

INVOICE

Payor's 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

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/28/2019	01/28/2020	Renewal - Installment # 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
Pay This Amount: \$ 1,262.00

Thank you for your business

Policy Number: AXB9

MARK SANNINO
150 SPRUCE STREET
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/28/2019	01/28/2020	Installment	07/28/2019	\$ 1,252.00
01/28/2019	01/28/2020	Installment	10/28/2019	\$ 751.00
Total Future Installments				\$ 2,003.00

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

Change of Address

Policy No.: AXB9

Your New Address is:

Phone No.:

INVOICE

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

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/28/2019	01/28/2020	Renewal - Installment # 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
Pay This Amount: \$ 1,262.00

Thank you for your business

Policy Number: AXB9

MARK SANNINO
150 SPRUCE STREET
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/28/2019	01/28/2020	Installment	07/28/2019	\$ 1,252.00
01/28/2019	01/28/2020	Installment	10/28/2019	\$ 751.00
Total Future Installments				\$ 2,003.00

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

Change of Address

Policy No.: AXB9

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 730.00***Thank you for your business*

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

Policy Number: AXB61

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/24/2019	02/24/2020	Installment	08/24/2019	\$ 720.00
02/24/2019	02/24/2020	Installment	11/24/2019	\$ 432.00
Total Future Installments				\$ 1,152.00

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

Change of Address

Policy No.: AXB61

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 730.00

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

Thank you for your business

Policy Number: AXB61

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/24/2019	02/24/2020	Installment	08/24/2019	\$ 720.00
02/24/2019	02/24/2020	Installment	11/24/2019	\$ 432.00
Total Future Installments				\$ 1,152.00

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

Change of Address

Policy No.: AXB61

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/18/2019	03/18/2020	Renewal - Installment # 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/18/2019	03/18/2020	Installment	06/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	07/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	08/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	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	\$ 1,489.00
03/18/2019	03/18/2020	Installment	12/18/2019	\$ 1,324.00

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.:

INVOICE

Home Office Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/18/2019	03/18/2020	Renewal - Installment # 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,988.00

Thank you for your business

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

Policy Number: AXBR102

CAHOOTS INC
624 LINCOLN BLVD
MIDDLESEX, NJ 08846

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/18/2019	03/18/2020	Installment	06/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	07/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	08/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	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	\$ 1,489.00
03/18/2019	03/18/2020	Installment	12/18/2019	\$ 1,324.00

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.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/10/2019	02/10/2020	Renewal - Installment # 2	05/10/2019 \$	240.00
Total Installment 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.

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

Pay This Amount: \$ 240.00

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

Thank you for your business

Policy Number: AXCP507

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/10/2019	02/10/2020	Installment	08/10/2019	\$ 230.00
Total Future Installments				\$ 230.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP507

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/10/2019	02/10/2020	Renewal - Installment # 2	05/10/2019 \$	240.00
Total Installment 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/10/2019	02/10/2020	Installment	08/10/2019	\$ 230.00
Total Future Installments				\$ 230.00

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

Change of Address

Policy No.: AXCP507

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 237.00**

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

Thank you for your business

Policy Number: AXCP523

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/07/2019	02/07/2020	Installment	08/07/2019	\$ 227.00
Total Future Installments				\$ 227.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP523

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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:

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/07/2019	02/07/2020	Installment	08/07/2019	\$ 227.00
Total Future Installments				\$ 227.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP523

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,674.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCM914

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,674.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCM914

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,619.00

Thank you for your business

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

Policy Number: AXCM982

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

Mortgagee Information

CENTURY SAVINGS BANK
1376 WEST SHERMAN AVENUE
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/06/2018	10/06/2019	Installment	07/06/2019	\$ 966.00
Total Future Installments				\$ 966.00

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

Change of Address

Policy No.: AXCM982

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,619.00

Thank you for your business

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

Policy Number: AXCM982

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

Mortgagee Information

CENTURY SAVINGS BANK
1376 WEST SHERMAN AVENUE
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/06/2018	10/06/2019	Installment	07/06/2019	\$ 966.00
Total Future Installments				\$ 966.00

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

Change of Address

Policy No.: AXCM982

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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 Eff	Trans Exp	Description	Due Date	Amount Due
08/05/2018	08/05/2019	Amount is Past Due	03/05/2019	\$ 522.00
08/05/2018	08/05/2019	Renewal - Installment # 9	04/05/2019	\$ 522.00
08/05/2018	08/05/2019	Renewal - Installment # 10	05/05/2019	\$ 458.00
Total Installment Due				\$ 1,502.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,502.00

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

Thank you for your business

Policy Number: AXB1265

FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB1265

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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 Eff	Trans Exp	Description	Due Date	Amount Due
08/05/2018	08/05/2019	Amount is Past Due	03/05/2019 \$	522.00
08/05/2018	08/05/2019	Renewal - Installment # 9	04/05/2019 \$	522.00
08/05/2018	08/05/2019	Renewal - Installment # 10	05/05/2019 \$	458.00
Total Installment Due				\$ 1,502.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 1,502.00

Thank you for your business

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

Policy Number: AXB1265

FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB1265

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
09/25/2018	09/25/2019	Renewal - Installment # 7	03/25/2019 \$	972.00
09/25/2018	09/25/2019	Renewal - Installment # 8	04/25/2019 \$	962.00
09/25/2018	09/25/2019	Renewal - Installment # 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,896.00**

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

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	Amount Due
09/25/2018	09/25/2019	Installment	06/25/2019	\$ 859.00
Total Future Installments				\$ 859.00

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

Change of Address

Policy No.: AXB1388

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
09/25/2018	09/25/2019	Renewal - Installment # 7	03/25/2019 \$	972.00
09/25/2018	09/25/2019	Renewal - Installment # 8	04/25/2019 \$	962.00
09/25/2018	09/25/2019	Renewal - Installment # 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	Amount Due
09/25/2018	09/25/2019	Installment	06/25/2019	\$ 859.00
Total Future Installments				\$ 859.00

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

Change of Address

Policy No.: AXB1388

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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
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
Total Installment Due				\$ 1,238.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,238.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/17/2018	10/17/2019	Installment	06/17/2019	\$ 406.00
10/17/2018	10/17/2019	Installment	07/17/2019	\$ 362.00
Total Future Installments				\$ 768.00

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

Change of Address

Policy No.: AXCP1598

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

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
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
Total Installment Due				\$ 1,238.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,238.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/17/2018	10/17/2019	Installment	06/17/2019	\$ 406.00
10/17/2018	10/17/2019	Installment	07/17/2019	\$ 362.00
Total Future Installments				\$ 768.00

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

Change of Address

Policy No.: AXCP1598

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

PRODUCER 147

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

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
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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,051.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/14/2018	09/14/2019	Installment	06/14/2019	\$ 602.00
Total Future Installments				\$ 602.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXBR1628
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

PRODUCER 147

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

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
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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,051.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/14/2018	09/14/2019	Installment	06/14/2019	\$ 602.00
Total Future Installments				\$ 602.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXBR1628
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 135

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
10/05/2018	10/05/2019	Renewal - Installment # 3	04/05/2019 \$	916.00
Total Installment Due				\$ 926.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP1821

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 135

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
10/05/2018	10/05/2019	Renewal - Installment # 3	04/05/2019 \$	916.00
Total Installment Due				\$ 926.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 926.00

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

Thank you for your business

Policy Number: AXCP1821

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP1821

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 446.00***Thank you for your business*

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

Policy Number: AXCP1904

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/05/2018	12/05/2019	Installment	06/05/2019	\$ 223.00
12/05/2018	12/05/2019	Installment	07/05/2019	\$ 223.00
Total Future Installments				\$ 446.00

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

Change of Address

Policy No.: AXCP1904

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 446.00

Thank you for your business

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

Policy Number: AXCP1904

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/05/2018	12/05/2019	Installment	06/05/2019	\$ 223.00
12/05/2018	12/05/2019	Installment	07/05/2019	\$ 223.00
Total Future Installments				\$ 446.00

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

Change of Address

Policy No.: AXCP1904

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment # 2	03/23/2019	\$ 307.00
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 307.00**

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

Thank you for your business

Policy Number: AXCP2034

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Installment	06/23/2019	\$ 297.00
Total Future Installments				\$ 297.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP2034
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment # 2	03/23/2019 \$	307.00
Total Installment Due				\$ 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Installment	06/23/2019	\$ 297.00
Total Future Installments				\$ 297.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP2034
Your New Address is:

Phone No.:

INVOICE

Payor's 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
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
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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,375.00

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

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	Installment	06/23/2019	\$ 455.00
10/23/2018	10/23/2019	Installment	07/23/2019	\$ 404.00
Total Future Installments				\$ 859.00

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

Change of Address

Policy No.: AXCM2049

Your New Address is:

Phone No.:

INVOICE

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
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
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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/23/2018	10/23/2019	Installment	06/23/2019	\$ 455.00
10/23/2018	10/23/2019	Installment	07/23/2019	\$ 404.00
Total Future Installments				\$ 859.00

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

Change of Address

Policy No.: AXCM2049

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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	\$ 2,067.00
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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,191.00

Thank you for your business

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

Policy Number: AXCM2077

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

03/18/2019 - Inv

Mortgagee Information

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

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/15/2018	09/15/2019	Installment	06/15/2019	\$ 1,832.00
Total Future Installments				\$ 1,832.00

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

Change of Address

Policy No.: AXCM2077

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

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	\$ 2,067.00
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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,191.00

Thank you for your business

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

Policy Number: AXCM2077

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

03/18/2019 - Inv

Mortgagee Information

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

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/15/2018	09/15/2019	Installment	06/15/2019	\$ 1,832.00
Total Future Installments				\$ 1,832.00

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

Change of Address

Policy No.: AXCM2077

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 972.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 583.00
Total Future Installments				\$ 1,555.00

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

Change of Address

Policy No.: AXCM2135

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 982.00

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

Thank you for your business

Policy Number: AXCM2135

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 972.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 583.00
Total Future Installments				\$ 1,555.00

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

Change of Address

Policy No.: AXCM2135

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 718.00***Thank you for your business*

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

Policy Number: AXCP2545

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Installment	06/23/2019	\$ 708.00
Total Future Installments				\$ 708.00

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

Change of Address

Policy No.: AXCP2545

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 718.00

Thank you for your business

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

Policy Number: AXCP2545

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Installment	06/23/2019	\$ 708.00
Total Future Installments				\$ 708.00

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

Change of Address

Policy No.: AXCP2545

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019	\$ 2,760.00
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,760.00

Thank you for your business

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

Policy Number: AXB2585

FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/28/2018	10/28/2019	Installment	07/28/2019	\$ 1,650.00
Total Future Installments				\$ 1,650.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB2585

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019	\$ 2,760.00
Total Installment Due				\$ 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

FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/28/2018	10/28/2019	Installment	07/28/2019	\$ 1,650.00
Total Future Installments				\$ 1,650.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB2585

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 217.00***Thank you for your business*

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

Policy Number: AXCP2704

ROGER STEPIEN
27 DAVENPORT ROAD
OAK RIDGE, NJ 07438

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP2704

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP2704

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
09/15/2018	09/15/2019	Renewal - Installment # 8	04/15/2019	\$ 85.00
09/15/2018	09/15/2019	Renewal - Installment # 9	05/15/2019	\$ 75.00
Total Installment Due				\$ 245.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 245.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/15/2018	09/15/2019	Installment	06/15/2019	\$ 67.00
Total Future Installments				\$ 67.00

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

Change of Address

Policy No.: AXUM2775

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
09/15/2018	09/15/2019	Renewal - Installment # 8	04/15/2019	\$ 85.00
09/15/2018	09/15/2019	Renewal - Installment # 9	05/15/2019	\$ 75.00
Total Installment Due				\$ 245.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 245.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/15/2018	09/15/2019	Installment	06/15/2019	\$ 67.00
Total Future Installments				\$ 67.00

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

Change of Address

Policy No.: AXUM2775

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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	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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,226.00

Thank you for your business

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

Policy Number: AXB2781

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

Mortgagee Information

M&T BANK
PO BOX 5738
SPRINGFIELD, OH 45501-5738

03/18/2019 - Inv

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
12/01/2018	12/01/2019	Installment	07/15/2019	\$ 402.00
12/01/2018	12/01/2019	Installment	08/15/2019	\$ 402.00
12/01/2018	12/01/2019	Installment	09/15/2019	\$ 358.00
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.:

INVOICE

Home Office Copy

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	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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,226.00

Thank you for your business

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

Policy Number: AXB2781

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

Mortgagee Information

M&T BANK
PO BOX 5738
SPRINGFIELD, OH 45501-5738

03/18/2019 - Inv

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
12/01/2018	12/01/2019	Installment	07/15/2019	\$ 402.00
12/01/2018	12/01/2019	Installment	08/15/2019	\$ 402.00
12/01/2018	12/01/2019	Installment	09/15/2019	\$ 358.00
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.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,565.00***Thank you for your business*

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

Policy Number: AXCP2809

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/08/2019	01/08/2020	Installment	07/08/2019	\$ 1,761.00
Total Future Installments				\$ 1,761.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP2809
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/08/2019	01/08/2020	Installment	07/08/2019	\$ 1,761.00
Total Future Installments				\$ 1,761.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP2809
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP2827
GLENN PRINGLE
T/A GLENN PRINGLE ELECTRICAL CONTRACTOR
1707 I 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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/14/2019	01/14/2020	Renewal - Installment # 2	04/14/2019 \$	228.00
Total 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 228.00**

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

Thank you for your business

Policy Number: AXCP2827

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/14/2019	01/14/2020	Installment	07/14/2019	\$ 218.00
Total Future Installments				\$ 218.00

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

Change of Address

Policy No.: AXCP2827

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP2827
GLENN PRINGLE
T/A GLENN PRINGLE ELECTRICAL CONTRACTOR
1707 I 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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/14/2019	01/14/2020	Renewal - Installment # 2	04/14/2019 \$	228.00
Total 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/14/2019	01/14/2020	Installment	07/14/2019	\$ 218.00
Total Future Installments				\$ 218.00

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

Change of Address

Policy No.: AXCP2827

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/19/2019	01/19/2020	Renewal - Installment # 2	04/19/2019 \$	660.00
Total Installment 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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 660.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/19/2019	01/19/2020	Installment	07/19/2019	\$ 650.00
Total Future Installments				\$ 650.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP2829
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/19/2019	01/19/2020	Renewal - Installment # 2	04/19/2019 \$	660.00
Total Installment 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:

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/19/2019	01/19/2020	Installment	07/19/2019	\$ 650.00
Total Future Installments				\$ 650.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP2829
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 6,439.00**

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

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

03/18/2019 - Inv

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
12/31/2018	12/31/2019	Installment	08/31/2019	\$ 2,143.00
12/31/2018	12/31/2019	Installment	09/30/2019	\$ 1,905.00
Total Future Installments				\$ 8,334.00

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.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

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
12/31/2018	12/31/2019	Installment	08/31/2019	\$ 2,143.00
12/31/2018	12/31/2019	Installment	09/30/2019	\$ 1,905.00
Total Future Installments				\$ 8,334.00

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.:

INVOICE

Payor's Copy

Insured

AXB2869
BERKELEY GARDEN APARTMENTS, LLP
ROBERT AND IRENE MARAVAE LIAS
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

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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 5,384.00

Thank you for your business

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

Policy Number: AXB2869

Mortgagee Information

SUN NATIONAL BANK
4502 ROUTE 9 SOUTH
HOWELL, NJ 07731

BERKELEY GARDEN APARTMENTS, LLP
ROBERT AND IRENE MARAVAE LIAS
603 SENAROTH COURT
TOMS RIVER, NJ 08753

03/18/2019 - Inv

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
01/13/2019	12/15/2019	Installment	08/15/2019	\$ 1,788.00
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.:

INVOICE

Home Office Copy

Insured

AXB2869
BERKELEY GARDEN APARTMENTS, LLP
ROBERT AND IRENE MARAVAEIAS
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

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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 5,384.00

Thank you for your business

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

Policy Number: AXB2869

Mortgagee Information

SUN NATIONAL BANK
4502 ROUTE 9 SOUTH
HOWELL, NJ 07731

BERKELEY GARDEN APARTMENTS, LLP
ROBERT AND IRENE MARAVAEIAS
603 SENAROTH COURT
TOMS RIVER, NJ 08753

03/18/2019 - Inv

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
01/13/2019	12/15/2019	Installment	08/15/2019	\$ 1,788.00
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.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 189.00**

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

Thank you for your business

Policy Number: AXB3073

GRACE ZUCARO, DMD
500 BROAD AVENUE
RIDGEFIELD, NJ 07657

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/13/2019	01/13/2020	Installment	07/13/2019	\$ 179.00
Total Future Installments				\$ 179.00

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

Change of Address

Policy No.: AXB3073

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/13/2019	01/13/2020	Installment	07/13/2019	\$ 179.00
Total Future Installments				\$ 179.00

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

Change of Address

Policy No.: AXB3073

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 720.00**

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

Thank you for your business

Policy Number: AXCA3138

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/31/2019	01/31/2020	Installment	07/31/2019	\$ 710.00
01/31/2019	01/31/2020	Installment	10/31/2019	\$ 423.00
Total Future Installments				\$ 1,133.00

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

Change of Address

Policy No.: AXCA3138

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 720.00**

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

Thank you for your business

Policy Number: AXCA3138

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/31/2019	01/31/2020	Installment	07/31/2019	\$ 710.00
01/31/2019	01/31/2020	Installment	10/31/2019	\$ 423.00
Total Future Installments				\$ 1,133.00

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

Change of Address

Policy No.: AXCA3138

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/07/2019	01/07/2020	Renewal - Installment # 2	04/07/2019 \$	550.00
Total Installment Due				\$ 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/07/2019	01/07/2020	Installment	07/07/2019	\$ 540.00
Total Future Installments				\$ 540.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB3143

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/07/2019	01/07/2020	Renewal - Installment # 2	04/07/2019 \$	550.00
Total Installment Due				\$ 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/07/2019	01/07/2020	Installment	07/07/2019	\$ 540.00
Total Future Installments				\$ 540.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB3143

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,986.00

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

Thank you for your business

Policy Number: AXBC3275

KINGSTON MANOR CONDOMINIUM
539 BAYWAY AVENUE
ELIZABETH, NJ 07202

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 1,976.00
Total Future Installments				\$ 1,976.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXBC3275
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 1,976.00
Total Future Installments				\$ 1,976.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXBC3275
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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:

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: \$ 1,494.00

Thank you for your business

Policy Number: AXB3741

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 1,484.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 890.00
Total Future Installments				\$ 2,374.00

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

Change of Address

Policy No.: AXB3741

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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:

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: \$ 1,494.00

Thank you for your business

Policy Number: AXB3741

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 1,484.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 890.00
Total Future Installments				\$ 2,374.00

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

Change of Address

Policy No.: AXB3741

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 141.00***Thank you for your business*

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

Policy Number: AXCP4938

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP4938

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP4938

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 267.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5149

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

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
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 267.00

Thank you for your business

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

Policy Number: AXBR5149

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5149

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/07/2018	07/07/2019	Amount is Past Due	03/07/2019 \$	741.00
07/07/2018	07/07/2019	Renewal - Installment # 10	04/07/2019 \$	659.00
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,400.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB5176

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/07/2018	07/07/2019	Amount is Past Due	03/07/2019 \$	741.00
07/07/2018	07/07/2019	Renewal - Installment # 10	04/07/2019 \$	659.00
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,400.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB5176

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
08/01/2018	08/01/2019	Renewal - Installment # 9	04/09/2019 \$	726.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/09/2019 \$	636.00
Total Installment Due				\$ 1,362.00

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5424

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
08/01/2018	08/01/2019	Renewal - Installment # 9	04/09/2019 \$	726.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/09/2019 \$	636.00
Total Installment Due				\$ 1,362.00

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5424

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
08/01/2018	08/01/2019	Renewal - Installment # 9	04/09/2019 \$	60.00
08/01/2018	08/01/2019	Renewal - Installment # 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 104.00**

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

Thank you for your business

Policy Number: AXUM5425

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXUM5425

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
08/01/2018	08/01/2019	Renewal - Installment # 9	04/09/2019 \$	60.00
08/01/2018	08/01/2019	Renewal - Installment # 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXUM5425

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
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 Installment Due				\$ 1,621.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,621.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/23/2019	10/01/2019	Installment	06/07/2019	\$ 536.00
01/23/2019	10/01/2019	Installment	07/07/2019	\$ 479.00
Total Future Installments				\$ 1,015.00

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

Change of Address

Policy No.: AXB5484

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
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 Installment Due				\$ 1,621.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 1,621.00

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/23/2019	10/01/2019	Installment	06/07/2019	\$ 536.00
01/23/2019	10/01/2019	Installment	07/07/2019	\$ 479.00
Total Future Installments				\$ 1,015.00

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

Change of Address

Policy No.: AXB5484

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 147

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
09/03/2018	09/03/2019	Renewal - Installment # 9	05/03/2019	\$ 179.00
Total Installment Due				\$ 557.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 557.00**

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

Thank you for your business

Policy Number: AXCP5524

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/03/2018	09/03/2019	Installment	06/03/2019	\$ 159.00
Total Future Installments				\$ 159.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP5524
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 147

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
09/03/2018	09/03/2019	Renewal - Installment # 9	05/03/2019	\$ 179.00
Total Installment Due				\$ 557.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 557.00**

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

Thank you for your business

Policy Number: AXCP5524

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/03/2018	09/03/2019	Installment	06/03/2019	\$ 159.00
Total Future Installments				\$ 159.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP5524
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
09/01/2018	09/01/2019	Renewal - Installment # 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 298.00***Thank you for your business*

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

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	Installment	06/01/2019	\$ 128.00
Total Future Installments				\$ 128.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB5714

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
09/01/2018	09/01/2019	Renewal - Installment # 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/01/2018	09/01/2019	Installment	06/01/2019	\$ 128.00
Total Future Installments				\$ 128.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB5714

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Renewal - Installment # 3	04/21/2019 \$	429.00
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 429.00**

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

Thank you for your business

Policy Number: AXB5890

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Installment	07/21/2019	\$ 251.00
Total Future Installments				\$ 251.00

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

Change of Address

Policy No.: AXB5890

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Renewal - Installment # 3	04/21/2019 \$	429.00
Total Installment 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.

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

Pay This Amount: \$ 429.00

Thank you for your business

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

Policy Number: AXB5890

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Installment	07/21/2019	\$ 251.00
Total Future Installments				\$ 251.00

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

Change of Address

Policy No.: AXB5890

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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 Pay 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Installment	06/30/2019	\$ 2,806.00
12/31/2018	12/31/2019	Installment	09/30/2019	\$ 1,684.00
Total Future Installments				\$ 4,490.00

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

Change of Address

Policy No.: AXB6148

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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 Pay 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Installment	06/30/2019	\$ 2,806.00
12/31/2018	12/31/2019	Installment	09/30/2019	\$ 1,684.00
Total Future Installments				\$ 4,490.00

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

Change of Address

Policy No.: AXB6148

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 209.00**

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

Thank you for your business

Policy Number: AXUM6151

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Installment	06/30/2019	\$ 199.00
12/31/2018	12/31/2019	Installment	09/30/2019	\$ 120.00
Total Future Installments				\$ 319.00

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

Change of Address

Policy No.: AXUM6151

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 209.00**

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

Thank you for your business

Policy Number: AXUM6151

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Installment	06/30/2019	\$ 199.00
12/31/2018	12/31/2019	Installment	09/30/2019	\$ 120.00
Total Future Installments				\$ 319.00

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

Change of Address

Policy No.: AXUM6151

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay 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
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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB6170

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay 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
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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB6170

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM6281
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:

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 148.00**

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

Thank you for your business

Policy Number: AXUM6281

ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/30/2018	12/30/2019	Installment	06/30/2019	\$ 138.00
12/30/2018	12/30/2019	Installment	09/30/2019	\$ 83.00
Total Future Installments				\$ 221.00

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

Change of Address

Policy No.: AXUM6281

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM6281
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:

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 148.00**

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

Thank you for your business

Policy Number: AXUM6281

ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/30/2018	12/30/2019	Installment	06/30/2019	\$ 138.00
12/30/2018	12/30/2019	Installment	09/30/2019	\$ 83.00
Total Future Installments				\$ 221.00

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

Change of Address

Policy No.: AXUM6281

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay 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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 431.00**

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

Thank you for your business

Policy Number: AXB6310

MICHAEL ALEXANDER ASSOCIATES, P.C.
47 BRIDGE STREET
METUCHEN, NJ 08840

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Installment	07/01/2019	\$ 421.00
Total Future Installments				\$ 421.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB6310

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay 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
Total Installment Due				\$ 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Installment	07/01/2019	\$ 421.00
Total Future Installments				\$ 421.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB6310

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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
Total Installment Due				\$ 263.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 263.00**

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

Thank you for your business

Policy Number: AXCM6515

WEBER & DOEBRICH INC
119 61ST STREET
WEST NEW YORK, NJ 07093

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/08/2018	11/08/2019	Installment	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.:

INVOICE

Home Office Copy

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

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
Total Installment Due				\$ 263.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 263.00

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

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
11/08/2018	11/08/2019	Installment	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.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,670.00

Thank you for your business

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

Policy Number: AXCM6539

ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

Mortgagee Information

JP MORGAN CHASE BANK NA
P O BOX 47020
ATLANTA, GA 30362
LOAN NO.: 1948301264

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/30/2018	12/30/2019	Installment	06/30/2019	\$ 1,660.00
12/30/2018	12/30/2019	Installment	09/30/2019	\$ 995.00
Total Future Installments				\$ 2,655.00

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

Change of Address

Policy No.: AXCM6539

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,670.00

Thank you for your business

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

Policy Number: AXCM6539

ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

Mortgagee Information

JP MORGAN CHASE BANK NA
P O BOX 47020
ATLANTA, GA 30362
LOAN NO.: 1948301264

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/30/2018	12/30/2019	Installment	06/30/2019	\$ 1,660.00
12/30/2018	12/30/2019	Installment	09/30/2019	\$ 995.00
Total Future Installments				\$ 2,655.00

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

Change of Address

Policy No.: AXCM6539

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/15/2019	02/15/2020	Renewal - Installment # 2	05/15/2019	\$ 661.00
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 661.00

Thank you for your business

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

Policy Number: AXCM6614

JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

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	Installment	08/15/2019	\$ 651.00
02/15/2019	02/15/2020	Installment	11/15/2019	\$ 391.00
Total Future Installments				\$ 1,042.00

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

Change of Address

Policy No.: AXCM6614

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/15/2019	02/15/2020	Renewal - Installment # 2	05/15/2019	\$ 661.00
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 661.00

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

Thank you for your business

Policy Number: AXCM6614

JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

Mortgagee Information

FIRST STATE BANK
ISAOA
2002 BROADWAY
SCOTTSBLUFF, NE 69361

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/15/2019	02/15/2020	Installment	08/15/2019	\$ 651.00
02/15/2019	02/15/2020	Installment	11/15/2019	\$ 391.00
Total Future Installments				\$ 1,042.00

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

Change of Address

Policy No.: AXCM6614

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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
07/13/2018	07/13/2019	Renewal - Installment # 10	04/13/2019 \$	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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 14,126.00

Thank you for your business

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

Policy Number: AXCM6755

J&E ASSOCIATES & 87 ELM INC
C/O JOSEPH & EUGENIA ANISKO
1 GLENVIEW DRIVE
WARREN, NJ 07059

Mortgagee Information

SOVEREIGN BANK
ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM
195 MONTAGUE STREET 8TH FLOOR
BROOKLYN, NY 11201

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCM6755

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

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
07/13/2018	07/13/2019	Renewal - Installment # 10	04/13/2019 \$	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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 14,126.00

Thank you for your business

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

Policy Number: AXCM6755

J&E ASSOCIATES & 87 ELM INC
C/O JOSEPH & EUGENIA ANISKO
1 GLENVIEW DRIVE
WARREN, NJ 07059

Mortgagee Information

SOVEREIGN BANK
ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM
195 MONTAGUE STREET 8TH FLOOR
BROOKLYN, NY 11201

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCM6755

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 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 \$	911.00
12/01/2018	12/01/2019	Renewal - Installment # 6	05/01/2019 \$	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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,812.00

Thank you for your business

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

Policy Number: AXCM6831

JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK
4 ROUTE 31
PENNINGTON, NJ 08534

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
12/01/2018	12/01/2019	Installment	07/01/2019	\$ 901.00
12/01/2018	12/01/2019	Installment	08/01/2019	\$ 901.00
12/01/2018	12/01/2019	Installment	09/01/2019	\$ 800.00

Total Future Installments \$ 3,503.00

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

Change of Address

Policy No.: AXCM6831

Your New Address is:

Phone No.: _____

INVOICE

Home Office Copy

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: 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 \$	911.00
12/01/2018	12/01/2019	Renewal - Installment # 6	05/01/2019 \$	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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,812.00

Thank you for your business

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

Policy Number: AXCM6831

JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK
4 ROUTE 31
PENNINGTON, NJ 08534

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
12/01/2018	12/01/2019	Installment	07/01/2019	\$ 901.00
12/01/2018	12/01/2019	Installment	08/01/2019	\$ 901.00
12/01/2018	12/01/2019	Installment	09/01/2019	\$ 800.00
Total Future Installments				\$ 3,503.00

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

Change of Address

Policy No.: AXCM6831

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 20,047.00**

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

Thank you for your business

Policy Number: AXCM6853

COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Installment	06/30/2019	\$ 6,679.00
12/31/2018	12/31/2019	Installment	07/31/2019	\$ 6,679.00
12/31/2018	12/31/2019	Installment	08/31/2019	\$ 6,679.00
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:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Installment	06/30/2019	\$ 6,679.00
12/31/2018	12/31/2019	Installment	07/31/2019	\$ 6,679.00
12/31/2018	12/31/2019	Installment	08/31/2019	\$ 6,679.00
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:

Phone No.:

INVOICE

Payor's Copy

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

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
03/01/2019	03/01/2020	Renewal - Installment # 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,262.00

Thank you for your business

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

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

03/18/2019 - Inv

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	07/01/2019	\$ 1,451.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 1,451.00
03/01/2019	03/01/2020	Installment	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	\$ 1,451.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 1,292.00
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:

Phone No.:

INVOICE

Home Office Copy

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

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
03/01/2019	03/01/2020	Renewal - Installment # 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,262.00

Thank you for your business

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

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

03/18/2019 - Inv

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	07/01/2019	\$ 1,451.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 1,451.00
03/01/2019	03/01/2020	Installment	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	\$ 1,451.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 1,292.00
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:

Phone No.:

INVOICE

Payor's Copy

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
03/15/2019	03/15/2020	Renewal - Installment # 3	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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 11,751.00**

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

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

03/18/2019 - Inv

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
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 2,736.00
03/15/2019	03/15/2020	Installment	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	\$ 2,736.00
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:

Phone No.:

INVOICE

Home Office Copy

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
03/15/2019	03/15/2020	Renewal - Installment # 3	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

03/18/2019 - Inv

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
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 2,736.00
03/15/2019	03/15/2020	Installment	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	\$ 2,736.00
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:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6981
ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

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
08/01/2018	08/01/2019	Renewal - Installment # 9	04/01/2019 \$	402.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/01/2019 \$	350.00
Total Installment Due				\$ 752.00

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 752.00***Thank you for your business*

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

Policy Number: AXCM6981

ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

Mortgagee Information

WELLS FARGO BANK, NA
PO BOX 621530
ATLANTA, GA 30362

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCM6981

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6981
ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

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
08/01/2018	08/01/2019	Renewal - Installment # 9	04/01/2019 \$	402.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/01/2019 \$	350.00
Total Installment Due				\$ 752.00

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.

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

Pay This Amount: \$ 752.00

Thank you for your business

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

Policy Number: AXCM6981

ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

Mortgagee Information

WELLS FARGO BANK, NA
PO BOX 621530
ATLANTA, GA 30362

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCM6981

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment # 2	03/23/2019 \$	785.00
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 785.00***Thank you for your business*

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

Policy Number: AXB7018

MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Installment	06/23/2019	\$ 775.00
12/23/2018	12/23/2019	Installment	09/23/2019	\$ 466.00
Total Future Installments				\$ 1,241.00

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

Change of Address

Policy No.: AXB7018

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Renewal - Installment # 2	03/23/2019 \$	785.00
Total Installment 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/23/2018	12/23/2019	Installment	06/23/2019	\$ 775.00
12/23/2018	12/23/2019	Installment	09/23/2019	\$ 466.00
Total Future Installments				\$ 1,241.00

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

Change of Address

Policy No.: AXB7018

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 644.00**

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/11/2019	01/11/2020	Installment	07/11/2019	\$ 634.00
01/11/2019	01/11/2020	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.: AXB7181

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB7181
EDWARD MARKER
D/B/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE
SUITE A
GLENDDORA, 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:

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: \$ 644.00

Thank you for your business

Policy Number: AXB7181

EDWARD MARKER
D/B/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE
SUITE A
GLENDDORA, NJ 08029

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/11/2019	01/11/2020	Installment	07/11/2019	\$ 634.00
01/11/2019	01/11/2020	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.: AXB7181

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 950.00***Thank you for your business*

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

Policy Number: AXB7638

1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 940.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 564.00
Total Future Installments				\$ 1,504.00

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

Change of Address

Policy No.: AXB7638

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 940.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 564.00
Total Future Installments				\$ 1,504.00

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

Change of Address

Policy No.: AXB7638

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB8700
THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

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 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 202.00***Thank you for your business*

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

Policy Number: AXB8700

THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB8700

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB8700
THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

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 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.

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

Pay This Amount: \$ 202.00

Thank you for your business

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

Policy Number: AXB8700

THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB8700

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

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

Pay This Amount: \$ 155.00

Thank you for your business

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

Policy Number: AXB8735

VILLA STEFANO, INC
1129 RARITAN ROAD
CLARK, NJ 07066

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB8735

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 155.00

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

Thank you for your business

Policy Number: AXB8735

VILLA STEFANO, INC
1129 RARITAN ROAD
CLARK, NJ 07066

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB8735

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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
Total Installment Due				\$ 1,251.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,251.00**

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

Thank you for your business

Policy Number: AXCP8900

DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP8900

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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
Total Installment Due				\$ 1,251.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,251.00**

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

Thank you for your business

Policy Number: AXCP8900

DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP8900

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB8947
KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

PRODUCER 147

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/10/2018	08/10/2019	Renewal - Installment # 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

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

Change of Address

Policy No.: AXB8947

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB8947
KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

PRODUCER 147

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/10/2018	08/10/2019	Renewal - Installment # 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.

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

Pay This Amount: \$ 90.00

Thank you for your business

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

Policy Number: AXB8947

KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB8947

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB9045
DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

PRODUCER 710
THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 301.00***Thank you for your business*

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

Policy Number: AXB9045

DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

Mortgagee Information

TD BANK
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB9045

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB9045
DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 301.00***Thank you for your business*

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

Policy Number: AXB9045

DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

Mortgagee Information

TD BANK
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB9045

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Renewal - Installment # 3	04/13/2019 \$	271.00
Total Installment 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.

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

Pay This Amount: \$ 271.00

Thank you for your business

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

Policy Number: AXCP9518

HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP9518

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Renewal - Installment # 3	04/13/2019 \$	271.00
Total Installment 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.

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

Pay This Amount: \$ 271.00

Thank you for your business

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

Policy Number: AXCP9518

HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP9518

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

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

Pay This Amount: \$ 1,111.00

Thank you for your business

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

Policy Number: AXB9520

DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB9520

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 1,111.00

Thank you for your business

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

Policy Number: AXB9520

DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB9520

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	08/01/2019	\$ 363.00
Total Future Installments				\$ 363.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB9651

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	08/01/2019	\$ 363.00
Total Future Installments				\$ 363.00

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

Change of Address

Policy No.: AXB9651

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/30/2018	10/30/2019	Renewal - Installment # 3	04/30/2019 \$	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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP9683

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/30/2018	10/30/2019	Renewal - Installment # 3	04/30/2019	\$ 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.

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

Pay This Amount: \$ 222.00

Thank you for your business

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

Policy Number: AXCP9683

ADM ELECTRIC LLC
889 SHERIDAN STREET
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP9683

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/19/2018	11/19/2019	Renewal - Installment # 3	05/19/2019	\$ 280.00
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 280.00

Thank you for your business

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

Policy Number: AXCP9717

ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP9717

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/19/2018	11/19/2019	Renewal - Installment # 3	05/19/2019 \$	280.00
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 280.00

Thank you for your business

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

Policy Number: AXCP9717

ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP9717

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 110.00**

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

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	Installment	08/01/2019	\$ 50.00
12/01/2018	12/01/2019	Installment	09/01/2019	\$ 44.00
Total Future Installments				\$ 194.00

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.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 110.00**

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

Thank you for your business

Policy Number: AXUM9911

JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

03/18/2019 - Inv

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	Installment	08/01/2019	\$ 50.00
12/01/2018	12/01/2019	Installment	09/01/2019	\$ 44.00
Total Future Installments				\$ 194.00

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.:

INVOICE

Payor's Copy

Insured

AXB10152
RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

PRODUCER 224

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
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
Total Installment Due				\$ 671.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 671.00**

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

Thank you for your business

Policy Number: AXB10152

RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	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
Total Future Installments				\$ 841.00

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.:

INVOICE

Home Office Copy

Insured

AXB10152
RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

PRODUCER 224

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
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
Total Installment Due				\$ 671.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 671.00

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

Thank you for your business

Policy Number: AXB10152

RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	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
Total Future Installments				\$ 841.00

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.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 875.00

Thank you for your business

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

Policy Number: AXB10377

CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/25/2019	01/25/2020	Installment	07/25/2019	\$ 865.00
01/25/2019	01/25/2020	Installment	10/25/2019	\$ 519.00
Total Future Installments				\$ 1,384.00

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

Change of Address

Policy No.: AXB10377

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 875.00

Thank you for your business

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

Policy Number: AXB10377

CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/25/2019	01/25/2020	Installment	07/25/2019	\$ 865.00
01/25/2019	01/25/2020	Installment	10/25/2019	\$ 519.00
Total Future Installments				\$ 1,384.00

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

Change of Address

Policy No.: AXB10377

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/24/2019	01/24/2020	Renewal - Installment # 2	04/24/2019 \$	222.00
Total Installment 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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 222.00***Thank you for your business*

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

Policy Number: AXCP10427

VITO S PALUMBO
T/A PALUMBO ELECTRIC
929 STAFFORD DR
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/24/2019	01/24/2020	Installment	07/24/2019	\$ 212.00
Total Future Installments				\$ 212.00

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

Change of Address

Policy No.: AXCP10427

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/24/2019	01/24/2020	Renewal - Installment # 2	04/24/2019 \$	222.00
Total Installment 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:

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/24/2019	01/24/2020	Installment	07/24/2019	\$ 212.00
Total Future Installments				\$ 212.00

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

Change of Address

Policy No.: AXCP10427

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/30/2019	01/30/2020	Renewal - Installment # 2	04/30/2019 \$	2,555.00
Total 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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,555.00

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

Thank you for your business

Policy Number: AXCP10431

CARMEN PIZZUTO PLUMBING & HEATING INC
19 PULASKI ROAD
WHITE HOUSE STATION, NJ 08889

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/30/2019	01/30/2020	Installment	07/30/2019	\$ 2,545.00
Total Future Installments				\$ 2,545.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP10431
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/30/2019	01/30/2020	Renewal - Installment # 2	04/30/2019 \$	2,555.00
Total 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/30/2019	01/30/2020	Installment	07/30/2019	\$ 2,545.00
Total Future Installments				\$ 2,545.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP10431
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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 # 4	05/27/2019 \$	562.00
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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,989.00

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

Thank you for your business

Policy Number: AXCP10606

ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

03/18/2019 - Inv

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
02/27/2019	02/27/2020	Installment	08/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	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.:

INVOICE

Home Office Copy

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 # 4	05/27/2019 \$	562.00
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.

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

Pay This Amount: \$ 2,989.00

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

Thank you for your business

Policy Number: AXCP10606

ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

03/18/2019 - Inv

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
02/27/2019	02/27/2020	Installment	08/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	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.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/21/2019	02/21/2020	Renewal - Installment # 2	05/21/2019 \$	229.00
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 229.00**

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

Thank you for your business

Policy Number: AXCP10607

MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/21/2019	02/21/2020	Installment	08/21/2019	\$ 219.00
Total Future Installments				\$ 219.00

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

Change of Address

Policy No.: AXCP10607

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/21/2019	02/21/2020	Renewal - Installment # 2	05/21/2019 \$	229.00
Total Installment Due				\$ 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/21/2019	02/21/2020	Installment	08/21/2019	\$ 219.00
Total Future Installments				\$ 219.00

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

Change of Address

Policy No.: AXCP10607

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,080.00

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

Thank you for your business

Policy Number: AXB10629

CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/27/2019	02/27/2020	Installment	08/27/2019	\$ 875.00
Total Future Installments				\$ 875.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXB10629
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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:

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/27/2019	02/27/2020	Installment	08/27/2019	\$ 875.00
Total Future Installments				\$ 875.00

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

Change of Address

Policy No.: AXB10629

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,612.00

Thank you for your business

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

Policy Number: AXB10663

DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
24 ORIENT WAY
RUTHERFORD, NJ 07070

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/26/2019	02/26/2020	Installment	08/26/2019	\$ 3,226.00
Total Future Installments				\$ 3,226.00

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

Change of Address

Policy No.: AXB10663

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,612.00

Thank you for your business

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

Policy Number: AXB10663

DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
24 ORIENT WAY
RUTHERFORD, NJ 07070

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/26/2019	02/26/2020	Installment	08/26/2019	\$ 3,226.00
Total Future Installments				\$ 3,226.00

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

Change of Address

Policy No.: AXB10663

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP11824
C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, 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
BRANCBURG, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP11824

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP11824
C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, 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.

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

Pay This Amount: \$ 227.00

Thank you for your business

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

Policy Number: AXCP11824

C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP11824

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/01/2018	08/01/2019	Amount is Past Due	03/01/2019 \$	1,376.00
08/01/2018	08/01/2019	Renewal - Installment # 9	04/01/2019 \$	1,376.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/01/2019 \$	1,246.00
Total Installment Due				\$ 3,998.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,998.00**

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

Thank you for your business

Policy Number: AXCA11977

DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCA11977

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/01/2018	08/01/2019	Amount is Past Due	03/01/2019 \$	1,376.00
08/01/2018	08/01/2019	Renewal - Installment # 9	04/01/2019 \$	1,376.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/01/2019 \$	1,246.00
Total Installment Due				\$ 3,998.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,998.00**

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

Thank you for your business

Policy Number: AXCA11977

DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCA11977

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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 Pay 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
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 275.00

Thank you for your business

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

Policy Number: AXB12175

IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB12175

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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 Pay 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
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 275.00

Thank you for your business

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

Policy Number: AXB12175

IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB12175

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

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

Pay This Amount: \$ 409.00

Thank you for your business

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

Policy Number: AXB12247

NEW ALBANY LAND CO., LLC
325 NEW ALBANY ROAD
MOORESTOWN, NJ 08057

Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB12247

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 409.00

Thank you for your business

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

Policy Number: AXB12247

NEW ALBANY LAND CO., LLC
325 NEW ALBANY ROAD
MOORESTOWN, NJ 08057

Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB12247

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/27/2018	09/27/2019	Installment	06/27/2019	\$ 99.00
Total Future Installments				\$ 99.00

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

Change of Address

Policy No.: AXCP12455

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

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

Pay This Amount: \$ 173.00

Thank you for your business

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

Policy Number: AXCP12455

ROBERT BIZZARRO PAINTING COMPANY, LLC
21 MOUNTAIN AVENUE
WARREN, NJ 07059

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/27/2018	09/27/2019	Installment	06/27/2019	\$ 99.00
Total Future Installments				\$ 99.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP12455
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
Total Installment Due				\$ 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 470.00**

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

Thank you for your business

Policy Number: AXCP12471

MICHAEL ZARAZA
T/A MJZ CONSTRUCTION
18 COHANSEY DRIVE
TOMS RIVER, NJ 08757

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/18/2018	10/18/2019	Installment	07/18/2019	\$ 276.00
Total Future Installments				\$ 276.00

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

Change of Address

Policy No.: AXCP12471

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 470.00

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

Thank you for your business

Policy Number: AXCP12471

MICHAEL ZARAZA
T/A MJZ CONSTRUCTION
18 COHANSEY DRIVE
TOMS RIVER, NJ 08757

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/18/2018	10/18/2019	Installment	07/18/2019	\$ 276.00
Total Future Installments				\$ 276.00

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

Change of Address

Policy No.: AXCP12471

Your New Address is:

Phone No.:

INVOICE

Payor's 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP12510

Your New Address is:

Phone No.:

INVOICE

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP12510

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB12528
FRANCES MANTONE
14 PROSPECT STREET
MADISON, NJ 07940

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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Renewal - Installment # 3	04/19/2019 \$	870.00
Total Installment 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	Amount Due
10/19/2018	10/19/2019	Installment	07/19/2019	\$ 515.00
Total Future Installments				\$ 515.00

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

Change of Address

Policy No.: AXB12528

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB12528
FRANCES MANTONE
14 PROSPECT STREET
MADISON, NJ 07940

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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Renewal - Installment # 3	04/19/2019 \$	870.00
Total Installment 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Installment	07/19/2019	\$ 515.00
Total Future Installments				\$ 515.00

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

Change of Address

Policy No.: AXB12528

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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
Total Installment Due				\$ 3,266.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,266.00**

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

Thank you for your business

Policy Number: AXB12562

CESTONE ASSOCIATES LLC
23 JACKSON STREET
LITTLE FALLS, NJ 07424

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	06/12/2019	\$ 1,082.00
11/01/2018	11/01/2019	Installment	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.:

INVOICE

Home Office Copy

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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
Total Installment Due				\$ 3,266.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,266.00**

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

Thank you for your business

Policy Number: AXB12562

CESTONE ASSOCIATES LLC
23 JACKSON STREET
LITTLE FALLS, NJ 07424

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	06/12/2019	\$ 1,082.00
11/01/2018	11/01/2019	Installment	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.:

INVOICE

Payor's 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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Renewal - Installment # 3	05/15/2019 \$	200.00
Total Installment 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB12602

Your New Address is:

Phone No.:

INVOICE

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

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Renewal - Installment # 3	05/15/2019 \$	200.00
Total Installment 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.

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

Pay This Amount: \$ 200.00

Thank you for your business

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

Policy Number: AXB12602

TRACY DURKIN LCSW
628 SHREWSBURY AVENUE
TINTON FALLS, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB12602

Your New Address is:

Phone No.:

INVOICE

Payor's 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: 03/18/2019

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
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 375.00***Thank you for your business*

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

Policy Number: AXCP12604

ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/13/2018	11/13/2019	Installment	08/13/2019	\$ 219.00
Total Future Installments				\$ 219.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP12604
Your New Address is:

Phone No.:

INVOICE

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: 03/18/2019

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
Total Installment 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/13/2018	11/13/2019	Installment	08/13/2019	\$ 219.00
Total Future Installments				\$ 219.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP12604
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/12/2018	11/12/2019	Renewal - Installment # 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.

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

Pay This Amount: \$ 190.00

Thank you for your business

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

Policy Number: AXCP12640

THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP12640

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/12/2018	11/12/2019	Renewal - Installment # 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.

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

Pay This Amount: \$ 190.00

Thank you for your business

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

Policy Number: AXCP12640

THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP12640

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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 Eff	Trans Exp	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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,296.00**

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

Thank you for your business

Policy Number: AXCA12684

BRIAN DEN BLEYKER
T/A BLAKE ELECTRICAL CONTRACTORS
P O BOX 5319
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCA12684

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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 Eff	Trans Exp	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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,296.00**

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

Thank you for your business

Policy Number: AXCA12684

BRIAN DEN BLEYKER
T/A BLAKE ELECTRICAL CONTRACTORS
P O BOX 5319
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCA12684

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,660.00

Thank you for your business

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

Policy Number: AXB12707

LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

Mortgagee Information

JERRY ARENA
PO BOX 11
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Installment	06/18/2019	\$ 825.00
10/13/2018	10/13/2019	Installment	07/18/2019	\$ 732.00
Total Future Installments				\$ 1,557.00

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

Change of Address

Policy No.: AXB12707

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,660.00

Thank you for your business

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

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Installment	06/18/2019	\$ 825.00
10/13/2018	10/13/2019	Installment	07/18/2019	\$ 732.00
Total Future Installments				\$ 1,557.00

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

Change of Address

Policy No.: AXB12707

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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
10/13/2018	10/13/2019	Renewal - Installment # 7	04/18/2019 \$	83.00
10/13/2018	10/13/2019	Renewal - Installment # 8	05/18/2019 \$	73.00
Total Installment 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 156.00**

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

Thank you for your business

Policy Number: AXUM12719

LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Installment	06/18/2019	\$ 73.00
10/13/2018	10/13/2019	Installment	07/18/2019	\$ 64.00
Total Future Installments				\$ 137.00

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

Change of Address

Policy No.: AXUM12719

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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
10/13/2018	10/13/2019	Renewal - Installment # 7	04/18/2019 \$	83.00
10/13/2018	10/13/2019	Renewal - Installment # 8	05/18/2019 \$	73.00
Total Installment 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Installment	06/18/2019	\$ 73.00
10/13/2018	10/13/2019	Installment	07/18/2019	\$ 64.00
Total Future Installments				\$ 137.00

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

Change of Address

Policy No.: AXUM12719

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 414.00**

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

Thank you for your business

Policy Number: AXCP12807

JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/26/2018	12/26/2019	Installment	06/26/2019	\$ 404.00
12/26/2018	12/26/2019	Installment	09/26/2019	\$ 243.00
Total Future Installments				\$ 647.00

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

Change of Address

Policy No.: AXCP12807

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/26/2018	12/26/2019	Installment	06/26/2019	\$ 404.00
12/26/2018	12/26/2019	Installment	09/26/2019	\$ 243.00
Total Future Installments				\$ 647.00

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

Change of Address

Policy No.: AXCP12807

Your New Address is:

Phone No.:

INVOICE

Payor's 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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 235.00***Thank you for your business*

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

Policy Number: AXCP12821

CARLOS SUGUITAN
T/A ISABELLA ELECTRIC
8 ISABELLA AVE
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/04/2019	01/04/2020	Installment	07/04/2019	\$ 225.00
Total Future Installments				\$ 225.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP12821
Your New Address is:

Phone No.:

INVOICE

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/04/2019	01/04/2020	Installment	07/04/2019	\$ 225.00
Total Future Installments				\$ 225.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

Change of Address

Policy No.: AXCP12821
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 1,407.00

Thank you for your business

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

Policy Number: AXB13376

RODWIL CORP.
T/A GARDEN STATE REALTY
C/O WILLIAM SCHMITZ ETAL
1253 SPRINGFIELD AVENUE
SUITE #360
NEW PROVIDENCE, NJ 07974

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB13376

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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

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
Total Installment Due				\$ 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

03/18/2019 - Inv
RODWIL CORP.
T/A GARDEN STATE REALTY
C/O WILLIAM SCHMITZ ETAL
1253 SPRINGFIELD AVENUE
SUITE #360
NEW PROVIDENCE, NJ 07974

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB13376

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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: 03/18/2019

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
Total Installment Due				\$ 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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP13479

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

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: 03/18/2019

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
Total Installment Due				\$ 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.

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

Pay This Amount: \$ 172.00

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

Thank you for your business

Policy Number: AXCP13479

STEVE & CYNTHIA KOPP T/A
KOPP CONSTRUCTION
134 HICKORY ROAD
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP13479

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
-----------	-----------	-------------	----------	------------

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB13525

Your New Address is:

Phone No.: