		Future Installments for `	our Policy			
Trans Eff	Trans Exp	Description		Due Date	Amour	nt Due
01/01/2019	01/01/2020	Installme	nt	07/01/2019	\$	421.00
			Total Future	Installments	\$	421.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Ch	nange of Addres	SS				
	licy No.: AXB63					
Yo	ur New Address	is:				
Phone No.:						

Home Office Copy

431.00

Insured
AXB6310
MICHAEL ALEXANDER ASSOCIATES, P.C.
47 BRIDGE STREET
METUCHEN, NJ 08840

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336

MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type: BUSINESSOWNERS

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/01/2019
 01/01/2020
 Renewal - Installment # 2
 04/01/2019 \$ 431.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$852.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

431.00

Thank you for your business

Policy Number: AXB6310

MICHAEL ALEXANDER ASSOCIATES, P.C. 47 BRIDGE STREET

METUCHEN, NJ 08840

		Future Installments for `	our Policy			
Trans Eff	Trans Exp	Description		Due Date	Amour	nt Due
01/01/2019	01/01/2020	Installme	nt	07/01/2019	\$	421.00
			Total Future	Installments	\$	421.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Ch	nange of Addres	SS				
	licy No.: AXB63					
Yo	ur New Address	is:				
Phone No.:						

Insured AXCM6515 WEBER & DOEBRICH INC 119 61ST STREET WEST NEW YORK, NJ 07093

PRODUCER 198 ASSOCIATION AGENCY INC 2185 LEMOINE AVENUE SUITE 10 FORT LEE, NJ 07024 (201) 945-3100

> Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Run Date. 03/	10/2017	i ayıncını i ları. Mandai 10 i			finding i di Tea	ı	
Trans Eff	Trans Exp	Description			Due Date		Amount Due
11/08/2018	11/08/2019	Amount is Past Due		•	03/08/2019	\$	91.00
11/08/2018	11/08/2019	Renewal - Installment	#	6	04/08/2019	\$	91.00
11/08/2018	11/08/2019	Renewal - Installment	#	7	05/08/2019	\$	81.00
			Tota	l Installmen	t Due	\$	263.00

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 263.00

**Pay This Amount:** 

Thank you for your business

Policy Number: AXCM6515

WEBER & DOEBRICH INC 119 61ST STREET WEST NEW YORK, NJ 07093

# **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due Installment 11/08/2018 11/08/2019 06/08/2019 81.00 11/08/2018 11/08/2019 Installment 07/08/2019 \$ 81.00 \$ 11/08/2018 11/08/2019 Installment 08/08/2019 71.00 Total Future Installments \$ 233.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCM6515 Your New Address is: Phone No.:

Insured AXCM6515 WEBER & DOEBRICH INC 119 61ST STREET WEST NEW YORK, NJ 07093

PRODUCER 198 ASSOCIATION AGENCY INC 2185 LEMOINE AVENUE SUITE 10 FORT LEE, NJ 07024 (201) 945-3100

> Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Run Date. 03/	i ayıncılı i an. Manda 10			i. Manuai 10 i a	yments i ei rea	
Trans Eff	Trans Exp	Description			Due Date	Amount Due
11/08/2018	11/08/2019	Amount is Past Due		•	03/08/2019	\$ 91.00
11/08/2018	11/08/2019	Renewal - Installment	#	6	04/08/2019	\$ 91.00
11/08/2018	11/08/2019	Renewal - Installment	#	7	05/08/2019	\$ 81.00
			Tota	l Installmen	it Due	\$ 263.00

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 263.00

**Pay This Amount:** 

Thank you for your business

Policy Number: AXCM6515

WEBER & DOEBRICH INC 119 61ST STREET WEST NEW YORK, NJ 07093

# **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due Installment 11/08/2018 11/08/2019 06/08/2019 81.00 11/08/2018 11/08/2019 Installment 07/08/2019 \$ 81.00 \$ 11/08/2018 11/08/2019 Installment 08/08/2019 71.00 Total Future Installments \$ 233.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCM6515 Your New Address is: Phone No.:

Insured
AXCM6539
ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336

MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type: SPECIAL MULTI-PERIL

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/30/2018
 12/30/2019
 Renewal - Installment # 2
 03/30/2019
 1,670.00

 Total Installment Due
 \$ 1,670.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,325.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

JP MORGAN CHASE BANK NA P O BOX 47020 ATLANTA, GA 30362 LOAN NO.: 1948301264

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,670.00

Thank you for your business

Policy Number: AXCM6539

**Mortgagee Information** 

JP MORGAN CHASE BANK NA P O BOX 47020 ATLANTA, GA 30362 LOAN NO.: 1948301264

ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

		Future Installments for \	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/30/2018 12/30/2018	12/30/2019 12/30/2019	Installme Installme		06/30/2019 09/30/2019	\$ 1,660.00 \$ 995.00
			Total Future I	Installments	\$ 2,655.00
Th	ne above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	ange of Addres	s			
	licy No.: AXCM6				
Yo1	ur New Address	is:			
Phone No.:					

Insured
AXCM6539
ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

JAMES A CONNORS ASSOC INC 225 MADISON AVENUE PO BOX 336 MORRISTOWN, NJ 07963 (973) 539-9300

> Policy Type: SPECIAL MULTI-PERIL

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 12/30/2018
 12/30/2019
 Renewal - Installment # 2
 03/30/2019
 1,670.00

 Total Installment Due
 \$ 1,670.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,325.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

JP MORGAN CHASE BANK NA P O BOX 47020 ATLANTA, GA 30362 LOAN NO.: 1948301264

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,670.00

Tay Time 7 mileants. \$\psi\$

Thank you for your business

Policy Number: AXCM6539

**Mortgagee Information** 

JP MORGAN CHASE BANK NA P O BOX 47020 ATLANTA, GA 30362 LOAN NO.: 1948301264

ARTHUR MILLER T/A 720 ASSOCIATES 724 SOUTH SPRINGFIELD AVENUE SPRINGFIELD, NJ 07081

		Future Installments for \	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/30/2018 12/30/2018	12/30/2019 12/30/2019	Installme Installme		06/30/2019 09/30/2019	\$ 1,660.00 \$ 995.00
			Total Future I	Installments	\$ 2,655.00
Th	ne above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	ange of Addres	s			
	licy No.: AXCM6				
Yo1	ur New Address	is:			
Phone No.:					

661.00

Insured AXCM6614 JOSEPH CHACON 136 BARRACUDA ROAD MANAHAWKIN, NJ 08050

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: SPECIAL MULTI-PERIL

Total Installment Due

Payment Plan: Manual 4 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 02/15/2019 02/15/2020 Renewal - Installment # 2 05/15/2019 \$ 661.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,703.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

FIRST STATE BANK ISAOA 2002 BROADWAY SCOTTSBLUFF, NE 69361

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

JOSEPH CHACON

136 BARRACUDA ROAD MANAHAWKIN, NJ 08050

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

661.00

Thank you for your business

Policy Number: AXCM6614

**Mortgagee Information** 

FIRST STATE BANK ISAOA 2002 BROADWAY

SCOTTSBLUFF, NE 69361

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/15/2019	02/15/2020	Installme		08/15/2019	\$ 651.00
02/15/2019	02/15/2020	Installme	nt	11/15/2019	\$ 391.00
			Total Future 1	Installments	\$ 1,042.00
Tì	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Cł	nange of Addre	ss			
Ро	licy No.: AXCM	6614			
Yo	ur New Address	is:			
Phone No.:					
1110112 110.					

Insured
AXCM6614
JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due02/15/201902/15/2020Renewal - Installment # 205/15/2019 \$ 661.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,703.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

FIRST STATE BANK
ISAOA
2002 BROADWAY
SCOTTSBLUFF, NE 69361

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

\$ 661.00

Thank you for your business

Policy Number: AXCM6614

**Mortgagee Information** 

FIRST STATE BANK
ISAOA

2002 BROADWAY SCOTTSBLUFF, NE 69361

JOSEPH CHACON 136 BARRACUDA ROAD MANAHAWKIN, NJ 08050

		Future Installments for `	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/15/2019	02/15/2020	Installme		08/15/2019	\$ 651.00
02/15/2019	02/15/2020	Installme	nt	11/15/2019	\$ 391.00
			Total Future 1	Installments	\$ 1,042.00
Tì	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Cł	nange of Addre	ss			
Ро	licy No.: AXCM	6614			
Yo	ur New Address	is:			
Phone No.:					
1110110 110.					

Insured
AXCM6755
J&E ASSOCIATES & 87 ELM INC
C/O JOSEPH & EUGENIA ANISKO
1 GLENVIEW DRIVE
WARREN, NJ 07059

PRODUCER 136 INSURANCE CENTER PO BOX 1868 CRANFORD, NJ 07016 (732) 574-8000

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Eff Trans E	хр	Description		Due Date	<b>Amount Due</b>
3/2018 07/13/ 3/2018 07/13/		is Past Due 1 - Installment #	10	03/13/2019 \$ 04/13/2019 \$	7,472.00 6,654.00

Total Installment Due \$ 14,126.00

### **Mortgagee Information**

SOVEREIGN BANK

ATTN GENESIS SERRANO-GSERRANO-@SOVEREIGNBANK.COM
195 MONTAGUE STREET 8TH FLOOR

BROOKLYN, NY 11201

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 14,126.00

Thank you for your business

Policy Number: AXCM6755

**Mortgagee Information** 

SOVEREIGN BANK

ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM

195 MONTAGUE STREET 8TH FLOOR

BROOKLYN, NY 11201

J&E ASSOCIATES & 87 ELM INC C/O JOSEPH & EUGENIA ANISKO 1 GLENVIEW DRIVE

WARREN, NJ 07059

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
(	Change of Addres	ss			
	olicy No.: AXCM				
Y	our New Address	is:			
Phone No.:					
2.0.					

14,126.00

Insured AXCM6755 J&E ASSOCIATES & 87 ELM INC C/O JOSEPH & EUGENIA ANISKO 1 GLENVIEW DRIVE WARREN, NJ 07059

PRODUCER 136 INSURANCE CENTER PO BOX 1868 CRANFORD, NJ 07016 (732) 574-8000

> Policy Type: SPECIAL MULTI-PERIL

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 07/13/2018 07/13/2019 Amount is Past Due 03/13/2019 \$ 7,472.00 10 04/13/2019 \$ 6,654.00

### **Mortgagee Information**

SOVEREIGN BANK

ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM 195 MONTAGUE STREET 8TH FLOOR

BROOKLYN, NY 11201

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 14,126.00

Thank you for your business

Policy Number: AXCM6755

**Mortgagee Information** 

SOVEREIGN BANK

ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM

195 MONTAGUE STREET 8TH FLOOR

BROOKLYN, NY 11201

J&E ASSOCIATES & 87 ELM INC C/O JOSEPH & EUGENIA ANISKO 1 GLENVIEW DRIVE

WARREN, NJ 07059

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
(	Change of Addres	ss			
	olicy No.: AXCM				
Y	our New Address	is:			
Phone No.:					
2.0.					

Insured
AXCM6831
JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

PRODUCER 107
BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/1	8/2019 Payment Plan: Manual 10 Payments Per Year						
Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
12/01/2018 12/01/2018		Renewal - Installment Renewal - Installment		5 6	04/01/2019 05/01/2019	•	911.00 901.00
			Total	Installment	. Due	\$	1,812.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,315.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

HOPEWELL VALLEY COMMUNITY BANK 4 ROUTE 31 PENNINGTON, NJ 08534

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,812.00

Thank you for your business

Policy Number: AXCM6831

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK

4 ROUTE 31

PENNINGTON, NJ 08534

JOYCE M HIXSON &/OR TED HIXSON

1301 STREET ROAD NEW HOPE, PA 18938

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/01/2018 12/01/2019 Installment 06/01/2019 901.00 Installment 12/01/2018 12/01/2019 07/01/2019 \$ 901.00 12/01/2018 12/01/2019 \$ 901.00 Installment 08/01/2019 \$ 12/01/2018 12/01/2019 Installment 09/01/2019 800.00 \$ 3,503.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCM6831 Your New Address is:

Insured
AXCM6831
JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

PRODUCER 107
BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan			n: Manual 10 Payments Per Year				
Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
12/01/2018 12/01/2018		Renewal - Installment Renewal - Installment	• •	5	04/01/2019 05/01/2019	•	911.00 901.00
			Total	Installmen	t Due	\$	1,812.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,315.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK 4 ROUTE 31 PENNINGTON, NJ 08534

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,812.00

Thank you for your business

Policy Number: AXCM6831

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK

4 ROUTE 31

PENNINGTON, NJ 08534

JOYCE M HIXSON &/OR TED HIXSON

1301 STREET ROAD NEW HOPE, PA 18938

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/01/2018 12/01/2019 Installment 06/01/2019 901.00 Installment 12/01/2018 12/01/2019 07/01/2019 \$ 901.00 12/01/2018 12/01/2019 \$ 901.00 Installment 08/01/2019 \$ 12/01/2018 12/01/2019 Installment 09/01/2019 800.00 \$ 3,503.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCM6831 Your New Address is:

Insured
AXCM6853
COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336

MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 12/31/2018 12/31/2019 Renewal - Installment # 4 03/31/2019 \$ 6,689.00 12/31/2018 12/31/2019 Renewal - Installment # 5 04/30/2019 \$ 6,679.00 12/31/2018 12/31/2019 Renewal - Installment # 6 05/31/2019 \$ 6,679.00 Total Installment Due \$ 20,047.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$46,020.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 20,047.00

Thank you for your business

Policy Number: AXCM6853

COLORCO INC &/OR COLORFLO INC 1261 WEST ELIZABETH AVENUE LINDEN, NJ 07036

# **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due \$ 6,679.00 12/31/2018 12/31/2019 Installment 06/30/2019 12/31/2018 12/31/2019 Installment 07/31/2019 \$ 6,679.00 12/31/2018 12/31/2019 \$ 6,679.00 Installment 08/31/2019 12/31/2018 12/31/2019 Installment 09/30/2019 \$ 5,936.00 Total Future Installments \$ 25,973.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCM6853 Your New Address is:

Insured
AXCM6853
COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336

MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 12/31/2018 12/31/2019 Renewal - Installment # 4 03/31/2019 \$ 6,689.00 12/31/2018 12/31/2019 Renewal - Installment # 5 04/30/2019 \$ 6,679.00 12/31/2018 12/31/2019 Renewal - Installment # 6 05/31/2019 \$ 6,679.00 Total Installment Due \$ 20,047.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$46,020.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 20,047.00

Thank you for your business

**AXIS Insurance Company** 

Policy Number: AXCM6853

COLORCO INC &/OR COLORFLO INC 1261 WEST ELIZABETH AVENUE LINDEN, NJ 07036

# **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due \$ 6,679.00 12/31/2018 12/31/2019 Installment 06/30/2019 12/31/2018 12/31/2019 Installment 07/31/2019 \$ 6,679.00 12/31/2018 12/31/2019 \$ 6,679.00 Installment 08/31/2019 12/31/2018 12/31/2019 Installment 09/30/2019 \$ 5,936.00 Total Future Installments \$ 25,973.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCM6853 Your New Address is:

Insured AXCM6888 RON DURANTE DURANTE INVESTMENT GROUP LP **DURANTE SARATOGA HOLDINGS LP** 32 FREDERICK STREET WALDWICK, NJ 07463

**EVERGREEN INSURANCE & RISK MANAGEMENT** 25 ROBERT PITT DRIVE SUITE #200-F MONSEY, NY 10952 (845) 789-4433

> Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 03/01/2019 03/01/2020 Amount is Past Due 03/01/2019 \$ 3,350.00 03/01/2019 03/01/2020 Renewal - Installment # 2 04/01/2019 \$ 1,461.00 3 05/01/2019 \$ 1,451.00 Total Installment Due \$ 6,262.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$16,260.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

LAKELAND BANK 250 OAKRIDGE ROAD OAK RIDGE, NJ 07438

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 6.262.00

Pay This Amount:

Thank you for your business

Policy Number: AXCM6888

**Mortgagee Information** 

LAKELAND BANK 250 OAKRIDGE ROAD OAK RIDGE, NJ 07438

**RON DURANTE** DURANTE INVESTMENT GROUP LP **DURANTE SARATOGA HOLDINGS LP** 32 FREDERICK STREET WALDWICK, NJ 07463

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 03/01/2019 03/01/2020 Installment 06/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment \$ 1,451.00 07/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment 08/01/2019 Installment \$ 1,451.00 03/01/2019 03/01/2020 09/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment 10/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment 11/01/2019 \$ 1,292.00 03/01/2019 03/01/2020 Installment 12/01/2019 Total Future Installments \$ 9,998.00

The above future installments do not reflect the \$10.00 Per Installment Charge

### **Change of Address**

Policy No.: AXCM6888

Your New Address is:

6,262.00

Insured
AXCM6888
RON DURANTE
DURANTE INVESTMENT GROUP LP
DURANTE SARATOGA HOLDINGS LP
32 FREDERICK STREET
WALDWICK, NJ 07463

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT 25 ROBERT PITT DRIVE SUITE #200-F MONSEY, NY 10952 (845) 789-4433

> Policy Type: SPECIAL MULTI-PERIL

Total Installment Due \$

Run Date: 03/18/2019		Payment Plan: Manual 10 Payments Per Year					
Trans Eff	Trans Exp	Description		Due Date	<b>Amount Due</b>		
03/01/2019	03/01/2020	Amount is Past Due Renewal - Installment # Renewal - Installment #	2 3	03/01/2019 \$ 04/01/2019 \$ 05/01/2019 \$	3,350.00 1,461.00 1,451.00		

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$16,260.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

LAKELAND BANK 250 OAKRIDGE ROAD OAK RIDGE, NJ 07438

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 6,262.00

Thank you for your business

Policy Number: AXCM6888

**Mortgagee Information** 

LAKELAND BANK 250 OAKRIDGE ROAD OAK RIDGE, NJ 07438

RON DURANTE DURANTE INVESTMENT GROUP LP DURANTE SARATOGA HOLDINGS LP 32 FREDERICK STREET WALDWICK, NJ 07463

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 03/01/2019 03/01/2020 Installment 06/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment \$ 1,451.00 07/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment 08/01/2019 Installment \$ 1,451.00 03/01/2019 03/01/2020 09/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment 10/01/2019 \$ 1,451.00 03/01/2019 03/01/2020 Installment 11/01/2019 \$ 1,292.00 03/01/2019 03/01/2020 Installment 12/01/2019 Total Future Installments \$ 9,998.00

The above future installments do not reflect the \$10.00 Per Installment Charge

### **Change of Address**

Policy No.: AXCM6888

Your New Address is:

Insured
AXCM6901
A&T REALTY LLC
TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA
EUGENIUSZ & HELENE FIDZIUKIEWICZ
15 SKYVIEW ROAD
UNION. NJ 07083

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type: SPECIAL MULTI-PERIL

Payment Plan: Manual 10 Payments Per Vear

Run Date: 03/18/2019 Payment Plan: Manual 10					i: Manual 10 Pa	yments Per Yea	<u> [</u>	
	Trans Eff	Trans Exp	Description			Due Date		Amount Due
	03/15/2019	03/15/2020	Amount is Past Due		-	03/15/2019	\$	6,269.00
	03/15/2019	03/15/2020	Renewal - Installment	#	2	04/15/2019	\$	2,746.00
	03/15/2019	03/15/2020	Renewal - Installment	#	3	05/15/2019	\$	2,736.00
	I			Tota	l Installmer	nt Due	Ś	11.751.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$30,599.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 11,751.00

Thank you for your business

Policy Number: AXCM6901

A&T REALTY LLC TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA EUGENIUSZ & HELENE FIDZIUKIEWICZ 15 SKYVIEW ROAD UNION, NJ 07083

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 03/15/2019 03/15/2020 Installment 06/15/2019 \$ 2,736.00 03/15/2019 03/15/2020 Installment 07/15/2019 \$ 2,736.00 \$ 2,736.00 03/15/2019 03/15/2020 Installment 08/15/2019 Installment \$ 2,736.00 03/15/2019 03/15/2020 09/15/2019 \$ 2,736.00 03/15/2019 03/15/2020 Installment 10/15/2019 \$ 2,736.00 03/15/2019 03/15/2020 Installment 11/15/2019 03/15/2019 03/15/2020 Installment 12/15/2019 \$ 2,432.00 Total Future Installments \$ 18,848.00

The above future installments do not reflect the \$10.00 Per Installment Charge

### **Change of Address**

Policy No.: AXCM6901 Your New Address is:

Insured
AXCM6901
A&T REALTY LLC
TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA
EUGENIUSZ & HELENE FIDZIUKIEWICZ
15 SKYVIEW ROAD
UNION, NJ 07083

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type: SPECIAL MULTI-PERIL

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 03/15/2019 03/15/2020 Amount is Past Due 03/15/2019 \$ 6,269.00 03/15/2019 03/15/2020 Renewal - Installment # 2 04/15/2019 \$ 2,746.00 3 03/15/2019 03/15/2020 Renewal - Installment # 05/15/2019 \$ 2,736.00 Total Installment Due \$ 11,751.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$30,599.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 11,751.00

Thank you for your business

Policy Number: AXCM6901

A&T REALTY LLC TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA EUGENIUSZ & HELENE FIDZIUKIEWICZ 15 SKYVIEW ROAD UNION, NJ 07083

#### **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 03/15/2019 03/15/2020 Installment 06/15/2019 \$ 2,736.00 03/15/2019 03/15/2020 Installment 07/15/2019 \$ 2,736.00 \$ 2,736.00 03/15/2019 03/15/2020 Installment 08/15/2019 Installment \$ 2,736.00 03/15/2019 03/15/2020 09/15/2019 \$ 2,736.00 03/15/2019 03/15/2020 Installment 10/15/2019 \$ 2,736.00 03/15/2019 03/15/2020 Installment 11/15/2019 03/15/2019 03/15/2020 Installment 12/15/2019 \$ 2,432.00 Total Future Installments \$ 18,848.00

The above future installments do not reflect the \$10.00 Per Installment Charge

### **Change of Address**

Policy No.: AXCM6901 Your New Address is:

Insured
AXCM6981
ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

ASSURED PARTNERS OF NEW JERSEY LLC 1317 ROUTE 73 SUITE 101

MT LAUREL, NJ 08054 (856) 795-4020

Policy Type:

Total Installment Due

SPECIAL MULTI-PERIL

Run Date: 03/1	8/2019	Payment Plan: Manual 10 Payments Per Year				
Trans Eff	Trans Exp	Description		Due Date	<b>Amount Due</b>	
08/01/2018		Renewal - Installment #	9	04/01/2019 \$		
08/01/2018	08/01/2019	Renewal - Installment #	10	05/01/2019 \$	350.00	

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$752.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

\$

752.00

WELLS FARGO BANK, NA PO BOX 621530 ATLANTA, GA 30362

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 752.00

Thank you for your business

Policy Number: AXCM6981

**Mortgagee Information** 

WELLS FARGO BANK, NA PO BOX 621530 ATLANTA, GA 30362

ROBERT & KARIN STANIEWICZ 9 ARDLEIGH COURT MT LAUREL, NJ 08054

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ.	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
C	hange of Addres	ss			
	olicy No.: AXCM				
Y	our New Address	is:			
Phone No.:					

752.00

Insured
AXCM6981
ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

ASSURED PARTNERS OF NEW JERSEY LLC 1317 ROUTE 73 SUITE 101 MT LAUREL, NJ 08054

> Policy Type: SPECIAL MULTI-PERIL

(856) 795-4020

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 08/01/2019 Renewal - Installment # 08/01/2018 9 04/01/2019 \$ 402.00 10 05/01/2019 \$ 350.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$752.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

\$

WELLS FARGO BANK, NA PO BOX 621530 ATLANTA, GA 30362

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 752.00

Thank you for your business

Policy Number: AXCM6981

**Mortgagee Information** 

WELLS FARGO BANK, NA PO BOX 621530 ATLANTA, GA 30362

ROBERT & KARIN STANIEWICZ 9 ARDLEIGH COURT MT LAUREL, NJ 08054

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ.	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
C	hange of Addres	ss			
	olicy No.: AXCM				
Y	our New Address	is:			
Phone No.:					

Insured
AXB7018
MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

PRODUCER 130 HUB INTERNATIONAL 1805 LOUCKS ROAD SUITE 300 YORK, PA 17408 (800) 933-2478

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Rull Date. 03/	10/2019	i ayınıcını i	ari. Mariuai 4 i	ay r ayment rian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment #	2	03/23/2019	\$ 785.00
		Tot	al Installr	ment Due	\$ 785.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,026.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 785.00

Thank you for your business

Policy Number: AXB7018

MECO SALES CORP. 373 RT 46 WEST, BUILDING E FAIRFIELD, NJ 07004

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/23/2018	12/23/2019	Installme		06/23/2019	\$ 775.00
12/23/2018	12/23/2019	Installme	nt	09/23/2019	\$ 466.00
			Total Future 1	Installments	\$ 1,241.00
TÎ	he above futu:	re installments do not	reflect the	\$10.00 Per Inst	tallment Charge
CI	nange of Addres				
	licy No.: AXB701				
	ur New Address :				
10	ar ivew made cos .				
		_			
Phone No.:					

Insured
AXB7018
MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

PRODUCER 130 HUB INTERNATIONAL 1805 LOUCKS ROAD SUITE 300 YORK, PA 17408 (800) 933-2478

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Date. 03/	10/2017	i ayıncın	i i iaii. iviaituai <del>+</del> i	ay r ayment riam	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment #	2	03/23/2019	785.00
		Г	Total Installm	ment Due S	785.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,026.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

785.00

Thank you for your business

Policy Number: AXB7018

MECO SALES CORP. 373 RT 46 WEST, BUILDING E FAIRFIELD, NJ 07004

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/23/2018	12/23/2019	Installme		06/23/2019	\$ 775.00
12/23/2018	12/23/2019	Installme	nt	09/23/2019	\$ 466.00
			Total Future 1	Installments	\$ 1,241.00
TÎ	he above futu:	re installments do not	reflect the	\$10.00 Per Inst	tallment Charge
CI	nange of Addres				
	licy No.: AXB701				
	ur New Address :				
10	ar ivew made cos .				
		_			
Phone No.:					

Insured
AXB7181
EDWARD MARKER
D/B/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE
SUITE A
GLENDORA, NJ 08029

PRODUCER 142
EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/11/2019
 01/11/2020
 Renewal - Installment # 2
 04/11/2019 \$ 644.00

 Total Installment Due
 \$ 644.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,659.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 644.00

**AXIS Insurance Company** 

Thank you for your business

Policy Number: AXB7181

EDWARD MARKER D/B/A ED'S TICKET SERVICE 700 BLACK HORSE PIKE SUITE A GLENDORA, NJ 08029

Trans Eff   Trans Exp   Description   Due Date   Amount Due			Future Installments for \	Your Policy		
Ol/11/2019 Ol/11/2020 Installment 10/11/2019 \$ 381.00  Total Future Installments \$ 1,015.00  The above future installments do not reflect the \$10.00 Per Installment Charge  Change of Address Policy No.: AX87181	Trans Eff	Trans Exp	Description		Due Date	Amount Due
The above future installments do not reflect the \$10.00 Per Installment Charge  Change of Address Policy No.: AMET181						\$ 634.00 \$ 381.00
Change of Address Policy No.: AXB7181				Total Future	Installments	\$ 1,015.00
Policy No.: AXB7181	The	e above futu	re installments do not	reflect the	\$10.00 Per Inst	callment Charge
Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
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Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
Your New Address is:	Your 	r New Address :	is:			
Phone No.:	Phone No.:	_				

Insured AXB7181 EDWARD MARKER D/B/A ED'S TICKET SERVICE 700 BLACK HORSE PIKE SUITE A GLENDORA, NJ 08029

PRODUCER 142 EHLY-COSENZA INSURANCE 151 EAST EVESHAM ROAD **PO BOX 318** RUNNEMEDE, NJ 08078 (856) 939-1313

> Policy Type: BUSINESSOWNERS

Payment Plan: Manual 4 Pay Payment Plan Run Date: 03/18/2019

Itali Bate. 66/	10/2017	raymentr	iani. Manaan 1 1	ay r aymont riam	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/11/2019	01/11/2020	Renewal - Installment #	2	04/11/2019	\$ 644.00
		To	tal Installr	ment Due	\$ 644.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,659.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 644.00

Pay This Amount:

Thank you for your business

Policy Number: AXB7181

EDWARD MARKER D/B/A ED'S TICKET SERVICE 700 BLACK HORSE PIKE SUITE A GLENDORA, NJ 08029

Trans Eff   Trans Exp   Description   Due Date   Amount Due			Future Installments for \	Your Policy		
Ol/11/2019 Ol/11/2020 Installment 10/11/2019 \$ 381.00  Total Future Installments \$ 1,015.00  The above future installments do not reflect the \$10.00 Per Installment Charge  Change of Address Policy No.: AX87181	Trans Eff	Trans Exp	Description		Due Date	Amount Due
The above future installments do not reflect the \$10.00 Per Installment Charge  Change of Address Policy No.: AMET181						\$ 634.00 \$ 381.00
Change of Address Policy No.: AXB7181				Total Future	Installments	\$ 1,015.00
Policy No.: AXB7181	The	e above futu	re installments do not	reflect the	\$10.00 Per Inst	callment Charge
Policy No.: AXB7181						
Policy No.: AXB7181						
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Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
Policy No.: AXB7181						
Your New Address is:	Your 	r New Address :	is:			
Phone No.:	Phone No.:	_				

Insured
AXB7638
1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

PRODUCER 213
BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Date. 03/	10/2017	r ayıncını	iani. Manuai 4 i	ay r ayment rian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/28/2019	02/28/2020	Renewal - Installment #	2	05/31/2019	950.00
		То	tal Installr	ment Due	950.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,454.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 950.00

Thank you for your business

Policy Number: AXB7638

1085 BLACK HORSE PIKE, LLC C/O KATY ETTIN 905 KINGS HWY N. CHERRY HILL, NJ 08034

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/28/2019 02/28/2019	02/28/2020 02/28/2020	Installme Installme		08/31/2019 11/30/2019	\$ 940.00 \$ 564.00
			Total Future	Installments	\$ 1,504.00
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	callment Charge
	ange of Addres				
	licy No.: AXB7				
Yo	ur New Address	is:			
Phone No.:		_			

Insured
AXB7638
1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

PRODUCER 213
BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 02/28/2019
 02/28/2020
 Renewal - Installment # 2
 05/31/2019 \$ 950.00

 Total Installment Due
 \$ 950.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,454.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 950.00

Thank you for your business

Policy Number: AXB7638

1085 BLACK HORSE PIKE, LLC C/O KATY ETTIN 905 KINGS HWY N. CHERRY HILL, NJ 08034

		Future Installments for `	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/28/2019 02/28/2019	02/28/2020 02/28/2020	Installme Installme		08/31/2019 11/30/2019	\$ 940.00 \$ 564.00
			Total Future	Installments	\$ 1,504.00
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	callment Charge
	ange of Addres				
	licy No.: AXB7				
Yo	ur New Address	is:			
Phone No.:		_			

Insured
AXB8700
THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

COSTELLO & ASSOCIATES INSURANCE GROUP 265 UNION STREET LODI, NJ 07644 (973) 777-8333

> Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/10/2018
 07/10/2019
 Renewal - Installment # 4
 04/10/2019 \$ 202.00

Total Installment Due \$ 202.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 202.00

Thank you for your business

Policy Number: AXB8700

THE MUSIC CONNECTION, INC. 12 SUMMIT AVENUE ELMWOOD PARK, NJ 07407

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
(	hange of Addres	SS				
	olicy No.: AXB8"					
Y	our New Address	is:				
Phone No.:						

Insured
AXB8700
THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

COSTELLO & ASSOCIATES INSURANCE GROUP 265 UNION STREET LODI, NJ 07644 (973) 777-8333

> Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/10/2018
 07/10/2019
 Renewal - Installment # 4
 04/10/2019
 \$ 202.00

 Total Installment Due
 \$ 202.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 202.00

Thank you for your business

Policy Number: AXB8700

THE MUSIC CONNECTION, INC. 12 SUMMIT AVENUE ELMWOOD PARK, NJ 07407

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
(	hange of Addres	SS				
	olicy No.: AXB8"					
Y	our New Address	is:				
Phone No.:						

Insured AXB8735 VILLA STEFANO, INC 1129 RARITAN ROAD CLARK, NJ 07066 PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066

(732) 680-4444

Policy Type:

**BUSINESSOWNERS** 

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/10/2018
 07/10/2019
 Renewal - Installment # 4
 04/10/2019
 \$ 155.00

 Total Installment Due
 \$ 155.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 155.00

Thank you for your business

Policy Number: AXB8735

VILLA STEFANO, INC 1129 RARITAN ROAD CLARK, NJ 07066

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ.	The above fut:	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	Policy No.: AXB8				
Y	our New Address	is:			
Phone No.:					

Insured AXB8735 VILLA STEFANO, INC 1129 RARITAN ROAD CLARK, NJ 07066 PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description		Due Date	Amount Due
07/10/2018	07/10/2019	Renewal - Installment #	4	04/10/2019 \$	155.00

Total Installment Due \$ 155.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 155.00

Thank you for your business

Policy Number: AXB8735

VILLA STEFANO, INC 1129 RARITAN ROAD CLARK, NJ 07066

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ.	The above fut:	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	Policy No.: AXB8				
Y	our New Address	is:			
Phone No.:					

Insured
AXCP8900
DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

> Policy Type: SMALL CONTRACTORS

-----

Run Date: 03/1	8/2019	Paymer	nt Plan: Manual 1	10 Payments Per Ye	ar	
Trans Eff	Trans Exp	Description		Due Date		<b>Amount Due</b>
08/01/2018 08/01/2018 08/01/2018	08/01/2019	Amount is Past Due Renewal - Installment Renewal - Installment		03/01/2019 04/01/2019 05/01/2019	\$ \$	436.00 436.00 379.00
			Total Instal	.lment Due	\$	1,251.00

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,251.00

Thank you for your business

Policy Number: AXCP8900

DREAMLINE KITCHENS, INC P.O. BOX 9963 TRENTON, NJ 08650

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	change of Addres				
	olicy No.: AXCP our New Address				
	our New Address	15.			
Phone No.:					

Insured
AXCP8900
DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

> Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

ı	Run Date: 03/1	8/2019	Payme	ent Plant Manual 10	Payments Per re	aı	
	Trans Eff	Trans Exp	Description		Due Date		<b>Amount Due</b>
	08/01/2018	08/01/2019	Amount is Past Due		03/01/2019	\$	436.00
	08/01/2018	08/01/2019	Renewal - Installment	# 9	04/01/2019	\$ (	436.00
	08/01/2018	08/01/2019	Renewal - Installment	# 10	05/01/2019	\$ (	379.00
ı				Total Install	ment Due	Ś	1 251 00

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,251.00

Thank you for your business

Policy Number: AXCP8900

DREAMLINE KITCHENS, INC P.O. BOX 9963 TRENTON, NJ 08650

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	change of Addres				
	olicy No.: AXCP our New Address				
	our New Address	15.			
Phone No.:					

Insured AXB8947 KIM WOJCIK, D.C. LLC 77 N. MAIN STREET ALLENTOWN, NJ 08501

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE SUITE 200 TINTON FALLS, NJ 07701 (609) 693-3123

> Policy Type: BUSINESSOWNERS

Payment Plan: Manual 4 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 4 05/10/2019 \$ 90.00

> Total Installment Due 90.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 90.00

Pay This Amount:

Thank you for your business

Policy Number: AXB8947

KIM WOJCIK, D.C. LLC 77 N. MAIN STREET ALLENTOWN, NJ 08501

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
	Change of Addres	25				
	Policy No.: AXB8					
7	Your New Address	is:				
		_				
Phone No.:						

Insured AXB8947 KIM WOJCIK, D.C. LLC 77 N. MAIN STREET ALLENTOWN, NJ 08501

WORLD INSURANCE ASSOCIATES LLC 656 SHREWSBURY AVENUE

SUITE 200

TINTON FALLS, NJ 07701

(609) 693-3123

Policy Type:

**BUSINESSOWNERS** 

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

		i ajimani i ajimani i ajimani i ajimani i			
Trans Eff	Trans Exp	Description	Due Date		Amount Due
08/10/2018	08/10/2019	Renewal - Installment # 4	1 05/10/2019	\$	90.00
		Total	Installment Due	\$	90.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

90.00

Thank you for your business

Policy Number: AXB8947

KIM WOJCIK, D.C. LLC 77 N. MAIN STREET ALLENTOWN, NJ 08501

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
	Change of Addres	ss				
	Policy No.: AXB8					
У	our New Address	is:				
Phone No.:						

Insured
AXB9045
DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

THOMAS H. HEIST INSURANCE AGENCY 700 WEST AVENUE PO BOX 480 OCEAN CITY, NJ 08226

> Policy Type: BUSINESSOWNERS

(609) 399-0655

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Run Date: 03/18/2019		Payment Plan: Manual To Payments Per Year				
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
08/31/2018	08/31/2019	Renewal - Installment #	· 8	03/31/2019	\$ 94.00	
08/31/2018	08/31/2019	Renewal - Installment #	: 9	04/30/2019	\$ 114.00	
08/31/2018	08/31/2019	Renewal - Installment #	: 10	05/31/2019	\$ 93.00	
		г	Total Installm	ent Due	\$ 301.00	

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$301.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

TD BANK 2059 SPRINGDALE ROAD CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 301.00

Thank you for your business

Policy Number: AXB9045

**Mortgagee Information** 

TD BANK

2059 SPRINGDALE ROAD CHERRY HILL, NJ 08003

DR BRUCE CUNNINGHAM 2630 EAST CHESTNUT AVENUE, SUITE C6 VINELAND, NJ 08360

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .0	0
Т	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	3
С	hange of Addres	SS				
	olicy No.: AXB90					
Yo	our New Address	is:				
Phone No.:						

Home Office Copy

Insured
AXB9045
DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

THOMAS H. HEIST INSURANCE AGENCY 700 WEST AVENUE PO BOX 480 OCEAN CITY, NJ 08226

> Policy Type: BUSINESSOWNERS

(609) 399-0655

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Run Date: 03/18/2019		Payment Plan: Manual To Payments Per Year				
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
08/31/2018	08/31/2019	Renewal - Installment #	· 8	03/31/2019	\$ 94.00	
08/31/2018	08/31/2019	Renewal - Installment #	: 9	04/30/2019	\$ 114.00	
08/31/2018	08/31/2019	Renewal - Installment #	: 10	05/31/2019	\$ 93.00	
		г	Total Installm	ent Due	\$ 301.00	

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$301.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

TD BANK 2059 SPRINGDALE ROAD CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 301.00

Thank you for your business

Policy Number: AXB9045

**Mortgagee Information** 

TD BANK

2059 SPRINGDALE ROAD CHERRY HILL, NJ 08003

DR BRUCE CUNNINGHAM 2630 EAST CHESTNUT AVENUE, SUITE C6 VINELAND, NJ 08360

Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .0	0
Т	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	3
С	hange of Addres	SS				
	olicy No.: AXB90					
Yo	our New Address	is:				
Phone No.:						

Insured
AXCP9518
HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE

FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

		. aj		<u>aj : aj::::::::::::::::::::::::::::::::</u>	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/13/2018	10/13/2019	Renewal - Installment #	‡ 3	04/13/2019	271.00
		ŗ	Total Installm	ment Due	271.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

271.00

Thank you for your business

Policy Number: AXCP9518

HAYES ELECTRIC LLC 6 HARRISON STREET DUMONT, NJ 07628

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
C	Change of Addres	ss			
	olicy No.: AXCP				
Y	our New Address	is:			
Phone No.:					

271.00

Insured AXCP9518 HAYES ELECTRIC LLC **6 HARRISON STREET** DUMONT, NJ 07628

PRODUCER 173 JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932

Policy Type:

Total Installment Due

(973) 377-6100

SMALL CONTRACTORS

Payment Plan: Manual 3 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 3 04/13/2019 \$ 271.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 271.00

Pay This Amount:

Thank you for your business

Policy Number: AXCP9518

HAYES ELECTRIC LLC 6 HARRISON STREET DUMONT, NJ 07628

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
C	Change of Addres	ss			
	olicy No.: AXCP				
Y	our New Address	is:			
Phone No.:					

Insured
AXB9520
DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

PRODUCER 130 HUB INTERNATIONAL 1805 LOUCKS ROAD SUITE 300 YORK, PA 17408 (800) 933-2478

> Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 11/08/2018
 11/08/2019
 Renewal - Installment # 3
 05/08/2019 \$ 1,111.00

Total Installment Due \$ 1,111.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,111.00

Thank you for your business

Policy Number: AXB9520

DAVID A. & KARIN SAINATO DKS, LLC 18 FLORHAM AVENUE FLORHAM PARK, NJ 07932

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge
C	hange of Addres	ss			
	Policy No.: AXB9				
Y	our New Address	is:			
Phone No.:					

1,111.00

\$

Insured
AXB9520
DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

PRODUCER 130 HUB INTERNATIONAL 1805 LOUCKS ROAD SUITE 300 YORK, PA 17408 (800) 933-2478

> Policy Type: BUSINESSOWNERS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

run Butor our roration			aj i ajinoni i ian		
Trans Eff	Trans Exp	Description		Due Date	<b>Amount Due</b>
11/08/2018	11/08/2019	Renewal - Installment #	3	05/08/2019 \$	1,111.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,111.00

Thank you for your business

Policy Number: AXB9520

DAVID A. & KARIN SAINATO DKS, LLC 18 FLORHAM AVENUE FLORHAM PARK, NJ 07932

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge
C	hange of Addres	ss			
	Policy No.: AXB9				
Y	our New Address	is:			
Phone No.:					

Insured
AXB9651
CARIBBEAN CUISINE INC
T/A THE ORIGINAL CARIBBEAN CUISINE
5 WINANS STREET
EAST ORANGE, NJ 07017

PRODUCER 146
HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 11/01/2018
 11/01/2019
 Renewal - Installment # 3
 05/01/2019 \$ 613.00

Total Installment Due \$ 613.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$976.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 613.00

Thank you for your business

Policy Number: AXB9651

CARIBBEAN CUISINE INC T/A THE ORIGINAL CARIBBEAN CUISINE 5 WINANS STREET

EAST ORANGE, NJ 07017

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amour	nt Due
11/01/2018	11/01/2019	Installme	nt	08/01/2019	\$	363.00
			Total Future	Installments	\$	363.00
Т	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	llment	Charge
	hange of Addres					
	our New Address					
Phone No.:						
110110 100.						

Insured
AXB9651
CARIBBEAN CUISINE INC
T/A THE ORIGINAL CARIBBEAN CUISINE
5 WINANS STREET
EAST ORANGE, NJ 07017

PRODUCER 146
HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due11/01/201811/01/2019Renewal - Installment # 305/01/2019 \$ 613.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$976.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 613.00

Thank you for your business

Policy Number: AXB9651

CARIBBEAN CUISINE INC T/A THE ORIGINAL CARIBBEAN CUISINE 5 WINANS STREET EAST ORANGE, NJ 07017

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amour	nt Due
11/01/2018	11/01/2019	Installme	nt	08/01/2019	\$	363.00
			Total Future	Installments	\$	363.00
Т	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	llment	Charge
	hange of Addres					
	our New Address					
Phone No.:						
110110 100.						

Insured
AXCP9683
ADM ELECTRIC LLC
889 SHERIDAN STREET
UNION, NJ 07083

JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932

(973) 377-6100

PRODUCER 173

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date. 03/10/2019 Fayment Flan. Manual 3 F			ay Fayin <del>c</del> iii Fian		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/30/2018	10/30/2019	Renewal - Installment #	3	04/30/2019 \$	\$ 222.00
		То	tal Installr	ment Due	\$ 222.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

222.00

Thank you for your business

Policy Number: AXCP9683

ADM ELECTRIC LLC 889 SHERIDAN STREET UNION, NJ 07083

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ.	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge
C	Change of Addres	ss			
	olicy No.: AXCP				
Y	our New Address	is:			
Phone No.:					
2.0.					

Insured
AXCP9683
ADM ELECTRIC LLC
889 SHERIDAN STREET
UNION, NJ 07083

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due10/30/201810/30/2019Renewal - Installment # 304/30/2019\$ 222.00
Total Installment Due \$ 222.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 222.00

Thank you for your business

Policy Number: AXCP9683

ADM ELECTRIC LLC 889 SHERIDAN STREET UNION, NJ 07083

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ.	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge
C	Change of Addres	ss			
	olicy No.: AXCP				
Y	our New Address	is:			
Phone No.:					
2.0.					

Insured **AXCP9717** ELECTRO-FLO ELECTRIC LLC **1012 VINEYARD AVE** SOUTH AMBOY, NJ 08879

PRODUCER 173 JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932

(973) 377-6100

Policy Type:

SMALL CONTRACTORS

Pun Data: 03/18/2010 Dayment Dlan: Manual 3 Day Dayment Dlan

Run Date. 03/10/2017			ay r ayment riam		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
11/19/2018	11/19/2019	Renewal - Installment #	3	05/19/2019	280.00
		To	tal Installr	ment Due S	\$ 280.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 280.00

Thank you for your business

Policy Number: AXCP9717

ELECTRO-FLO ELECTRIC LLC 1012 VINEYARD AVE SOUTH AMBOY, NJ 08879

Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
	Change of Addres	25					
	olicy No.: AXCP						
У	our New Address	is:					
Phone No.:	-						

Insured
AXCP9717
ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due11/19/201811/19/2019Renewal - Installment # 305/19/2019 \$ 280.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

280.00

Thank you for your business

Policy Number: AXCP9717

ELECTRO-FLO ELECTRIC LLC 1012 VINEYARD AVE SOUTH AMBOY, NJ 08879

Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
	Change of Addres	25					
	olicy No.: AXCP						
У	our New Address	is:					
Phone No.:	-						

Insured AXUM9911 JOYCE M HIXSON &/OR TED HIXSON 1301 STREET ROAD NEW HOPE, PA 18938

PRODUCER 107 BORDEN PERLMAN RUSSO 250 PHILLIPS BLVD **SUITE 280** EWING, NJ 08618 (609) 896-3434

> Policy Type: COMMERCIAL UMBRELLA

Pun Data: 03/18/2010 Dayment Dlan: Manual 10 Dayments Der Vear

Ruii Date. 03/	10/2017	Fayment Flant, Manual To Fayments Fel Teal					
Trans Eff	Trans Exp	Description			Due Date		Amount Due
12/01/2018	12/01/2019	Renewal - Installment	# 5	5	04/01/2019	\$	60.00
12/01/2018	12/01/2019	Renewal - Installment	# 6	5	05/01/2019	\$	50.00
			Total	Installmer	nt Due	\$	110.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$304.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 110.00

Thank you for your business

Policy Number: AXUM9911

JOYCE M HIXSON &/OR TED HIXSON 1301 STREET ROAD NEW HOPE, PA 18938

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/01/2018 12/01/2019 Installment 06/01/2019 50.00 \$ 12/01/2018 12/01/2019 Installment 07/01/2019 50.00 12/01/2018 12/01/2019 50.00 Installment 08/01/2019 \$ 12/01/2018 12/01/2019 Installment 09/01/2019 44.00 \$ 194.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXUM9911 Your New Address is: Phone No.:

Insured AXUM9911 JOYCE M HIXSON &/OR TED HIXSON 1301 STREET ROAD NEW HOPE, PA 18938

PRODUCER 107 BORDEN PERLMAN RUSSO 250 PHILLIPS BLVD **SUITE 280** EWING, NJ 08618 (609) 896-3434

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 12/01/2018 12/01/2019 Renewal - Installment # 5 04/01/2019 \$ 60.00 12/01/2018 12/01/2019 Renewal - Installment # 6 05/01/2019 \$ 50.00 Total Installment Due \$ 110.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$304.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 110.00

Pay This Amount:

Thank you for your business

Policy Number: AXUM9911

JOYCE M HIXSON &/OR TED HIXSON 1301 STREET ROAD

NEW HOPE, PA 18938

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 12/01/2018 12/01/2019 Installment 06/01/2019 50.00 \$ 12/01/2018 12/01/2019 Installment 07/01/2019 50.00 12/01/2018 12/01/2019 50.00 Installment 08/01/2019 \$ 12/01/2018 12/01/2019 Installment 09/01/2019 44.00 \$ 194.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXUM9911 Your New Address is: Phone No.:

Insured AXB10152 RIVER PARTNERSHIP LLC C/O CHARLES PATRICK 764 SPEEDWELL AVENUE SUITE 4 MORRIS PLAINS, NJ 07950

**EVERGREEN INSURANCE & RISK MANAGEMENT** 25 ROBERT PITT DRIVE

**SUITE #200-F** MONSEY, NY 10952

(845) 789-4433

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 

12/14/2018 12/14/2019 Amount is Past Due 03/14/2019 \$ 227.00 04/14/2019 \$ 227.00 12/14/2018 12/14/2019 Renewal - Installment # 6 05/14/2019 \$ 217.00

> Total Installment Due \$ 671.00

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

671.00

Thank you for your business

Policy Number: AXB10152

RIVER PARTNERSHIP LLC C/O CHARLES PATRICK 764 SPEEDWELL AVENUE SUITE 4

MORRIS PLAINS, NJ 07950

## **Future Installments for Your Policy** Due Date Trans Eff Trans Exp Description Amount Due 12/14/2018 12/14/2019 Installment 06/14/2019 217.00 12/14/2018 12/14/2019 Installment 07/14/2019 \$ 217.00 \$ 12/14/2018 12/14/2019 Installment 08/14/2019 217.00 \$ 12/14/2018 12/14/2019 Installment 09/14/2019 190.00 \$ 841.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB10152 Your New Address is: Phone No.:

Insured AXB10152 RIVER PARTNERSHIP LLC C/O CHARLES PATRICK 764 SPEEDWELL AVENUE SUITE 4 MORRIS PLAINS, NJ 07950

**EVERGREEN INSURANCE & RISK MANAGEMENT** 25 ROBERT PITT DRIVE

**SUITE #200-F** MONSEY, NY 10952 (845) 789-4433

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Run Bate: 03/10/2017			i. Mandai 10 i aj	inchis i ci i ca			
	Trans Eff	Trans Exp	Description			Due Date	Amount Due
	12/14/2018	12/14/2019	Amount is Past Due		-	03/14/2019	\$ 227.00
	12/14/2018	12/14/2019	Renewal - Installment	#	5	04/14/2019	\$ 227.00
	12/14/2018	12/14/2019	Renewal - Installment	#	6	05/14/2019	\$ 217.00
				Tota	l Installmen	t Due	\$ 671.00

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

671.00

Thank you for your business

Policy Number: AXB10152

RIVER PARTNERSHIP LLC C/O CHARLES PATRICK 764 SPEEDWELL AVENUE SUITE 4 MORRIS PLAINS, NJ 07950

## **Future Installments for Your Policy** Due Date Trans Eff Trans Exp Description Amount Due 12/14/2018 12/14/2019 Installment 06/14/2019 217.00 12/14/2018 12/14/2019 Installment 07/14/2019 \$ 217.00 \$ 12/14/2018 12/14/2019 Installment 08/14/2019 217.00 \$ 12/14/2018 12/14/2019 Installment 09/14/2019 190.00 \$ 841.00 Total Future Installments The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB10152 Your New Address is: Phone No.:

Insured
AXB10377
CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

PRODUCER 177
BARCLAY GROUP
202 BROAD STREET
RIVERTON, NJ 08077
(856) 829-1594

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/25/2019
 01/25/2020
 Renewal - Installment # 2
 04/25/2019 \$ 875.00

Total Installment Due \$ 875.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,259.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

875.00

Thank you for your business

Policy Number: AXB10377

**Mortgagee Information** 

TD BANK, N.A. 2059 SPRINGDALE ROAD CHERRY HILL, NJ 08003

CLIBER, INC. 419 LINDEN AVENUE RIVERTON, NJ 08077

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
01/25/2019	01/25/2020	Installme		07/25/2019	\$ 865.00			
01/25/2019	01/25/2020	Installme	nt	10/25/2019	\$ 519.00			
			Total Future 1	Installments	\$ 1,384.00			
Tl	ne above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
Cł	nange of Addres	ss .						
	licy No.: AXB10							
	ur New Address							
Phone No.:								
THORE IVO.		_						

875.00

Insured
AXB10377
CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

PRODUCER 177
BARCLAY GROUP
202 BROAD STREET
RIVERTON, NJ 08077
(856) 829-1594

Policy Type: BUSINESSOWNERS

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/25/2019
 01/25/2020
 Renewal - Installment # 2
 04/25/2019 \$ 875.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,259.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

875.00

Thank you for your business

Policy Number: AXB10377

**Mortgagee Information** 

TD BANK, N.A. 2059 SPRINGDALE ROAD CHERRY HILL, NJ 08003

CLIBER, INC. 419 LINDEN AVENUE RIVERTON, NJ 08077

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
01/25/2019	01/25/2020	Installme		07/25/2019	\$ 865.00			
01/25/2019	01/25/2020	Installme	nt	10/25/2019	\$ 519.00			
			Total Future 1	Installments	\$ 1,384.00			
Tl	ne above futu	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
Cł	nange of Addres	ss .						
	licy No.: AXB10							
	ur New Address							
Phone No.:								
THORE IVO.		_						

Insured
AXCP10427
VITO S PALUMBO
T/A PALUMBO ELECTRIC
929 STAFFORD DR
TOMS RIVER, NJ 08753

JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK NJ 07932

FLORHAM PARK, NJ 07932 (973) 377-6100

PRODUCER 173

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

run zuter eer rerzer?			· iaiii iiiaiiai o i	<u>aj : aj:</u>	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/24/2019	01/24/2020	Renewal - Installment #	2	04/24/2019	222.00
		T	otal Installm	ment Due \$	222.00

·

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$434.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

**AXIS Insurance Company** 

\$ 222.00

Thank you for your business

Policy Number: AXCP10427

VITO S PALUMBO T/A PALUMBO ELECTRIC 929 STAFFORD DR TOMS RIVER, NJ 08753

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due		
01/24/2019	01/24/2020	Installme	nt	07/24/2019	\$	212.00		
			Total Future	Installments	\$	212.00		
TÎ	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge		
Cł	nange of Addres	SS						
	licy No.: AXCP1							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXCP10427
VITO S PALUMBO
T/A PALUMBO ELECTRIC
929 STAFFORD DR
TOMS RIVER, NJ 08753

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE

FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

rain bate: 66/16/2017				ay r aymont riam	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/24/2019	01/24/2020	Renewal - Installment #	2	04/24/2019	\$ 222.00
		Tot	al Installr	ment Due S	\$ 222.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$434.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 222.00

Thank you for your business

Policy Number: AXCP10427

VITO S PALUMBO T/A PALUMBO ELECTRIC 929 STAFFORD DR TOMS RIVER, NJ 08753

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due		
01/24/2019	01/24/2020	Installme	nt	07/24/2019	\$	212.00		
			Total Future	Installments	\$	212.00		
TÎ	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge		
Cł	nange of Addres	SS						
	licy No.: AXCP1							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXCP10431
CARMEN PIZZUTO PLUMBING & HEATING INC
19 PULASKI ROAD
WHITE HOUSE STATION, NJ 08889

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due01/30/201901/30/2020Renewal - Installment # 204/30/2019 \$ 2,555.00Total Installment Due\$ 2,555.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,100.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,555.00

Thank you for your business

Policy Number: AXCP10431

CARMEN PIZZUTO PLUMBING & HEATING INC 19 PULASKI ROAD WHITE HOUSE STATION, NJ 08889

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
01/30/2019	01/30/2020	Installme	nt	07/30/2019	\$ 2,545.00			
			Total Future	Installments	\$ 2,545.00			
T	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
C	hange of Addres	ss						
	olicy No.: AXCPI							
Yo	our New Address	is:						
		_						
Phone No.:								

Insured
AXCP10431
CARMEN PIZZUTO PLUMBING & HEATING INC
19 PULASKI ROAD
WHITE HOUSE STATION, NJ 08889

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due01/30/201901/30/2020Renewal - Installment # 204/30/2019 \$ 2,555.00Total Installment Due\$ 2,555.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,100.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,555.00

Thank you for your business

Policy Number: AXCP10431

CARMEN PIZZUTO PLUMBING & HEATING INC 19 PULASKI ROAD WHITE HOUSE STATION, NJ 08889

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
01/30/2019	01/30/2020	Installme	nt	07/30/2019	\$ 2,545.00			
			Total Future	Installments	\$ 2,545.00			
T	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge			
C	hange of Addres	ss						
	olicy No.: AXCPI							
Yo	our New Address	is:						
		_						
Phone No.:								

Insured
AXCP10606
ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

	Ruii Date. 03/1	10/2019	rayinent rian. Manuai 10 rayinents rei Teai					
	Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
	02/27/2019	02/27/2020	Amount is Past Due		-	02/27/2019	\$	1,293.00
	02/27/2019	02/27/2020	Renewal - Installment	#	2	03/27/2019	\$	572.00
	02/27/2019	02/27/2020	Renewal - Installment	#	3	04/27/2019	\$	562.00
	02/27/2019	02/27/2020	Renewal - Installment	#	4	05/27/2019	\$	562.00
ı	1			Tota	l Installment	. Due	\$	2,989.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,298.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,989.00

Thank you for your business

Policy Number: AXCP10606

ALL PHASE PLUMBING & DRAIN CLEANING INC 20 DARWIN ROAD OLD BRIDGE, NJ 08857

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 02/27/2019 02/27/2020 Installment 06/27/2019 562.00 02/27/2019 02/27/2020 Installment 07/27/2019 \$ 562.00 \$ 562.00 02/27/2019 02/27/2020 Installment 08/27/2019 Installment \$ 02/27/2019 02/27/2020 09/27/2019 562.00 02/27/2019 02/27/2020 Installment 10/27/2019 562.00 02/27/2019 02/27/2020 \$ Installment 11/27/2019 499.00 Total Future Installments \$ 3,309.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCP10606 Your New Address is:

Phone No.:

Insured
AXCP10606
ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year Trans Eff Trans Exp Description **Due Date Amount Due** 02/27/2019 02/27/2020 Amount is Past Due 02/27/2019 \$ 1,293.00 02/27/2019 02/27/2020 Renewal - Installment # 2 03/27/2019 \$ 572.00 02/27/2019 02/27/2020 Renewal - Installment # 3 04/27/2019 \$ 562.00 02/27/2019 02/27/2020 Renewal - Installment # 562.00 05/27/2019 \$

Total Installment Due \$ 2,989.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,298.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,989.00

Thank you for your business

Policy Number: AXCP10606

ALL PHASE PLUMBING & DRAIN CLEANING INC 20 DARWIN ROAD OLD BRIDGE, NJ 08857

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due 02/27/2019 02/27/2020 Installment 06/27/2019 562.00 02/27/2019 02/27/2020 Installment 07/27/2019 \$ 562.00 \$ 562.00 02/27/2019 02/27/2020 Installment 08/27/2019 Installment \$ 02/27/2019 02/27/2020 09/27/2019 562.00 02/27/2019 02/27/2020 Installment 10/27/2019 562.00 02/27/2019 02/27/2020 \$ Installment 11/27/2019 499.00 Total Future Installments \$ 3,309.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXCP10606 Your New Address is:

Phone No.:

Insured
AXCP10607
MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/1	8/2019	Payment Plan: Manual 3 Pay Payment Plan					
Trans Eff	Trans Exp	Description			Due Date		<b>Amount Due</b>
02/21/2019	02/21/2020	Renewal - Installment	#	2	05/21/2019	\$	229.00
			Tota	l Tngtallmen	- Due	Ś	229 00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$448.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 229.00

Thank you for your business

Policy Number: AXCP10607

MICHAEL J CELESTINO T/A MICHAEL J CELESTINO ELECTRICAL CONTRACTOR 1664 TETON DRIVE BLAKESLEE, PA 18610

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due		
02/21/2019	02/21/2020	Installme	nt	08/21/2019	\$	219.00		
			Total Future	Installments	\$	219.00		
Tì	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Cł	nange of Addres	SS						
	licy No.: AXCPI							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXCP10607
MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Rull Date. 03/	T Date: 03/10/2017			ay r ayincin rian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
02/21/2019	02/21/2020	Renewal - Installment #	2	05/21/2019	229.00
		Tota	al Installr	ment Due S	\$ 229.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$448.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 229.00

Thank you for your business

Policy Number: AXCP10607

MICHAEL J CELESTINO T/A MICHAEL J CELESTINO ELECTRICAL CONTRACTOR 1664 TETON DRIVE BLAKESLEE, PA 18610

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due		
02/21/2019	02/21/2020	Installme	nt	08/21/2019	\$	219.00		
			Total Future	Installments	\$	219.00		
Tì	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Cł	nange of Addres	SS						
	licy No.: AXCPI							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXB10629
CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

PRODUCER 136 INSURANCE CENTER PO BOX 1868 CRANFORD, NJ 07016 (732) 574-8000

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Rail Bate. 00/	10/2017	i ajine	int i lain. Manaai o i	ay rayincin ran		
Trans Eff	Trans Exp	Description		Due Date		Amount Due
02/27/2019 02/27/2019		Amount is Past Due Renewal - Installment	# 2	02/27/2019 05/27/2019	•	1,195.00 885.00
			Total Installr	ment Due	\$	2,080.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,955.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,080.00

Thank you for your business

Policy Number: AXB10629

CHESTER KOLATOR 339 CROWS MILL ROAD FORDS, NJ 08863

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due		
02/27/2019	02/27/2020	Installme	nt	08/27/2019	\$	875.00		
			Total Future	Installments	\$	875.00		
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Cł	nange of Addres	ss						
	licy No.: AXB1(							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXB10629
CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

PRODUCER 136 INSURANCE CENTER PO BOX 1868 CRANFORD, NJ 07016 (732) 574-8000

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan Trans Eff Trans Exp Description **Due Date Amount Due** 02/27/2019 02/27/2020 Amount is Past Due 02/27/2019 \$ 1,195.00 02/27/2019 02/27/2020 Renewal - Installment # 2 05/27/2019 \$ 885.00 Total Installment Due \$ 2,080.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,955.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,080.00

Thank you for your business

**AXIS Insurance Company** 

Policy Number: AXB10629

CHESTER KOLATOR 339 CROWS MILL ROAD FORDS, NJ 08863

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due		
02/27/2019	02/27/2020	Installme	nt	08/27/2019	\$	875.00		
			Total Future	Installments	\$	875.00		
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge		
Cł	nange of Addres	ss						
	licy No.: AXB1(							
Yo	ur New Address	is:						
Phone No.:								

Insured
AXB10663
DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

PRODUCER 212

COSTELLO & ASSOCIATES INSURANCE GROUP 265 UNION STREET LODI, NJ 07644 (973) 777-8333

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan Trans Eff Trans Exp Description **Due Date Amount Due** 02/26/2019 02/26/2020 Amount is Past Due 02/26/2019 \$ 4,376.00 02/26/2019 02/26/2020 Renewal - Installment # 2 05/26/2019 \$ 3,236.00 Total Installment Due \$ 7,612.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,838.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

BOILING SPRINGS SAVINGS BANK 24 ORIENT WAY RUTHERFORD, NJ 07070

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 7,612.00

Thank you for your business

Policy Number: AXB10663

Mortgagee Information

BOILING SPRINGS SAVINGS BANK 24 ORIENT WAY

RUTHERFORD, NJ 07070

DANIEL P CONTE & KENNETH S CONTE 600 MIDLAND AVENUE

GARFIELD, NJ 07026

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
02/26/2019	02/26/2020	Installme	nt	08/26/2019	\$ 3,226.00			
			Total Future	Installments	\$ 3,226.00			
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge			
Ch	nange of Addres	SS —————						
Po	licy No.: AXB10	0663						
Yo	ur New Address	is:						
-								
Phone No.:								

Home Office Copy

7,612.00

Insured
AXB10663
DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

COSTELLO & ASSOCIATES INSURANCE GROUP 265 UNION STREET LODI, NJ 07644 (973) 777-8333

> Policy Type: BUSINESSOWNERS

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 02/26/2019
 02/26/2020
 Amount is Past Due
 02/26/2019 \$ 4,376.00

 02/26/2019
 02/26/2020
 Renewal - Installment # 2
 05/26/2019 \$ 3,236.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,838.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

Mortgagee Information

\$

BOILING SPRINGS SAVINGS BANK 24 ORIENT WAY RUTHERFORD, NJ 07070

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 7,612.00

Thank you for your business

Policy Number: AXB10663

**Mortgagee Information** 

BOILING SPRINGS SAVINGS BANK 24 ORIENT WAY

RUTHERFORD, NJ 07070

DANIEL P CONTE & KENNETH S CONTE 600 MIDLAND AVENUE

GARFIELD, NJ 07026

	Future Installments for Your Policy							
Trans Eff	Trans Exp	Description		Due Date	Amount Due			
02/26/2019	02/26/2020	Installme	nt	08/26/2019	\$ 3,226.00			
			Total Future	Installments	\$ 3,226.00			
Tì	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge			
Ch	nange of Addres	SS —————						
Po	licy No.: AXB10	0663						
Yo	ur New Address	is:						
-								
Phone No.:								

Insured
AXCP11824
C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCHBURG, NJ 08876

PRODUCER 106
LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

06/27/2018 06/27/2019 Renewal - Installment # 4 03/27/2019 \$ 227.00

Total Installment Due \$ 227.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 227.00

Thank you for your business

Policy Number: AXCP11824

C & R CONSTRUCTION & RENOVATION LLC 450 BROOKVIEW COURT BRANCHBURG, NJ 08876

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
	The above fut	ure installments do not					
				·	J		
		1					
	Change of Addre						
	Policy No.: AXCP Your New Address						
Phone No.:							

Insured
AXCP11824
C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCHBURG, NJ 08876

PRODUCER 106
LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due06/27/201806/27/2019Renewal - Installment # 403/27/2019\$ 227.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 227.00

Thank you for your business

Policy Number: AXCP11824

C & R CONSTRUCTION & RENOVATION LLC 450 BROOKVIEW COURT BRANCHBURG, NJ 08876

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
	The above fut	ure installments do not					
				·	J		
		1					
	Change of Addre						
	Policy No.: AXCP Your New Address						
Phone No.:							

Insured
AXCA11977
DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

Policy Type:

**COMMERCIAL AUTO - STANDARD** 

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Run Bate: 05/10/2017		i ayınc	r ayment i lan. Mandar 10		<u> </u>		
	Trans Eff	Trans Exp	Description		Due Date		<b>Amount Due</b>
ı	08/01/2018	08/01/2019	Amount is Past Due		03/01/2019	\$	1,376.00
ı	08/01/2018	08/01/2019	Renewal - Installment	# 9	04/01/2019	\$	1,376.00
ı	08/01/2018	08/01/2019	Renewal - Installment	# 10	05/01/2019	\$	1,246.00
				Total Install	ment Due	\$	3,998.00

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 3,998.00

Thank you for your business

Policy Number: AXCA11977

DREAMLINE KITCHENS, INC P.O.BOX 9963 TRENTON, NJ 08650

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
C	hange of Addres	SS				
	olicy No.: AXCA					
Y	our New Address	is:				
Phone No.:						
- · <del>-</del> ·						

1,376.00

Insured AXCA11977 DREAMLINE KITCHENS, INC P.O.BOX 9963 TRENTON, NJ 08650

PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

Policy Type:

**COMMERCIAL AUTO - STANDARD** 

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 03/01/2019 \$ 1,376.00

9

10 05/01/2019 \$ 1,246.00

04/01/2019 \$

Total Installment Due \$ 3,998.00

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 3,998.00

Pay This Amount:

Thank you for your business

Policy Number: AXCA11977

DREAMLINE KITCHENS, INC P.O.BOX 9963 TRENTON, NJ 08650

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
C	hange of Addres	SS				
	olicy No.: AXCA					
Y	our New Address	is:				
Phone No.:						
- · <del>-</del> ·						

Insured
AXB12175
IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

PRODUCER 103
AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 08/09/2018
 08/09/2019
 Renewal - Installment # 4
 05/09/2019
 \$ 275.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 275.00

Thank you for your business

Policy Number: AXB12175

IRVING KAPLAN ASSOCIATES CORP T/A COMMERCIAL COLLECTORS 130 W. WESTFIELD AVENUE SUITE A ROSELLE PARK, NJ 07204

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
C	hange of Addres	ss				
	olicy No.: AXB12					
Y	our New Address	is:				
Phone No.:						

Insured
AXB12175
IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due08/09/201808/09/2019Renewal - Installment # 405/09/2019\$ 275.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 275.00

Thank you for your business

Policy Number: AXB12175

IRVING KAPLAN ASSOCIATES CORP T/A COMMERCIAL COLLECTORS 130 W. WESTFIELD AVENUE SUITE A ROSELLE PARK, NJ 07204

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge	
C	hange of Addres	ss				
	olicy No.: AXB12					
Y	our New Address	is:				
Phone No.:						

Insured AXB12247 NEW ALBANY LAND CO., LLC 325 NEW ALBANY ROAD MOORESTOWN, NJ 08057 PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

> Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 08/31/2018
 08/31/2019
 Renewal - Installment # 4
 05/31/2019
 \$ 409.00

 Total Installment Due
 \$ 409.00

Please refer to the reverse side of this invoice for your future installments, if any.

## Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 409.00

Thank you for your business

Policy Number: AXB12247

**Mortgagee Information** 

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

NEW ALBANY LAND CO., LLC 325 NEW ALBANY ROAD MOORESTOWN, NJ 08057

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
ŗ.	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
C	Change of Addres	ss				
	olicy No.: AXB1					
Y	our New Address	is:				
Phone No.:						

Insured AXB12247 NEW ALBANY LAND CO., LLC 325 NEW ALBANY ROAD MOORESTOWN, NJ 08057 PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

> Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

08/31/2018 08/31/2019 Renewal - Installment # 4 05/31/2019 \$ 409.00

Total Installment Due \$ 409.00

Please refer to the reverse side of this invoice for your future installments, if any.

## Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

\$ 409.00

Thank you for your business

Policy Number: AXB12247

**Mortgagee Information** 

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

NEW ALBANY LAND CO., LLC 325 NEW ALBANY ROAD MOORESTOWN, NJ 08057

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
			Total Future	Installments	\$ .00	
ŗ.	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	tallment Charge	
C	Change of Addres	ss				
	olicy No.: AXB1					
Y	our New Address	is:				
Phone No.:						

Insured
AXCP12455
ROBERT BIZZARRO PAINTING COMPANY, LLC
21 MOUNTAIN AVENUE
WARREN, NJ 07059

PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due09/27/201809/27/2019Renewal - Installment # 303/27/2019 \$ 173.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$272.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 173.00

Thank you for your business

Policy Number: AXCP12455

ROBERT BIZZARRO PAINTING COMPANY, LLC 21 MOUNTAIN AVENUE WARREN, NJ 07059

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amoun	t Due	
09/27/2018	09/27/2019	Installme	nt	06/27/2019	\$	99.00	
			Total Future	Installments	\$	99.00	
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Ch	nange of Addres	ss					
	olicy No.: AXCP1						
Yo	our New Address	is:					
Phone No.:							
PHOLIE NO.							

Insured AXCP12455 ROBERT BIZZARRO PAINTING COMPANY, LLC 21 MOUNTAIN AVENUE WARREN, NJ 07059

PRODUCER 181 R P BONANNI AGENCY 2659 NOTTINGHAM WAY MERCERVILLE, NJ 08619 (609) 587-7400

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan Trans Eff Trans Exp Description **Due Date Amount Due** 09/27/2018 09/27/2019 Renewal - Installment # 3 03/27/2019 \$ 173.00 Total Installment Due 173.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$272.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 

173.00

Thank you for your business

Policy Number: AXCP12455

ROBERT BIZZARRO PAINTING COMPANY, LLC 21 MOUNTAIN AVENUE

WARREN, NJ 07059

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amoun	t Due	
09/27/2018	09/27/2019	Installme	nt	06/27/2019	\$	99.00	
			Total Future	Installments	\$	99.00	
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Ch	nange of Addres	ss					
	olicy No.: AXCP1						
Yo	our New Address	is:					
Phone No.:							
PHOLIE NO.							

Insured
AXCP12471
MICHAEL ZARAZA
T/A MJZ CONSTRUCTION
18 COHANSEY DRIVE
TOMS RIVER, NJ 08757

PRODUCER 109
USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Type:

**SMALL CONTRACTORS** 

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 10/18/2018
 10/18/2019
 Renewal - Installment # 3
 04/18/2019
 \$ 470.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$746.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 470.00

Thank you for your business

Policy Number: AXCP12471

MICHAEL ZARAZA T/A MJZ CONSTRUCTION 18 COHANSEY DRIVE TOMS RIVER, NJ 08757

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
10/18/2018	10/18/2019	Installme	nt	07/18/2019	\$	276.00
			Total Future	Installments	\$	276.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Ch	nange of Addres	SS				
	licy No.: AXCP1					
Yo	ur New Address	is:				
Phone No.:						

470.00

\$

Insured
AXCP12471
MICHAEL ZARAZA
T/A MJZ CONSTRUCTION
18 COHANSEY DRIVE
TOMS RIVER, NJ 08757

PRODUCER 109
USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Type: SMALL CONTRACTORS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Date. 03/1	1 ayınıcını 1 idin. Mandal 4 i			r ay r ayment r lan			
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
10/18/2018	10/18/2019	Renewal - Installment #	3	04/18/2019	470.00		

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$746.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 470.00

Thank you for your business

Policy Number: AXCP12471

MICHAEL ZARAZA T/A MJZ CONSTRUCTION 18 COHANSEY DRIVE TOMS RIVER, NJ 08757

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
10/18/2018	10/18/2019	Installme	nt	07/18/2019	\$	276.00
			Total Future	Installments	\$	276.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge
Ch	nange of Addres	SS				
	licy No.: AXCP1					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP12510
NURREDDIN DEMIRCAN
888 MAIN STREET
PATERSON, NJ 07503

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT 25 ROBERT PITT DRIVE SUITE #200-F MONSEY, NY 10952 (845) 789-4433

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description		Due Date	<b>Amount Due</b>
10/24/2018	10/24/2019	Renewal - Installment #	3	04/24/2019 \$	276.00

Total Installment Due \$ 276.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$

276.00

Thank you for your business

Policy Number: AXCP12510

NURREDDIN DEMIRCAN 888 MAIN STREET PATERSON, NJ 07503

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
C	hange of Addres	ss			
	Policy No.: AXCP				
Y	our New Address	is:			
Phone No.:					

Home Office Copy

Insured
AXCP12510
NURREDDIN DEMIRCAN
888 MAIN STREET
PATERSON, NJ 07503

PRODUCER 224
EVERGREEN INSURANCE & RISK MANAGEMENT

25 ROBERT PITT DRIVE SUITE #200-F MONSEY, NY 10952

(845) 789-4433

Policy Type:

SMALL CONTRACTORS

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 10/24/2018
 10/24/2019
 Renewal - Installment # 3
 04/24/2019
 \$ 276.00

 Total Installment Due
 \$ 276.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

**\$** 276.00

Thank you for your business

Policy Number: AXCP12510

NURREDDIN DEMIRCAN 888 MAIN STREET PATERSON, NJ 07503

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
C	hange of Addres	ss			
	Policy No.: AXCP				
Y	our New Address	is:			
Phone No.:					

Insured
AXB12528
FRANCES MANTONE
14 PROSPECT STREET
MADISON, NJ 07940

JAMES A CONNORS ASSOC INC

225 MADISON AVENUE PO BOX 336 MORRISTOWN, NJ 07963

(973) 539-9300

Policy Type:

**BUSINESSOWNERS** 

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Date. 03/	10/2017	i ayınıcını i ai	r dyfficht i lan. Mandal 4 i dy r dyfficht i lan		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/19/2018	10/19/2019	Renewal - Installment #	3	04/19/2019 :	\$ 870.00
		Tota	l Installr	ment Due :	\$ 870.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,385.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

870.00

Thank you for your business

Policy Number: AXB12528

FRANCES MANTONE 14 PROSPECT STREET MADISON, NJ 07940

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
10/19/2018	10/19/2019	Installme	nt	07/19/2019	\$	515.00
			Total Future	Installments	\$	515.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXB12					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXB12528
FRANCES MANTONE
14 PROSPECT STREET
MADISON, NJ 07940

JAMES A CONNORS ASSOC INC 225 MADISON AVENUE PO BOX 336

MORRISTOWN, NJ 07963 (973) 539-9300

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Run Date. 03/	10/2017	i ayınıcını i ai	r dyfficht i lan. Mandal 4 i dy r dyfficht i lan		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/19/2018	10/19/2019	Renewal - Installment #	3	04/19/2019 :	\$ 870.00
		Tota	l Installr	ment Due :	\$ 870.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,385.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

870.00

Thank you for your business

Policy Number: AXB12528

FRANCES MANTONE 14 PROSPECT STREET MADISON, NJ 07940

	Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due
10/19/2018	10/19/2019	Installme	nt	07/19/2019	\$	515.00
			Total Future	Installments	\$	515.00
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge
Cł	nange of Addres	ss				
	olicy No.: AXB12					
Yo	ur New Address	is:				
Phone No.:						

Insured
AXB12562
CESTONE ASSOCIATES LLC
23 JACKSON STREET
LITTLE FALLS, NJ 07424

PRODUCER 146
HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type: BUSINESSOWNERS

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Kuli Date. 03/10/2019			rayılıc	TIL FIAII	. Manual 10 Fay	illelits Fel Teal		
	Trans Eff	Trans Exp	Description			Due Date		Amount Due
I	11/01/2018	11/01/2019	Amount is Past Due		-	03/12/2019	\$	1,092.00
	11/01/2018	11/01/2019	Renewal - Installment	#	6	04/12/2019	\$	1,092.00
	11/01/2018	11/01/2019	Renewal - Installment	#	7	05/12/2019	\$	1,082.00
ı								
ı				Tota	l Tngtallmen	t Due	Ġ	3 266 00

Please Make Checks Payable to:

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 3,266.00

Thank you for your business

**AXIS Insurance Company** 

Policy Number: AXB12562

CESTONE ASSOCIATES LLC 23 JACKSON STREET LITTLE FALLS, NJ 07424

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due Installment \$ 1,082.00 11/01/2018 11/01/2019 06/12/2019 Installment 11/01/2018 11/01/2019 07/12/2019 \$ 1,082.00 11/01/2018 11/01/2019 Installment 08/12/2019 \$ 962.00 Total Future Installments \$ 3,126.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB12562 Your New Address is: Phone No.:

1,082.00

Insured AXB12562 **CESTONE ASSOCIATES LLC** 23 JACKSON STREET LITTLE FALLS, NJ 07424

PRODUCER 146 HANSON & RYAN INC PO BOX 347 **87 LACKAWANNA AVENUE** TOTOWA, NJ 07511 (973) 256-6000

> Policy Type: BUSINESSOWNERS

Payment Plan: Manual 10 Payments Per Year Run Date: 03/18/2019 Trans Exp Trans Eff Description **Due Date Amount Due** 11/01/2018 11/01/2019 Amount is Past Due 03/12/2019 \$ 1,092.00 6 04/12/2019 \$ 1,092.00 11/01/2018 11/01/2019 Renewal - Installment # 7 05/12/2019 \$

> Total Installment Due \$ 3,266.00

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** 3,266.00

Thank you for your business

Policy Number: AXB12562

CESTONE ASSOCIATES LLC 23 JACKSON STREET LITTLE FALLS, NJ 07424

## **Future Installments for Your Policy** Trans Eff Trans Exp Description Due Date Amount Due Installment \$ 1,082.00 11/01/2018 11/01/2019 06/12/2019 Installment 11/01/2018 11/01/2019 07/12/2019 \$ 1,082.00 11/01/2018 11/01/2019 Installment 08/12/2019 \$ 962.00 Total Future Installments \$ 3,126.00 The above future installments do not reflect the \$10.00 Per Installment Charge **Change of Address** Policy No.: AXB12562 Your New Address is: Phone No.:

Insured
AXB12602
TRACY DURKIN LCSW
628 SHREWSBURY AVENUE
TINTON FALLS, NJ 07722

Pun Data: 03/18/2010

PRODUCER 110 BOYNTON & BOYNTON PO BOX 887 RED BANK, NJ 07701 (732) 747-0800

> Policy Type: BUSINESSOWNERS

Dayment Dlan: Manual 3 Day Dayment Dlan

Ruii Date. 03/	10/2019	Fayincini	lanı Manuai 3 F	ay Fayineni Fian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
11/15/2018	11/15/2019	Renewal - Installment #	3	05/15/2019 :	200.00
		To	otal Installr	ment Due :	\$ 200.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 200.00

Thank you for your business

Policy Number: AXB12602

TRACY DURKIN LCSW 628 SHREWSBURY AVENUE TINTON FALLS, NJ 07722

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
	Change of Addres	ss					
	Policy No.: AXB1						
Y	our New Address	is:					
Phone No.:	-						

Home Office Copy

Insured AXB12602 TRACY DURKIN LCSW **628 SHREWSBURY AVENUE** TINTON FALLS, NJ 07722

PRODUCER 110 **BOYNTON & BOYNTON** PO BOX 887 RED BANK, NJ 07701 (732) 747-0800

> Policy Type: **BUSINESSOWNERS**

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

Run Date. 03/	10/2017	i ayıncını	ian. Manual 3 i	ay r ayment rian	
Trans Eff	Trans Exp	Description		Due Date	Amount Due
11/15/2018	11/15/2019	Renewal - Installment #	3	05/15/2019	200.00
		To	otal Installr	ment Due	200.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 200.00

**Pay This Amount:** 

Thank you for your business

Policy Number: AXB12602

TRACY DURKIN LCSW 628 SHREWSBURY AVENUE TINTON FALLS, NJ 07722

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
	Change of Addres	ss					
	Policy No.: AXB1						
Y	our New Address	is:					
Phone No.:	-						

Insured
AXCP12604
ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

PRODUCER 116

INMAN KIRCHER MCBRIDE AGENCY 79TH & LONG BEACH BOULEVARD HARVEY CEDARS, NJ 08008 (609) 494-9200

> Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019		Payment Plan: Manual 4 Pay Payment Plan					
Trans Eff Trans Exp		Description		Due Date	Amount Due		
11/13/2018	11/13/2019	Renewal - Installment #	3	05/13/2019	\$ 375.00		
		Tot	al Installr	nent Due	\$ 375.00		

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$594.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 375.00

Thank you for your business

Policy Number: AXCP12604

ABBOTT CONSTRUCTION LLC KEVIN ABBOTT T/A ABBOT CONSTRUCTION COMPANY 17 KELSONVILLE ROAD BROWNS MILLS, NJ 08015

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
11/13/2018	11/13/2019	Installme	nt	08/13/2019	\$	219.00	
			Total Future	Installments	\$	219.00	
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Ct	nange of Addres	ss					
	olicy No.: AXCP1						
Yo	ur New Address	is:					
		_					
Phone No.:							

Home Office Copy

Insured
AXCP12604
ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

PRODUCER 116

INMAN KIRCHER MCBRIDE AGENCY 79TH & LONG BEACH BOULEVARD HARVEY CEDARS, NJ 08008 (609) 494-9200

> Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due11/13/201811/13/2019Renewal - Installment # 305/13/2019 \$ 375.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$594.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 375.00

Thank you for your business

Policy Number: AXCP12604

ABBOTT CONSTRUCTION LLC KEVIN ABBOTT T/A ABBOT CONSTRUCTION COMPANY 17 KELSONVILLE ROAD BROWNS MILLS, NJ 08015

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
11/13/2018	11/13/2019	Installme	nt	08/13/2019	\$	219.00	
			Total Future	Installments	\$	219.00	
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment	Charge	
Ct	nange of Addres	ss					
	olicy No.: AXCP1						
Yo	ur New Address	is:					
		_					
Phone No.:							

Insured
AXCP12640
THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

PRODUCER 213
BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019Payment Plan: Manual 3 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due11/12/201811/12/2019Renewal - Installment # 305/12/2019 \$ 190.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

\$ 190.00

Thank you for your business

Policy Number: AXCP12640

THOMAS J. HOLSHUE ELECTRIC LLC 218 MILL ROAD

MARLTON, NJ 08053

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
C	Change of Addres	ss					
	olicy No.: AXCP						
Y	our New Address	is:					
Phone No.:							

Insured AXCP12640 THOMAS J. HOLSHUE ELECTRIC LLC 218 MILL ROAD MARLTON, NJ 08053

PRODUCER 213 BROWN AND BROWN OF NJ, LLC PO BOX 1187 MARMORA, NJ 08223 (856) 881-2862

Policy Type:

SMALL CONTRACTORS

Payment Plan: Manual 3 Pay Payment Plan Run Date: 03/18/2019 Trans Eff Trans Exp Description **Due Date Amount Due** 3 05/12/2019 \$ 190.00 Total Installment Due 190.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 190.00

Pay This Amount:

Thank you for your business

Policy Number: AXCP12640

THOMAS J. HOLSHUE ELECTRIC LLC 218 MILL ROAD

MARLTON, NJ 08053

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
,	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
C	Change of Addres	ss					
	olicy No.: AXCP						
Y	our New Address	is:					
Phone No.:							

Insured AXCA12684 BRIAN DEN BLEYKER T/A BLAKE ELECTRICAL CONTRACTORS P O BOX 5319 BERGENFIELD, NJ 07621

PRODUCER 173 JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

**COMMERCIAL AUTO - STANDARD** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan Trans Exp Trans Eff Description **Due Date Amount Due** 11/29/2018 11/29/2019 Amount is Past Due 02/28/2019 \$ 648.00 11/29/2018 11/29/2019 Renewal - Installment # 3 05/29/2019 \$ 648.00

> Total Installment Due \$ 1,296.00

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

1.296.00

Thank you for your business

Policy Number: AXCA12684

BRIAN DEN BLEYKER

T/A BLAKE ELECTRICAL CONTRACTORS P O BOX 5319

BERGENFIELD, NJ 07621

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amount Due		
			Total Future	Installments	\$ .00		
	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge		
	Change of Addres	ss					
	olicy No.: AXCA						
Y	our New Address	is:					
		_					
Phone No.:							

Insured AXCA12684 BRIAN DEN BLEYKER T/A BLAKE ELECTRICAL CONTRACTORS P O BOX 5319 BERGENFIELD, NJ 07621

PRODUCER 173 JAMES C FRANCHINO AGENCY INC 132 COLUMBIA TPKE FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

**COMMERCIAL AUTO - STANDARD** 

Payment Plan: Manual 3 Pay Payment Plan Run Date: 03/18/2019 Trans Exp Trans Eff Description **Due Date Amount Due** 11/29/2018 11/29/2019 Amount is Past Due 02/28/2019 \$ 648.00 11/29/2018 11/29/2019 Renewal - Installment # 3 05/29/2019 \$ 648.00

> Total Installment Due \$ 1,296.00

Please Make Checks Payable to:

**AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: 1.296.00

Thank you for your business

Policy Number: AXCA12684

BRIAN DEN BLEYKER

T/A BLAKE ELECTRICAL CONTRACTORS P O BOX 5319

BERGENFIELD, NJ 07621

		Future Installments for \	our Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
	The above fut	ure installments do not			
					J
	Change of Addre				
	Policy No.: AXCA Your New Address				
	100E 110W 1200E 000				
Phone No.:					

Insured
AXB12707
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256 MARSH & MCLENNAN AG

MARSH & MCLENNAN AGENCY, LLC PARK 80 WEST, PLAZA TWO 250 PEHLE AVENUE SADDLE BROOK, NJ 07663 (201) 845-6600

> Policy Type: BUSINESSOWNERS

Run Date: 03/1	18/2019	Payment Plan: Manual 10 Payments Per Year				
Trans Eff	Trans Exp	Description		Due Date		<b>Amount Due</b>
10/13/2018 10/13/2018		Renewal - Installment Renewal - Installment	••	04/18/2019 05/18/2019		835.00 825.00
			Total Insta	allment Due	\$	1,660.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,811.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. **Mortgagee Information** 

JERRY ARENA
PO BOX 11
NORMANDY BEACH, NJ 08739

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,660.00

Thank you for your business

Policy Number: AXB12707

**Mortgagee Information** 

JERRY ARENA PO BOX 11

NORMANDY BEACH, NJ 08739

LNK CORP T/A MAPLE AVENUE APARTMENTS PO BOX 531 NORMANDY BEACH, NJ 08739

		Future Installments for	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/13/2018 10/13/2018	10/13/2019 10/13/2019			06/18/2019 07/18/2019	\$ 825.00 \$ 732.00
			Total Future 1	Installments	\$ 1,557.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Cr	nange of Addre	ss			
Po	licy No.: AXB1	2707			
Yo	ur New Address	is:			
Disease N-					
Phone No.:					

Insured
AXB12707
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256
MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO

250 PEHLE AVENUE SADDLE BROOK, NJ 07663 (201) 845-6600

> Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 10 Payments Per Year

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 10/13/2018
 10/13/2019
 Renewal - Installment # 7
 04/18/2019 \$ 835.00

 10/13/2018
 10/13/2019
 Renewal - Installment # 8
 05/18/2019 \$ 825.00

Total Installment Due \$ 1,660.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,811.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge. Mortgagee Information

JERRY ARENA PO BOX 11

NORMANDY BEACH, NJ 08739

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,660.00

Thank you for your business

Policy Number: AXB12707

**Mortgagee Information** 

JERRY ARENA PO BOX 11

NORMANDY BEACH, NJ 08739

LNK CORP T/A MAPLE AVENUE APARTMENTS PO BOX 531 NORMANDY BEACH, NJ 08739

		Future Installments for	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
10/13/2018 10/13/2018	10/13/2019 10/13/2019			06/18/2019 07/18/2019	\$ 825.00 \$ 732.00
			Total Future 1	Installments	\$ 1,557.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Cr	nange of Addre	ss			
Po	licy No.: AXB1	2707			
Yo	ur New Address	is:			
Disease N-					
Phone No.:					

Insured
AXUM12719
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663

(201) 845-6600

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/	18/2019	Payment Plan: Manual 10 Payments Per Year				
Trans Eff	Trans Exp	Description		Due Date		Amount Due
		Renewal - Installment Renewal - Installment		04/18/2019 05/18/2019	•	83.00 73.00
			Total Insta	allment Due	\$	156.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$349.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 156.00

Thank you for your business

Policy Number: AXUM12719

LNK CORP T/A MAPLE AVENUE APARTMENTS PO BOX 531 NORMANDY BEACH, NJ 08739

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
10/13/2018	10/13/2019			06/18/2019	\$ 73.0	
10/13/2018	10/13/2019	Installme	nt	07/18/2019	\$ 64.0	10
			Total Future 1	Installments	\$ 137.0	00
Th	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Chargo	3
Ch	nange of Addre	ss				
Po	licy No.: AXUM	12719				
Yo	ur New Address	is:				
Phone No.:						

Insured AXUM12719 LNK CORP T/A MAPLE AVENUE APARTMENTS PO BOX 531 NORMANDY BEACH, NJ 08739

MARSH & MCLENNAN AGENCY, LLC PARK 80 WEST, PLAZA TWO **250 PEHLE AVENUE** 

SADDLE BROOK, NJ 07663 (201) 845-6600

PRODUCER 256

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Vear

Mail Date: 03/10/2017		i dyinci	it i lait. Ivia	nuai to t ayinchis i ci i cai	
Trans Eff Trans	Ехр	Description		Due Date	Amount Due
10/13/2018 10/1 10/13/2018 10/1		- Installment :		04/18/2019 05/18/2019	•
10/13/2010 10/1	J/ ZOLJ IKLIEWAL			nstallment Due	\$ 156.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$349.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: **AXIS Insurance Company** 

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY **411 SOUTH STATE STREET** NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis 156.00

Pay This Amount:

Thank you for your business

Policy Number: AXUM12719

LNK CORP T/A MAPLE AVENUE APARTMENTS PO BOX 531 NORMANDY BEACH, NJ 08739

		Future Installments for `	Your Policy			
Trans Eff	Trans Exp	Description		Due Date	Amount Due	
10/13/2018	10/13/2019			06/18/2019	\$ 73.0	
10/13/2018	10/13/2019	Installme	nt	07/18/2019	\$ 64.0	10
			Total Future 1	Installments	\$ 137.0	00
Th	ne above fut	ure installments do not	reflect the	\$10.00 Per Inst	allment Chargo	3
Ch	nange of Addre	ss				
Po	licy No.: AXUM	12719				
Yo	ur New Address	is:				
Phone No.:						

Insured
AXCP12807
JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due12/26/201812/26/2019Renewal - Installment # 203/26/2019\$ 414.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,061.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 414.00

Thank you for your business

Policy Number: AXCP12807

JERRY RODENBAUGH PLUMBING & HEATING LLC 3214 BEACHVIEW DRIVE

TOMS RIVER, NJ 08753

		Future Installments for	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/26/2018 12/26/2018	12/26/2019 12/26/2019	Installme Installme		06/26/2019 09/26/2019	\$ 404.00 \$ 243.00
			Total Future	Installments	\$ 647.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	nange of Addres	ss			
	licy No.: AXCP1				
Yo	ur New Address	is:			
Phone No.:					
					ļ.

Insured
AXCP12807
JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 4 Pay Payment Plan

Trans Eff Trans Exp Description Due Date Amount Due

12/26/2018 12/26/2019 Renewal - Installment # 2 03/26/2019 \$ 414.00

Total Installment Due \$ 414.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,061.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

414.00

Thank you for your business

Policy Number: AXCP12807

JERRY RODENBAUGH PLUMBING & HEATING LLC 3214 BEACHVIEW DRIVE

TOMS RIVER, NJ 08753

		Future Installments for	Your Policy		
Trans Eff	Trans Exp	Description		Due Date	Amount Due
12/26/2018 12/26/2018	12/26/2019 12/26/2019	Installme Installme		06/26/2019 09/26/2019	\$ 404.00 \$ 243.00
			Total Future	Installments	\$ 647.00
Tl	ne above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
Ch	nange of Addres	ss			
	licy No.: AXCP1				
Yo	ur New Address	is:			
Phone No.:					
					ļ.

Insured
AXCP12821
CARLOS SUGUITAN
T/A ISABELLA ELECTRIC
8 ISABELLA AVE
BAYONNE, NJ 07002

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE

FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

**SMALL CONTRACTORS** 

Run Date: 03/18/2019 Payment Plan: Manual 3 Pay Payment Plan

		: = j			
Trans Eff	Trans Exp	Description		Due Date	Amount Due
01/04/2019	01/04/2020	Renewal - Installment #	2	04/04/2019	235.00
		ŗ	Total Installm	nent Due \$	235.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$460.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

235.00

Thank you for your business

Policy Number: AXCP12821

CARLOS SUGUITAN T/A ISABELLA ELECTRIC 8 ISABELLA AVE BAYONNE, NJ 07002

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
01/04/2019	01/04/2020	Installme	nt	07/04/2019	\$	225.00	
			Total Future	Installments	\$	225.00	
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge	
Cł	nange of Addres	SS					
	olicy No.: AXCP1						
Yo	ur New Address	is:					
Phone No.:							

Home Office Copy

Insured
AXCP12821
CARLOS SUGUITAN
T/A ISABELLA ELECTRIC
8 ISABELLA AVE
BAYONNE, NJ 07002

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE

FLORHAM PARK, NJ 07932 (973) 377-6100

Policy Type:

SMALL CONTRACTORS

 Run Date: 03/18/2019
 Payment Plan: Manual 3 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 01/04/2019
 01/04/2020
 Renewal - Installment # 2
 04/04/2019 \$ 235.00

Total Installment Due \$ 235.00

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$460.00 You may pay the total amount or you can pay in installments with a \$10.00 per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount:

235.00

Thank you for your business

Policy Number: AXCP12821

CARLOS SUGUITAN T/A ISABELLA ELECTRIC 8 ISABELLA AVE BAYONNE, NJ 07002

	Future Installments for Your Policy						
Trans Eff	Trans Exp	Description		Due Date	Amou	nt Due	
01/04/2019	01/04/2020	Installme	nt	07/04/2019	\$	225.00	
			Total Future	Installments	\$	225.00	
TÎ	he above futi	ure installments do not	reflect the	\$10.00 Per Insta	allment	Charge	
Cł	nange of Addres	SS					
	olicy No.: AXCP1						
Yo	ur New Address	is:					
Phone No.:							

1,407.00

Insured
AXB13376
RODWIL CORP.
T/A GARDEN STATE REALTY
C/O WILLIAM SCHMITZ ETAL
1253 SPRINGFIELD AVENUE
SUITE #360
NEW PROVIDENCE, NJ 07974

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC PARK 80 WEST, PLAZA TWO 250 PEHLE AVENUE SADDLE BROOK, NJ 07663 (201) 845-6600

> Policy Type: BUSINESSOWNERS

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 10 Payments Per Year

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 06/17/2018
 06/17/2019
 Renewal - Installment # 10
 03/23/2019 \$ 1,407.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,407.00

Thank you for your business

Policy Number: AXB13376

RODWIL CORP. T/A GARDEN STATE REALTY C/O WILLIAM SCHMITZ ETAL 1253 SPRINGFIELD AVENUE SUITE #360

03/18/2019 - Inv NEW PROVIDENCE, NJ 07974

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	change of Addres				
	olicy No.: AXB1 our New Address				
Y	our new address	15.			
Phone No.:					

1,407.00

\$

Insured
AXB13376
RODWIL CORP.
T/A GARDEN STATE REALTY
C/O WILLIAM SCHMITZ ETAL
1253 SPRINGFIELD AVENUE
SUITE #360
NEW PROVIDENCE, NJ 07974

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC PARK 80 WEST, PLAZA TWO 250 PEHLE AVENUE SADDLE BROOK, NJ 07663 (201) 845-6600

> Policy Type: BUSINESSOWNERS

Total Installment Due

Run Date: 03/18/2019 Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description		Due Date	Amount Due
06/17/2018	06/17/2019	Renewal - Installmen	nt # 10	03/23/2019 \$	1,407.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

**Pay This Amount:** \$ 1,407.00

Thank you for your business

Policy Number: AXB13376

RODWIL CORP. T/A GARDEN STATE REALTY C/O WILLIAM SCHMITZ ETAL 1253 SPRINGFIELD AVENUE SUITE #360

03/18/2019 - Inv NEW PROVIDENCE, NJ 07974

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	change of Addres				
	olicy No.: AXB1 our New Address				
Y	our new address	15.			
Phone No.:					

172.00

Insured
AXCP13479
STEVE & CYNTHIA KOPP T/A
KOPP CONSTRUCTION
134 HICKORY ROAD
UNION, NJ 07083

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type: SMALL CONTRACTORS

Total Installment Due

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 06/24/2018
 06/24/2019
 Renewal - Installment # 4
 03/24/2019 \$ 172.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 172.00

Thank you for your business

Policy Number: AXCP13479

STEVE & CYNTHIA KOPP T/A KOPP CONSTRUCTION 134 HICKORY ROAD UNION, NJ 07083

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	olicy No.: AXCP				
Y	our New Address	is:			
Phone No.:					

Insured
AXCP13479
STEVE & CYNTHIA KOPP T/A
KOPP CONSTRUCTION
134 HICKORY ROAD
UNION, NJ 07083

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type: SMALL CONTRACTORS

Run Date: 03/18/2019Payment Plan: Manual 4 Pay Payment PlanTrans EffTrans ExpDescriptionDue DateAmount Due06/24/201806/24/2019Renewal - Installment # 403/24/2019\$ 172.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 172.00

Thank you for your business

Policy Number: AXCP13479

STEVE & CYNTHIA KOPP T/A KOPP CONSTRUCTION 134 HICKORY ROAD UNION, NJ 07083

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
ŗ	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	olicy No.: AXCP				
Y	our New Address	is:			
Phone No.:					

Insured
AXB13525
CLOVER MAY CORP
T/A VILLAGE BAR & LIQUORS
7C NAUGHRIGHT ROAD
HACKETTSTOWN, NJ 07840

PRODUCER 143
HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/12/2018
 07/12/2019
 Renewal - Installment # 4
 04/12/2019
 \$ 342.00

 Total Installment Due
 \$ 342.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to: AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 342.00

Thank you for your business

Policy Number: AXB13525

CLOVER MAY CORP T/A VILLAGE BAR & LIQUORS 7C NAUGHRIGHT ROAD HACKETTSTOWN, NJ 07840

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	olicy No.: AXB1				
Y	our New Address	is:			
Phone No.:					

Insured
AXB13525
CLOVER MAY CORP
T/A VILLAGE BAR & LIQUORS
7C NAUGHRIGHT ROAD
HACKETTSTOWN, NJ 07840

PRODUCER 143
HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type: BUSINESSOWNERS

 Run Date: 03/18/2019
 Payment Plan: Manual 4 Pay Payment Plan

 Trans Eff
 Trans Exp
 Description
 Due Date
 Amount Due

 07/12/2018
 07/12/2019
 Renewal - Installment # 4
 04/12/2019
 \$ 342.00

 Total Installment Due
 \$ 342.00

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

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AXIS INSURANCE COMPANY 411 SOUTH STATE STREET NEWTOWN, PA 18940-0000 To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 342.00

Thank you for your business

Policy Number: AXB13525

CLOVER MAY CORP T/A VILLAGE BAR & LIQUORS 7C NAUGHRIGHT ROAD HACKETTSTOWN, NJ 07840

Future Installments for Your Policy					
Trans Eff	Trans Exp	Description		Due Date	Amount Due
			Total Future	Installments	\$ .00
-	The above futi	ure installments do not	reflect the	\$10.00 Per Inst	allment Charge
	Change of Addres	ss			
	olicy No.: AXB1				
Y	our New Address	is:			
Phone No.:					