

# 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](http://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:

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Phone No.: 

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# 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
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NEWTOWN, PA 18940-0000

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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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 730.00**

*Thank you for your business*

Policy Number: AXB61

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

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:

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Phone No.: 

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# 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
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411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 730.00**

*Thank you for your business*

Policy Number: AXB61

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

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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,988.00**

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

*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:

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Phone No.: 

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# 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  
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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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,988.00**

*Thank you for your business*

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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 240.00**

*Thank you for your business*

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

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  
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AXIS Insurance Company

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To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 240.00**

*Thank you for your business*

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

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](http://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.**

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411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

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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](http://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
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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](http://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
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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](http://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](http://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](http://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
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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](http://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
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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](http://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](http://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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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](http://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](http://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
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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](http://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
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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](http://www.ggund.com/axis)**Pay This Amount: \$ 446.00**

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

*Thank you for your business*

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:

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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](http://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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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](http://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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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](http://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](http://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](http://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](http://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](http://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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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
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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.

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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](http://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](http://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:

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Phone No.: 

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# INVOICE

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**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](http://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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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](http://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](http://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](http://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](http://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](http://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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# INVOICE

Payor's 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)**Pay This Amount: \$ 189.00***Thank you for your business*

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

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](http://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](http://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:

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Phone No.: 

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# 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](http://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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 550.00***Thank you for your business*

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

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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 550.00**

*Thank you for your business*

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

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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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](http://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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 1,494.00***Thank you for your business*

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

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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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
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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.**

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

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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
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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  
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304 NAVESINK AVENUE  
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**PRODUCER 180**

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Total Installment Due				\$ 267.00

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To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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
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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

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To Make An Online Payment:: [www.ggund.com/axis](http://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
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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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,362.00**

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

*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
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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.**

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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](http://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
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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  
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AXIS Insurance Company

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

To Make An Online Payment:: [www.ggund.com/axis](http://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](http://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:

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Phone No.: 

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# 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](http://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:

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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](http://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](http://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](http://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](http://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](http://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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 429.00**

*Thank you for your business*

Policy Number: AXB5890

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

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](http://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:

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Phone No.: 

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# INVOICE

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**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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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---

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](http://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
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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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 169.00**

*Thank you for your business*

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

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
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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](http://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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 148.00**

*Thank you for your business*

Policy Number: AXUM6281

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

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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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](http://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](http://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](http://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

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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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
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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](http://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
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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](http://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:

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Phone No.: 

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# 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.**

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4 ROUTE 31  
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To Make An Online Payment:: [www.ggund.com/axis](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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
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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](http://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
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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](http://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:

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Phone No.: 

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# 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.

To Make An Online Payment:: [www.ggund.com/axis](http://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:

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Phone No.: 

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# INVOICE

Payor's 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.

To Make An Online Payment:: [www.ggund.com/axis](http://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  
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:

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Phone No.: 

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# 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.**

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FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)**Pay This Amount: \$ 950.00**

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

*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:

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Phone No.: 

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# 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  
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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](http://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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 202.00**

*Thank you for your business*

Policy Number: AXB8700

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 202.00**

*Thank you for your business*

Policy Number: AXB8700

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 155.00**

*Thank you for your business*

Policy Number: AXB8735

VILLA STEFANO, INC  
1129 RARITAN ROAD  
CLARK, NJ 07066

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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](http://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
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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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,251.00***Thank you for your business*

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

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](http://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.

To Make An Online Payment:: [www.ggund.com/axis](http://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

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.**

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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](http://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](http://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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 301.00**

*Thank you for your business*

Policy Number: AXB9045

**Mortgagee Information**

TD BANK  
2059 SPRINGDALE ROAD  
CHERRY HILL, NJ 08003

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

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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](http://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
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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](http://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
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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](http://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
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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](http://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
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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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 613.00***Thank you for your business*

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

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](http://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.

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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
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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](http://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
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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](http://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
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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](http://www.ggund.com/axis)**Pay This Amount: \$ 110.00***Thank you for your business*

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

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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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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](http://www.ggund.com/axis)

**Pay This Amount: \$ 671.00**

*Thank you for your business*

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

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:

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Phone No.: 

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# 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](http://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](http://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:

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Phone No.: 

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# 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](http://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](http://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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,989.00***Thank you for your business*

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

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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,989.00***Thank you for your business*

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

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:

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Phone No.: 

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# 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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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](http://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](http://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](http://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](http://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](http://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:

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Phone No.: 

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# 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.

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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
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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](http://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
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 275.00**

*Thank you for your business*

Policy Number: AXB12175

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 275.00**

*Thank you for your business*

Policy Number: AXB12175

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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](http://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

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](http://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](http://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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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

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](http://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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 470.00**

*Thank you for your business*

Policy Number: AXCP12471

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

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](http://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
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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](http://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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 870.00**

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

*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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 870.00**

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

*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

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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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.

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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](http://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](http://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
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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](http://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](http://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](http://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
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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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)**Pay This Amount: \$ 414.00***Thank you for your business*

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

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:

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Phone No.: 

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# 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](http://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:

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Phone No.: 

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# 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 235.00**

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

*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

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](http://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](http://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
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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.

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 172.00**

*Thank you for your business*

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

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
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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.

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

To Make An Online Payment:: [www.ggund.com/axis](http://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
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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](http://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
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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.:

# INVOICE

Home Office 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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 342.00**

*Thank you for your business*

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

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.:

# INVOICE

Payor's Copy

**Insured**

AXCP13545  
PH REMODELING LLC  
C/O PAWEL HYRA  
17 BARBARA DRIVE  
CLIFTON, NJ 07013

**PRODUCER 195**

RLM AGENCY  
23 COLFAX AVENUE REAR  
POMPTON LAKES, NJ 07442  
(973) 835-6171

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
06/23/2018	06/23/2019	Renewal - Installment # 4	03/23/2019 \$	239.00
Total Installment Due				\$ 239.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 239.00**

*Thank you for your business*

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

Policy Number: AXCP13545

PH REMODELING LLC  
C/O PAWEL HYRA  
17 BARBARA DRIVE  
CLIFTON, NJ 07013

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.: AXCP13545

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP13545  
PH REMODELING LLC  
C/O PAWEL HYRA  
17 BARBARA DRIVE  
CLIFTON, NJ 07013

**PRODUCER 195**

RLM AGENCY  
23 COLFAX AVENUE REAR  
POMPTON LAKES, NJ 07442  
(973) 835-6171

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
06/23/2018	06/23/2019	Renewal - Installment # 4	03/23/2019 \$	239.00
Total Installment Due				\$ 239.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 239.00**

*Thank you for your business*

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

Policy Number: AXCP13545

PH REMODELING LLC  
C/O PAWEL HYRA  
17 BARBARA DRIVE  
CLIFTON, NJ 07013

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.: AXCP13545

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**  
AXB13582  
ANTHONY D. TORONTO  
2-25 SUMMIT AVENUE  
FAIR LAWN, NJ 07410

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/29/2018	07/29/2019	Amount is Past Due	02/28/2019	\$ 63.00
07/29/2018	07/29/2019	Renewal - Installment # 9	03/29/2019	\$ 63.00
07/29/2018	07/29/2019	Renewal - Installment # 10	04/29/2019	\$ 47.00
Total Installment Due				\$ 173.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 173.00**

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

*Thank you for your business*

Policy Number: AXB13582

ANTHONY D. TORONTO  
2-25 SUMMIT AVENUE  
FAIR LAWN, NJ 07410

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB13582

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB13582  
ANTHONY D. TORONTO  
2-25 SUMMIT AVENUE  
FAIR LAWN, NJ 07410

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/29/2018	07/29/2019	Amount is Past Due	02/28/2019	\$ 63.00
07/29/2018	07/29/2019	Renewal - Installment # 9	03/29/2019	\$ 63.00
07/29/2018	07/29/2019	Renewal - Installment # 10	04/29/2019	\$ 47.00
Total Installment Due				\$ 173.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 173.00**

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

*Thank you for your business*

Policy Number: AXB13582

ANTHONY D. TORONTO  
2-25 SUMMIT AVENUE  
FAIR LAWN, NJ 07410

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.: AXB13582

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP13639  
DAVID ALEXANDER  
& DJA HEATING & COOLING LLC  
T/A DJA MECHANICAL CONTRACTOR  
5 MCKINLEY DRIVE  
KINNELON, NJ 07405

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
07/30/2018	07/30/2019	Renewal - Installment # 4	04/30/2019 \$	122.00
Total Installment Due				\$ 122.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 122.00***Thank you for your business*

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

Policy Number: AXCP13639

DAVID ALEXANDER  
& DJA HEATING & COOLING LLC  
T/A DJA MECHANICAL CONTRACTOR  
5 MCKINLEY DRIVE  
KINNELON, NJ 07405

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.: AXCP13639

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP13639  
DAVID ALEXANDER  
& DJA HEATING & COOLING LLC  
T/A DJA MECHANICAL CONTRACTOR  
5 MCKINLEY DRIVE  
KINNELON, NJ 07405

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
07/30/2018	07/30/2019	Renewal - Installment # 4	04/30/2019 \$	122.00
Total Installment Due				\$ 122.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 122.00**

*Thank you for your business*

Policy Number: AXCP13639

DAVID ALEXANDER  
& DJA HEATING & COOLING LLC  
T/A DJA MECHANICAL CONTRACTOR  
5 MCKINLEY DRIVE  
KINNELON, NJ 07405

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.: AXCP13639

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCA13640  
DAVID ALEXANDER  
T/A D J A MECHANICAL CONTRACTOR  
5 MC KINLEY DRIVE  
KINNELON, NJ 07405

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
07/30/2018	07/30/2019	Renewal - Installment # 4	04/30/2019 \$	215.00
Total Installment Due				\$ 215.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 215.00**

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

*Thank you for your business*

Policy Number: AXCA13640

DAVID ALEXANDER  
T/A D J A MECHANICAL CONTRACTOR  
5 MC KINLEY DRIVE  
KINNELON, NJ 07405

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.: AXCA13640

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCA13640  
DAVID ALEXANDER  
T/A D J A MECHANICAL CONTRACTOR  
5 MC KINLEY DRIVE  
KINNELON, NJ 07405

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
07/30/2018	07/30/2019	Renewal - Installment # 4	04/30/2019 \$	215.00
Total Installment Due				\$ 215.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 215.00**

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

*Thank you for your business*

Policy Number: AXCA13640

DAVID ALEXANDER  
T/A D J A MECHANICAL CONTRACTOR  
5 MC KINLEY DRIVE  
KINNELON, NJ 07405

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.: AXCA13640

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP13888  
CRAIG D ROCK PLUMBING & HEATING LLC  
1105 RIDGE ROAD  
HARMONY, NJ 08865

**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
09/23/2018	09/23/2019	Renewal - Installment # 3	03/23/2019 \$	456.00
Total Installment Due				\$ 456.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 456.00**

*Thank you for your business*

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

Policy Number: AXCP13888

CRAIG D ROCK PLUMBING & HEATING LLC  
1105 RIDGE ROAD  
HARMONY, NJ 08865

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP13888

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP13888  
CRAIG D ROCK PLUMBING & HEATING LLC  
1105 RIDGE ROAD  
HARMONY, NJ 08865

**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
09/23/2018	09/23/2019	Renewal - Installment # 3	03/23/2019 \$	456.00
Total Installment Due				\$ 456.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 456.00**

*Thank you for your business*

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

Policy Number: AXCP13888

CRAIG D ROCK PLUMBING & HEATING LLC  
1105 RIDGE ROAD  
HARMONY, NJ 08865

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.: AXCP13888

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM13939  
DONNELLY INVESTMENTS, LLC  
419 SICOMAC AVENUE  
WYCKOFF, NJ 07481

**PRODUCER 760**

SANFORD INSURANCE GROUP LLC  
210 BELLEVUE AVENUE  
UPPER MONTCLAIR, NJ 07043  
(973) 783-6600

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
08/25/2018	08/25/2019	Renewal - Installment # 8	03/25/2019 \$	25.00
08/25/2018	08/25/2019	Renewal - Installment # 9	04/25/2019 \$	50.00
08/25/2018	08/25/2019	Renewal - Installment # 10	05/25/2019 \$	44.00
Total Installment Due				\$ 119.00

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

Your total amount due is \$119.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 119.00**

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

*Thank you for your business*

Policy Number: AXUM13939

DONNELLY INVESTMENTS, LLC  
419 SICOMAC AVENUE  
WYCKOFF, NJ 07481

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.: AXUM13939

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM13939  
DONNELLY INVESTMENTS, LLC  
419 SICOMAC AVENUE  
WYCKOFF, NJ 07481

**PRODUCER 760**

SANFORD INSURANCE GROUP LLC  
210 BELLEVUE AVENUE  
UPPER MONTCLAIR, NJ 07043  
(973) 783-6600

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
08/25/2018	08/25/2019	Renewal - Installment # 8	03/25/2019 \$	25.00
08/25/2018	08/25/2019	Renewal - Installment # 9	04/25/2019 \$	50.00
08/25/2018	08/25/2019	Renewal - Installment # 10	05/25/2019 \$	44.00
Total Installment Due				\$ 119.00

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

Your total amount due is \$119.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 119.00**

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

*Thank you for your business*

Policy Number: AXUM13939

DONNELLY INVESTMENTS, LLC  
419 SICOMAC AVENUE  
WYCKOFF, NJ 07481

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.: AXUM13939

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCA13940  
SHILOH TEMPLE CHURCH INC  
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY  
ATTN: REV BILAL PARRISH  
505 MADISON AVENUE  
ATLANTIC CITY, NJ 08401

**PRODUCER 124**

CHRIS FERRY INSURANCE AGENCY  
PO BOX 356  
LINWOOD, NJ 08221  
(609) 653-6600

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
10/12/2018	10/12/2019	Renewal - Installment # 3	04/12/2019 \$	796.00
Total Installment Due				\$ 796.00

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

Your total amount due is \$1,268.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 796.00**

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

*Thank you for your business*

Policy Number: AXCA13940

SHILOH TEMPLE CHURCH INC  
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY  
ATTN: REV BILAL PARRISH  
505 MADISON AVENUE  
ATLANTIC CITY, NJ 08401

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/12/2018	10/12/2019	Installment	07/12/2019	\$ 472.00
Total Future Installments				\$ 472.00

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

**Change of Address**

Policy No.: AXCA13940

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCA13940  
SHILOH TEMPLE CHURCH INC  
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY  
ATTN: REV BILAL PARRISH  
505 MADISON AVENUE  
ATLANTIC CITY, NJ 08401

**PRODUCER 124**

CHRIS FERRY INSURANCE AGENCY  
PO BOX 356  
LINWOOD, NJ 08221  
(609) 653-6600

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
10/12/2018	10/12/2019	Renewal - Installment # 3	04/12/2019 \$	796.00
Total Installment Due				\$ 796.00

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

Your total amount due is \$1,268.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 796.00**

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

*Thank you for your business*

Policy Number: AXCA13940

SHILOH TEMPLE CHURCH INC  
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY  
ATTN: REV BILAL PARRISH  
505 MADISON AVENUE  
ATLANTIC CITY, NJ 08401

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/12/2018	10/12/2019	Installment	07/12/2019	\$ 472.00
Total Future Installments				\$ 472.00

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

**Change of Address**

Policy No.: AXCA13940

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM14024  
PHYLCO REALTY, WEINCO REALTY,  
SCHEPPE REALTY, SALCHARLES REALTY &  
EFROM REALTY  
261 FOUNTAIN AVENUE  
ENGLEWOOD, NJ 07631

**PRODUCER 132**

D & G SAYLES INSURANCE SERVICES  
899 LINCOLN AVENUE  
GLEN ROCK, NJ 07452  
(201) 652-0407

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
10/31/2018	10/31/2019	Renewal - Installment # 6	03/23/2019 \$	5,234.00
10/31/2018	10/31/2019	Renewal - Installment # 7	04/23/2019 \$	5,224.00
10/31/2018	10/31/2019	Renewal - Installment # 8	05/23/2019 \$	5,224.00
Total Installment Due				\$ 15,682.00

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

Your total amount due is \$25,552.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 15,682.00**

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

*Thank you for your business*

Policy Number: AXCM14024

PHYLCO REALTY, WEINCO REALTY,  
SCHEPPE REALTY, SALCHARLES REALTY &  
EFROM REALTY  
261 FOUNTAIN AVENUE  
ENGLEWOOD, NJ 07631

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Installment	06/23/2019	\$ 5,224.00
10/31/2018	10/31/2019	Installment	07/23/2019	\$ 4,646.00
Total Future Installments				\$ 9,870.00

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

#### Change of Address

Policy No.: AXCM14024

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM14024  
PHYLCO REALTY, WEINCO REALTY,  
SCHEPPE REALTY, SALCHARLES REALTY &  
EFROM REALTY  
261 FOUNTAIN AVENUE  
ENGLEWOOD, NJ 07631

**PRODUCER 132**

D & G SAYLES INSURANCE SERVICES  
899 LINCOLN AVENUE  
GLEN ROCK, NJ 07452  
(201) 652-0407

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
10/31/2018	10/31/2019	Renewal - Installment # 6	03/23/2019 \$	5,234.00
10/31/2018	10/31/2019	Renewal - Installment # 7	04/23/2019 \$	5,224.00
10/31/2018	10/31/2019	Renewal - Installment # 8	05/23/2019 \$	5,224.00
Total Installment Due				\$ 15,682.00

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

Your total amount due is \$25,552.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 15,682.00**

*Thank you for your business*

Policy Number: AXCM14024

PHYLCO REALTY, WEINCO REALTY,  
SCHEPPE REALTY, SALCHARLES REALTY &  
EFROM REALTY  
261 FOUNTAIN AVENUE  
ENGLEWOOD, NJ 07631

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Installment	06/23/2019	\$ 5,224.00
10/31/2018	10/31/2019	Installment	07/23/2019	\$ 4,646.00
Total Future Installments				\$ 9,870.00

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

#### Change of Address

Policy No.: AXCM14024

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM14227  
HAMILTON BLACK PROPERTY MANAGEMENT, INC  
DELEVEAR WHITE  
C/O DELEVEAR WHITE  
PO BOX 489  
PLEASANTVILLE, NJ 08232

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Amount is Past Due	03/05/2019	\$ 705.00
09/05/2018	09/05/2019	Renewal - Installment # 8	04/05/2019	\$ 705.00
09/05/2018	09/05/2019	Renewal - Installment # 9	05/05/2019	\$ 695.00
Total Installment Due				\$ 2,105.00

**Mortgagee Information**

SLM FINANCIAL  
300 CONTINENTAL DR  
2 SOUTH  
NEWARK, DE 19713

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,105.00**

*Thank you for your business*

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

Policy Number: AXCM14227

HAMILTON BLACK PROPERTY MANAGEMENT, INC  
DELEVEAR WHITE  
C/O DELEVEAR WHITE  
PO BOX 489  
PLEASANTVILLE, NJ 08232

03/18/2019 - Inv

**Mortgagee Information**

SLM FINANCIAL  
300 CONTINENTAL DR  
2 SOUTH  
NEWARK, DE 19713

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Installment	06/05/2019	\$ 617.00
Total Future Installments				\$ 617.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM14227  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM14227  
HAMILTON BLACK PROPERTY MANAGEMENT, INC  
DELEVEAR WHITE  
C/O DELEVEAR WHITE  
PO BOX 489  
PLEASANTVILLE, NJ 08232

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Amount is Past Due	03/05/2019	\$ 705.00
09/05/2018	09/05/2019	Renewal - Installment # 8	04/05/2019	\$ 705.00
09/05/2018	09/05/2019	Renewal - Installment # 9	05/05/2019	\$ 695.00
Total Installment Due				\$ 2,105.00

**Mortgagee Information**

SLM FINANCIAL  
300 CONTINENTAL DR  
2 SOUTH  
NEWARK, DE 19713

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,105.00**

*Thank you for your business*

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

Policy Number: AXCM14227

**Mortgagee Information**

SLM FINANCIAL  
300 CONTINENTAL DR  
2 SOUTH  
NEWARK, DE 19713

HAMILTON BLACK PROPERTY MANAGEMENT, INC  
DELEVEAR WHITE  
C/O DELEVEAR WHITE  
PO BOX 489  
PLEASANTVILLE, NJ 08232

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Installment	06/05/2019	\$ 617.00
Total Future Installments				\$ 617.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM14227  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM14274  
PHILIP & DOROTHY KAYS  
PO BOX 675  
PHILLIPSBURG, NJ 08865

**PRODUCER 113**

BUDD AGENCY  
600 AVENUE A  
PHILLIPSBURG, NJ 08865  
(908) 859-2213

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
10/19/2018	10/19/2019	Renewal - Installment # 7	04/19/2019 \$	972.00
10/19/2018	10/19/2019	Renewal - Installment # 8	05/19/2019 \$	962.00
Total Installment Due				\$ 1,934.00

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

Your total amount due is \$4,724.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,934.00**

*Thank you for your business*

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

Policy Number: AXCM14274

PHILIP & DOROTHY KAYS  
PO BOX 675  
PHILLIPSBURG, NJ 08865

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Installment	06/19/2019	\$ 962.00
10/19/2018	10/19/2019	Installment	07/19/2019	\$ 856.00
Total Future Installments				\$ 1,818.00

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

#### Change of Address

Policy No.: AXCM14274

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM14274  
PHILIP & DOROTHY KAYS  
PO BOX 675  
PHILLIPSBURG, NJ 08865

**PRODUCER 113**

BUDD AGENCY  
600 AVENUE A  
PHILLIPSBURG, NJ 08865  
(908) 859-2213

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
10/19/2018	10/19/2019	Renewal - Installment # 7	04/19/2019 \$	972.00
10/19/2018	10/19/2019	Renewal - Installment # 8	05/19/2019 \$	962.00
Total Installment Due				\$ 1,934.00

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

Your total amount due is \$4,724.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,934.00**

*Thank you for your business*

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

Policy Number: AXCM14274

PHILIP & DOROTHY KAYS  
PO BOX 675  
PHILLIPSBURG, NJ 08865

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Installment	06/19/2019	\$ 962.00
10/19/2018	10/19/2019	Installment	07/19/2019	\$ 856.00
Total Future Installments				\$ 1,818.00

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

#### Change of Address

Policy No.: AXCM14274

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM14374  
72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEM ROAD  
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 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 \$	1,725.00
03/01/2019	03/01/2020	Renewal - Installment # 2	04/01/2019 \$	758.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/01/2019 \$	748.00
Total Installment Due				\$ 3,231.00

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

Your total amount due is \$8,385.00  
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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,231.00**

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

*Thank you for your business*

Policy Number: AXCM14374

72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEM ROAD  
SPRINGFIELD, NJ 07081

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	\$ 748.00
03/01/2019	03/01/2020	Installment	07/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	09/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	10/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	11/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 666.00

Total Future Installments \$ 5,154.00

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

#### Change of Address

Policy No.: AXCM14374

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM14374  
72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEM ROAD  
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 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 \$	1,725.00
03/01/2019	03/01/2020	Renewal - Installment # 2	04/01/2019 \$	758.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/01/2019 \$	748.00
Total Installment Due				\$ 3,231.00

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

Your total amount due is \$8,385.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,231.00**

*Thank you for your business*

Policy Number: AXCM14374

72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEM ROAD  
SPRINGFIELD, NJ 07081

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	\$ 748.00
03/01/2019	03/01/2020	Installment	07/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	09/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	10/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	11/01/2019	\$ 748.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 666.00

Total Future Installments \$ 5,154.00

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

#### Change of Address

Policy No.: AXCM14374

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP14510  
JOHN HARRIGAN  
T/A STONEPOINTE CONTRACTING  
PO BOX 344  
MONTVALE, NJ 07645

**PRODUCER 164**

MCCARTHY HILLSIDE INC.  
T/A NOBLE AGENCY  
170 WASHINGTON STREET  
DUMONT, NJ 07628  
(201) 384-2312

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
10/12/2018	10/12/2019	Renewal - Installment # 3	04/12/2019 \$	590.00
Total Installment Due				\$ 590.00

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

Your total amount due is \$938.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 590.00**

*Thank you for your business*

Policy Number: AXCP14510

JOHN HARRIGAN  
T/A STONEPOINTE CONTRACTING  
PO BOX 344  
MONTVALE, NJ 07645

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/12/2018	10/12/2019	Installment	07/12/2019	\$ 348.00
Total Future Installments				\$ 348.00

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

**Change of Address**

Policy No.: AXCP14510

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP14510  
JOHN HARRIGAN  
T/A STONEPOINTE CONTRACTING  
PO BOX 344  
MONTVALE, NJ 07645

**PRODUCER 164**

MCCARTHY HILLSIDE INC.  
T/A NOBLE AGENCY  
170 WASHINGTON STREET  
DUMONT, NJ 07628  
(201) 384-2312

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
10/12/2018	10/12/2019	Renewal - Installment # 3	04/12/2019 \$	590.00
Total Installment Due				\$ 590.00

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

Your total amount due is \$938.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 590.00**

*Thank you for your business*

Policy Number: AXCP14510

JOHN HARRIGAN  
T/A STONEPOINTE CONTRACTING  
PO BOX 344  
MONTVALE, NJ 07645

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/12/2018	10/12/2019	Installment	07/12/2019	\$ 348.00
Total Future Installments				\$ 348.00

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

**Change of Address**

Policy No.: AXCP14510

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB14640  
250 MORRIS AVE LLC  
C/O MR SANDRI GJONBALAJ  
808 ST JOSEPH PLACE  
TOMS RIVER, NJ 08753

**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
11/01/2018	11/01/2019	Renewal - Installment # 3	05/01/2019 \$	1,556.00
Total Installment Due				\$ 1,556.00

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

Your total amount due is \$2,483.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

WACHOVIA BANK PA 1323  
PO BOX 7558  
PHILADELPHIA, PA 19101-7558

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,556.00**

*Thank you for your business*

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

Policy Number: AXB14640

250 MORRIS AVE LLC  
C/O MR SANDRI GJONBALAJ  
808 ST JOSEPH PLACE  
TOMS RIVER, NJ 08753

**Mortgagee Information**

WACHOVIA BANK PA 1323  
PO BOX 7558  
PHILADELPHIA, PA 19101-7558

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	\$ 927.00
Total Future Installments				\$ 927.00

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

**Change of Address**

Policy No.: AXB14640

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB14640  
250 MORRIS AVE LLC  
C/O MR SANDRI GJONBALAJ  
808 ST JOSEPH PLACE  
TOMS RIVER, NJ 08753

**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
11/01/2018	11/01/2019	Renewal - Installment # 3	05/01/2019 \$	1,556.00
Total Installment Due				\$ 1,556.00

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

Your total amount due is \$2,483.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

WACHOVIA BANK PA 1323  
PO BOX 7558  
PHILADELPHIA, PA 19101-7558

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,556.00**

*Thank you for your business*

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

Policy Number: AXB14640

250 MORRIS AVE LLC  
C/O MR SANDRI GJONBALAJ  
808 ST JOSEPH PLACE  
TOMS RIVER, NJ 08753

**Mortgagee Information**

WACHOVIA BANK PA 1323  
PO BOX 7558  
PHILADELPHIA, PA 19101-7558

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	\$ 927.00
Total Future Installments				\$ 927.00

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

**Change of Address**

Policy No.: AXB14640

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXBR14662  
COLUMBIA HOTEL OF HAMMONTON INC  
T/A COLUMBIA II  
3238 SOUTH WHITE HORSE PIKE  
ROUTE 30  
HAMMONTON, NJ 08037

**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
11/20/2018	11/20/2019	Renewal - Installment # 5	03/23/2019 \$	826.00
11/20/2018	11/20/2019	Renewal - Installment # 6	04/23/2019 \$	816.00
11/20/2018	11/20/2019	Renewal - Installment # 7	05/23/2019 \$	816.00
Total Installment Due				\$ 2,458.00

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

Your total amount due is \$4,815.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,458.00***Thank you for your business*

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

Policy Number: AXBR14662

COLUMBIA HOTEL OF HAMMONTON INC  
T/A COLUMBIA II  
3238 SOUTH WHITE HORSE PIKE  
ROUTE 30  
HAMMONTON, NJ 08037

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/20/2018	11/20/2019	Installment	06/23/2019	\$ 816.00
11/20/2018	11/20/2019	Installment	07/23/2019	\$ 816.00
11/20/2018	11/20/2019	Installment	08/23/2019	\$ 725.00
Total Future Installments				\$ 2,357.00

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

#### Change of Address

Policy No.: AXBR14662

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBR14662  
COLUMBIA HOTEL OF HAMMONTON INC  
T/A COLUMBIA II  
3238 SOUTH WHITE HORSE PIKE  
ROUTE 30  
HAMMONTON, NJ 08037

**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
11/20/2018	11/20/2019	Renewal - Installment # 5	03/23/2019 \$	826.00
11/20/2018	11/20/2019	Renewal - Installment # 6	04/23/2019 \$	816.00
11/20/2018	11/20/2019	Renewal - Installment # 7	05/23/2019 \$	816.00
Total Installment Due				\$ 2,458.00

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

Your total amount due is \$4,815.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,458.00**

*Thank you for your business*

Policy Number: AXBR14662

COLUMBIA HOTEL OF HAMMONTON INC  
T/A COLUMBIA II  
3238 SOUTH WHITE HORSE PIKE  
ROUTE 30  
HAMMONTON, NJ 08037

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/20/2018	11/20/2019	Installment	06/23/2019	\$ 816.00
11/20/2018	11/20/2019	Installment	07/23/2019	\$ 816.00
11/20/2018	11/20/2019	Installment	08/23/2019	\$ 725.00
Total Future Installments				\$ 2,357.00

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

#### Change of Address

Policy No.: AXBR14662

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP14699  
F.E. JOHNSTON CONTRACTING LLC  
140 LUTHER DRIVE  
MANCHESTER, NJ 08759

**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
11/22/2018	11/22/2019	Renewal - Installment # 3	05/22/2019 \$	445.00
Total Installment Due				\$ 445.00

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

Your total amount due is \$705.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 445.00**

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

*Thank you for your business*

Policy Number: AXCP14699

F.E. JOHNSTON CONTRACTING LLC  
140 LUTHER DRIVE  
MANCHESTER, NJ 08759

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/22/2018	11/22/2019	Installment	08/22/2019	\$ 260.00
Total Future Installments				\$ 260.00

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

**Change of Address**

Policy No.: AXCP14699

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP14699  
F.E. JOHNSTON CONTRACTING LLC  
140 LUTHER DRIVE  
MANCHESTER, NJ 08759

**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
11/22/2018	11/22/2019	Renewal - Installment # 3	05/22/2019 \$	445.00
Total Installment Due				\$ 445.00

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

Your total amount due is \$705.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 445.00**

*Thank you for your business*

Policy Number: AXCP14699

F.E. JOHNSTON CONTRACTING LLC  
140 LUTHER DRIVE  
MANCHESTER, NJ 08759

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/22/2018	11/22/2019	Installment	08/22/2019	\$ 260.00
Total Future Installments				\$ 260.00

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

**Change of Address**

Policy No.: AXCP14699

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB14897  
MANTONE & SONS INC  
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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/15/2019	01/15/2020	Renewal - Installment # 2	04/15/2019 \$	1,235.00
Total Installment Due				\$ 1,235.00

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

Your total amount due is \$2,460.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,235.00**

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

*Thank you for your business*

Policy Number: AXB14897

MANTONE & SONS INC  
14 PROSPECT STREET  
MADISON, NJ 07940

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/15/2019	01/15/2020	Installment	07/15/2019	\$ 1,225.00
Total Future Installments				\$ 1,225.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB14897  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB14897  
MANTONE & SONS INC  
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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/15/2019	01/15/2020	Renewal - Installment # 2	04/15/2019 \$	1,235.00
Total Installment Due				\$ 1,235.00

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

Your total amount due is \$2,460.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,235.00**

*Thank you for your business*

Policy Number: AXB14897

MANTONE & SONS INC  
14 PROSPECT STREET  
MADISON, NJ 07940

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/15/2019	01/15/2020	Installment	07/15/2019	\$ 1,225.00
Total Future Installments				\$ 1,225.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB14897  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB14926  
HUANG INC  
T/A JFJ LIQUOR & BAR  
1070 RT 34  
MATAWAN, NJ 07747

**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
01/16/2019	01/16/2020	Renewal - Installment # 2	04/16/2019 \$	514.00
Total Installment Due				\$ 514.00

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

Your total amount due is \$1,320.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 514.00**

*Thank you for your business*

Policy Number: AXB14926

HUANG INC  
T/A JFJ LIQUOR & BAR  
1070 RT 34  
MATAWAN, NJ 07747

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/16/2019	01/16/2020	Installment	07/16/2019	\$ 504.00
01/16/2019	01/16/2020	Installment	10/16/2019	\$ 302.00
Total Future Installments				\$ 806.00

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

#### Change of Address

Policy No.: AXB14926

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB14926  
HUANG INC  
T/A JFJ LIQUOR & BAR  
1070 RT 34  
MATAWAN, NJ 07747

**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
01/16/2019	01/16/2020	Renewal - Installment # 2	04/16/2019 \$	514.00
Total Installment Due				\$ 514.00

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

Your total amount due is \$1,320.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 514.00**

*Thank you for your business*

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

Policy Number: AXB14926

HUANG INC  
T/A JFJ LIQUOR & BAR  
1070 RT 34  
MATAWAN, NJ 07747

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/16/2019	01/16/2020	Installment	07/16/2019	\$ 504.00
01/16/2019	01/16/2020	Installment	10/16/2019	\$ 302.00
Total Future Installments				\$ 806.00

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

#### Change of Address

Policy No.: AXB14926

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXBR14990  
BRIAN FLYNN  
T/A MEL'S WAFFLE HOUSE  
603 BAYSHORE ROAD  
VILLAS, NJ 08251

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/08/2019	02/08/2020	Renewal - Installment # 2	05/08/2019 \$	673.00
Total Installment Due				\$ 673.00

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

Your total amount due is \$1,733.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 673.00**

*Thank you for your business*

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

Policy Number: AXBR14990

BRIAN FLYNN  
T/A MEL'S WAFFLE HOUSE  
603 BAYSHORE ROAD  
VILLAS, NJ 08251

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/08/2019	02/08/2020	Installment	08/08/2019	\$ 663.00
02/08/2019	02/08/2020	Installment	11/08/2019	\$ 397.00
Total Future Installments				\$ 1,060.00

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

#### Change of Address

Policy No.: AXBR14990

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBR14990  
BRIAN FLYNN  
T/A MEL'S WAFFLE HOUSE  
603 BAYSHORE ROAD  
VILLAS, NJ 08251

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/08/2019	02/08/2020	Renewal - Installment # 2	05/08/2019 \$	673.00
Total Installment Due				\$ 673.00

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

Your total amount due is \$1,733.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 673.00**

*Thank you for your business*

Policy Number: AXBR14990

BRIAN FLYNN  
T/A MEL'S WAFFLE HOUSE  
603 BAYSHORE ROAD  
VILLAS, NJ 08251

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/08/2019	02/08/2020	Installment	08/08/2019	\$ 663.00
02/08/2019	02/08/2020	Installment	11/08/2019	\$ 397.00
Total Future Installments				\$ 1,060.00

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

**Change of Address**

Policy No.: AXBR14990

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP15025  
PETER J MANLEY  
T/A PETER MANLEY PLUMBING & HEATING  
206 AVENUE E  
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
02/03/2019	02/03/2020	Renewal - Installment # 2	05/03/2019 \$	650.00
Total Installment Due				\$ 650.00

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

Your total amount due is \$1,290.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 650.00***Thank you for your business*

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

Policy Number: AXCP15025

PETER J MANLEY  
T/A PETER MANLEY PLUMBING & HEATING  
206 AVENUE E  
BAYONNE, NJ 07002

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 640.00
Total Future Installments				\$ 640.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15025  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP15025  
PETER J MANLEY  
T/A PETER MANLEY PLUMBING & HEATING  
206 AVENUE E  
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
02/03/2019	02/03/2020	Renewal - Installment # 2	05/03/2019 \$	650.00
Total Installment Due				\$ 650.00

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

Your total amount due is \$1,290.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 650.00**

*Thank you for your business*

Policy Number: AXCP15025

PETER J MANLEY  
T/A PETER MANLEY PLUMBING & HEATING  
206 AVENUE E  
BAYONNE, NJ 07002

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 640.00
Total Future Installments				\$ 640.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15025

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP15034  
KNOWLEDGE CARPET INSTALLATION INC  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Renewal - Installment # 2	04/29/2019 \$	287.00
Total Installment Due				\$ 287.00

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

Your total amount due is \$564.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 287.00***Thank you for your business*

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

Policy Number: AXCP15034

KNOWLEDGE CARPET INSTALLATION INC  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Installment	07/29/2019	\$ 277.00
Total Future Installments				\$ 277.00

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

**Change of Address**

Policy No.: AXCP15034

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP15034  
KNOWLEDGE CARPET INSTALLATION INC  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Renewal - Installment # 2	04/29/2019 \$	287.00
Total Installment Due				\$ 287.00

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

Your total amount due is \$564.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 287.00**

*Thank you for your business*

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

Policy Number: AXCP15034

KNOWLEDGE CARPET INSTALLATION INC  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Installment	07/29/2019	\$ 277.00
Total Future Installments				\$ 277.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15034  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**  
AXCA15035  
JEFFREY LITTLE  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Renewal - Installment # 2	04/29/2019 \$	623.00
Total Installment Due				\$ 623.00

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

Your total amount due is \$1,236.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 623.00**

*Thank you for your business*

Policy Number: AXCA15035

JEFFREY LITTLE  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Installment	07/29/2019	\$ 613.00
Total Future Installments				\$ 613.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCA15035  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCA15035  
JEFFREY LITTLE  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Renewal - Installment # 2	04/29/2019 \$	623.00
Total Installment Due				\$ 623.00

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

Your total amount due is \$1,236.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 623.00**

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

*Thank you for your business*

Policy Number: AXCA15035

JEFFREY LITTLE  
167 RICHLAND AVENUE  
TRENTON, NJ 08629

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/29/2019	01/29/2020	Installment	07/29/2019	\$ 613.00
Total Future Installments				\$ 613.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCA15035  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB15098  
SIRIUS OF SUSSEX, LLC  
C/O CHERYL FAUST  
78 RICHARD MINE ROAD  
DOVER, NJ 07801

**PRODUCER 155**

MITCHELL INSURANCE AGENCY  
29 TRINITY STREET  
NEWTON, NJ 07860  
(973) 383-5800

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	Amount is Past Due	02/28/2019 \$	1,557.00
02/28/2019	02/28/2020	Renewal - Installment # 2	05/31/2019 \$	1,098.00
Total Installment Due				\$ 2,655.00

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

Your total amount due is \$4,395.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK  
TWO TOWER CENTER BLVD  
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,655.00**

*Thank you for your business*

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

Policy Number: AXB15098

SIRIUS OF SUSSEX, LLC  
C/O CHERYL FAUST  
78 RICHARD MINE ROAD  
DOVER, NJ 07801

**Mortgagee Information**

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK  
TWO TOWER CENTER BLVD  
EAST BRUNSWICK, NJ 08816

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	\$ 1,088.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 652.00
Total Future Installments				\$ 1,740.00

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

#### Change of Address

Policy No.: AXB15098

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB15098  
SIRIUS OF SUSSEX, LLC  
C/O CHERYL FAUST  
78 RICHARD MINE ROAD  
DOVER, NJ 07801

**PRODUCER 155**

MITCHELL INSURANCE AGENCY  
29 TRINITY STREET  
NEWTON, NJ 07860  
(973) 383-5800

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	Amount is Past Due	02/28/2019 \$	1,557.00
02/28/2019	02/28/2020	Renewal - Installment # 2	05/31/2019 \$	1,098.00
Total Installment Due				\$ 2,655.00

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

Your total amount due is \$4,395.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK  
TWO TOWER CENTER BLVD  
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,655.00**

*Thank you for your business*

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

Policy Number: AXB15098

SIRIUS OF SUSSEX, LLC  
C/O CHERYL FAUST  
78 RICHARD MINE ROAD  
DOVER, NJ 07801

**Mortgagee Information**

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK  
TWO TOWER CENTER BLVD  
EAST BRUNSWICK, NJ 08816

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 1,088.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 652.00
Total Future Installments				\$ 1,740.00

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

#### Change of Address

Policy No.: AXB15098

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXBR15150  
BARNSBORO INN, LLC  
BARNSBORO HOSPITALITY LLC  
C/O TOM BUDD  
699 MAIN STREET  
BARNSBORO, NJ 08080

**PRODUCER 122**

CETTEI & CONNELL INC  
35 SOUTH BROAD STREET  
SUITE B  
PO BOX 657  
WOODBURY, NJ 08096  
(856) 848-8898

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
03/13/2019	03/13/2020	Amount is Past Due	03/13/2019	\$ 2,548.00
03/13/2019	03/13/2020	Renewal - Installment # 2	04/13/2019	\$ 1,120.00
03/13/2019	03/13/2020	Renewal - Installment # 3	05/13/2019	\$ 1,110.00
Total Installment Due				\$ 4,778.00

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

Your total amount due is \$12,425.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

SOVEREIGN BANK  
ISAOA  
619 ALEXANDER RD., 60-571-CMI  
PRINCETON, NJ 08542

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,778.00**

*Thank you for your business*

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

Policy Number: AXBR15150

BARNSBORO INN, LLC  
BARNSBORO HOSPITALITY LLC  
C/O TOM BUDD  
699 MAIN STREET  
BARNSBORO, NJ 08080

03/18/2019 - Inv

**Mortgagee Information**

SOVEREIGN BANK  
ISAOA  
619 ALEXANDER RD., 60-571-CMI  
PRINCETON, NJ 08542

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/13/2019	03/13/2020	Installment	06/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	07/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	08/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	09/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	10/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	11/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	12/13/2019	\$ 987.00

Total Future Installments \$ 7,647.00

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

#### Change of Address

Policy No.: AXBR15150

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBR15150  
BARNSBORO INN, LLC  
BARNSBORO HOSPITALITY LLC  
C/O TOM BUDD  
699 MAIN STREET  
BARNSBORO, NJ 08080

**PRODUCER 122**

CETTEI & CONNELL INC  
35 SOUTH BROAD STREET  
SUITE B  
PO BOX 657  
WOODBURY, NJ 08096  
(856) 848-8898

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
03/13/2019	03/13/2020	Amount is Past Due	03/13/2019	\$ 2,548.00
03/13/2019	03/13/2020	Renewal - Installment # 2	04/13/2019	\$ 1,120.00
03/13/2019	03/13/2020	Renewal - Installment # 3	05/13/2019	\$ 1,110.00
Total Installment Due				\$ 4,778.00

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

Your total amount due is \$12,425.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

SOVEREIGN BANK  
ISAOA  
619 ALEXANDER RD., 60-571-CMI  
PRINCETON, NJ 08542

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,778.00**

*Thank you for your business*

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

Policy Number: AXBR15150

BARNSBORO INN, LLC  
BARNSBORO HOSPITALITY LLC  
C/O TOM BUDD  
699 MAIN STREET  
BARNSBORO, NJ 08080

03/18/2019 - Inv

**Mortgagee Information**

SOVEREIGN BANK  
ISAOA  
619 ALEXANDER RD., 60-571-CMI  
PRINCETON, NJ 08542

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/13/2019	03/13/2020	Installment	06/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	07/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	08/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	09/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	10/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	11/13/2019	\$ 1,110.00
03/13/2019	03/13/2020	Installment	12/13/2019	\$ 987.00

Total Future Installments \$ 7,647.00

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

#### Change of Address

Policy No.: AXBR15150

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP15155  
ANDREW IPPOLITO T/A  
ANDY'S ELECTRICAL SERVICE  
324 EWINGVILLE ROAD  
TRENTON, NJ 08638

**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
02/20/2019	02/20/2020	Renewal - Installment # 2	05/20/2019 \$	256.00
Total Installment Due				\$ 256.00

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

Your total amount due is \$502.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 256.00***Thank you for your business*

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

Policy Number: AXCP15155

ANDREW IPPOLITO T/A  
ANDY'S ELECTRICAL SERVICE  
324 EWINGVILLE ROAD  
TRENTON, NJ 08638

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/20/2019	02/20/2020	Installment	08/20/2019	\$ 246.00
Total Future Installments				\$ 246.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15155  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP15155  
ANDREW IPPOLITO T/A  
ANDY'S ELECTRICAL SERVICE  
324 EWINGVILLE ROAD  
TRENTON, NJ 08638

**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
02/20/2019	02/20/2020	Renewal - Installment # 2	05/20/2019 \$	256.00
Total Installment Due				\$ 256.00

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

Your total amount due is \$502.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 256.00**

*Thank you for your business*

Policy Number: AXCP15155

ANDREW IPPOLITO T/A  
ANDY'S ELECTRICAL SERVICE  
324 EWINGVILLE ROAD  
TRENTON, NJ 08638

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/20/2019	02/20/2020	Installment	08/20/2019	\$ 246.00
Total Future Installments				\$ 246.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15155  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP15257  
BRIAN K. SMITH CONSTRUCTION  
26 FIRST STREET  
KENVIL, NJ 07847

**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
02/18/2019	02/18/2020	Renewal - Installment # 2	05/18/2019 \$	357.00
Total Installment Due				\$ 357.00

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

Your total amount due is \$704.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 357.00***Thank you for your business*

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

Policy Number: AXCP15257

BRIAN K. SMITH CONSTRUCTION  
26 FIRST STREET  
KENVIL, NJ 07847

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/18/2019	02/18/2020	Installment	08/18/2019	\$ 347.00
Total Future Installments				\$ 347.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15257

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP15257  
BRIAN K. SMITH CONSTRUCTION  
26 FIRST STREET  
KENVIL, NJ 07847

**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
02/18/2019	02/18/2020	Renewal - Installment # 2	05/18/2019 \$	357.00
Total Installment Due				\$ 357.00

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

Your total amount due is \$704.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 357.00**

*Thank you for your business*

Policy Number: AXCP15257

BRIAN K. SMITH CONSTRUCTION  
26 FIRST STREET  
KENVIL, NJ 07847

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/18/2019	02/18/2020	Installment	08/18/2019	\$ 347.00
Total Future Installments				\$ 347.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15257  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCA15307  
PADIS, INC.  
72 FADEM ROAD  
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 AUTO - STANDARD

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 \$	719.00
03/01/2019	03/01/2020	Renewal - Installment # 2	04/01/2019 \$	319.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/01/2019 \$	309.00
Total Installment Due				\$ 1,347.00

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

Your total amount due is \$3,476.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,347.00**

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

*Thank you for your business*

Policy Number: AXCA15307

PADIS, INC.  
72 FADEM ROAD  
SPRINGFIELD, NJ 07081

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	\$ 309.00
03/01/2019	03/01/2020	Installment	07/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	09/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	10/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	11/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 275.00

Total Future Installments \$ 2,129.00

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

#### Change of Address

Policy No.: AXCA15307

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCA15307  
PADIS, INC.  
72 FADEM ROAD  
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 AUTO - STANDARD

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 \$	719.00
03/01/2019	03/01/2020	Renewal - Installment # 2	04/01/2019 \$	319.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/01/2019 \$	309.00
Total Installment Due				\$ 1,347.00

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

Your total amount due is \$3,476.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,347.00**

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

*Thank you for your business*

Policy Number: AXCA15307

PADIS, INC.  
72 FADEM ROAD  
SPRINGFIELD, NJ 07081

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	\$ 309.00
03/01/2019	03/01/2020	Installment	07/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	09/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	10/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	11/01/2019	\$ 309.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 275.00

Total Future Installments \$ 2,129.00

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

#### Change of Address

Policy No.: AXCA15307

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXUM15309  
72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEN ROAD  
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 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 \$	222.00
03/01/2019	03/01/2020	Renewal - Installment # 2	04/01/2019 \$	101.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/01/2019 \$	91.00
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 \$1,041.00  
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](http://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: AXUM15309

72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEN ROAD  
SPRINGFIELD, NJ 07081

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	\$ 91.00
03/01/2019	03/01/2020	Installment	07/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	09/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	10/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	11/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 81.00
Total Future Installments				\$ 627.00

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

#### Change of Address

Policy No.: AXUM15309

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXUM15309  
72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEN ROAD  
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 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 \$	222.00
03/01/2019	03/01/2020	Renewal - Installment # 2	04/01/2019 \$	101.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/01/2019 \$	91.00
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 \$1,041.00  
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](http://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: AXUM15309

72 FADEM ROAD REALTY LLC &  
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC  
72 FADEN ROAD  
SPRINGFIELD, NJ 07081

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	\$ 91.00
03/01/2019	03/01/2020	Installment	07/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	08/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	09/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	10/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	11/01/2019	\$ 91.00
03/01/2019	03/01/2020	Installment	12/01/2019	\$ 81.00
Total Future Installments				\$ 627.00

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

#### Change of Address

Policy No.: AXUM15309

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB15766  
GOYANES, LLC  
225 WEST PROSPECT AVENUE  
WOODBIDGE, NJ 07095

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/10/2018	07/10/2019	Renewal - Installment # 10	04/10/2019 \$	158.00
Total Installment Due				\$ 158.00

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

**Mortgagee Information**

SANTANDER BANK, NA  
P.O. BOX 628  
AMELIA, OH 45102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 158.00**

*Thank you for your business*

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

Policy Number: AXB15766

GOYANES, LLC  
225 WEST PROSPECT AVENUE  
WOODBIDGE, NJ 07095

**Mortgagee Information**

SANTANDER BANK, NA  
P.O. BOX 628  
AMELIA, OH 45102

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB15766

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB15766  
GOYANES, LLC  
225 WEST PROSPECT AVENUE  
WOODBIDGE, NJ 07095

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/10/2018	07/10/2019	Renewal - Installment # 10	04/10/2019 \$	158.00
Total Installment Due				\$ 158.00

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

**Mortgagee Information**

SANTANDER BANK, NA  
P.O. BOX 628  
AMELIA, OH 45102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 158.00**

*Thank you for your business*

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

Policy Number: AXB15766

GOYANES, LLC  
225 WEST PROSPECT AVENUE  
WOODBIDGE, NJ 07095

**Mortgagee Information**

SANTANDER BANK, NA  
P.O. BOX 628  
AMELIA, OH 45102

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB15766

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB15806  
JOSEPH BOGUSLAWSKI  
57 THROCKMORTON STREET  
FREEHOLD, NJ 07728

**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 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 \$	564.00
Total Installment Due				\$ 564.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 564.00**

*Thank you for your business*

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

Policy Number: AXB15806

JOSEPH BOGUSLAWSKI  
57 THROCKMORTON STREET  
FREEHOLD, NJ 07728

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB15806

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB15806  
JOSEPH BOGUSLAWSKI  
57 THROCKMORTON STREET  
FREEHOLD, NJ 07728

**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 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 \$	564.00
Total Installment Due				\$ 564.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 564.00**

*Thank you for your business*

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

Policy Number: AXB15806

JOSEPH BOGUSLAWSKI  
57 THROCKMORTON STREET  
FREEHOLD, NJ 07728

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB15806

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB15974  
R.A.W. PROPERTIES, LLC  
C/O RICHARD AND ANTOINETTE WINKLE  
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:  
BUSINESSOWNERS

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	\$ 260.00
09/14/2018	09/14/2019	Renewal - Installment # 8	04/14/2019	\$ 260.00
09/14/2018	09/14/2019	Renewal - Installment # 9	05/14/2019	\$ 250.00
Total Installment Due				\$ 770.00

**Mortgagee Information**

WACHOVIA BANK, NA  
P.O. BOX 702468  
DALLAS, TX 75340

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](http://www.ggund.com/axis)**Pay This Amount: \$ 770.00***Thank you for your business*

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

Policy Number: AXB15974

**Mortgagee Information**

WACHOVIA BANK, NA  
P.O. BOX 702468  
DALLAS, TX 75340

R.A.W. PROPERTIES, LLC  
C/O RICHARD AND ANTOINETTE WINKLE  
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
09/14/2018	09/14/2019	Installment	06/14/2019	\$ 223.00
Total Future Installments				\$ 223.00

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

**Change of Address**

Policy No.: AXB15974

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB15974  
R.A.W. PROPERTIES, LLC  
C/O RICHARD AND ANTOINETTE WINKLE  
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:  
BUSINESSOWNERS

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	\$ 260.00
09/14/2018	09/14/2019	Renewal - Installment # 8	04/14/2019	\$ 260.00
09/14/2018	09/14/2019	Renewal - Installment # 9	05/14/2019	\$ 250.00
Total Installment Due				\$ 770.00

**Mortgagee Information**

WACHOVIA BANK, NA  
P.O. BOX 702468  
DALLAS, TX 75340

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](http://www.ggund.com/axis)**Pay This Amount: \$ 770.00***Thank you for your business*

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

Policy Number: AXB15974

**Mortgagee Information**

WACHOVIA BANK, NA  
P.O. BOX 702468  
DALLAS, TX 75340

R.A.W. PROPERTIES, LLC  
C/O RICHARD AND ANTOINETTE WINKLE  
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
09/14/2018	09/14/2019	Installment	06/14/2019	\$ 223.00
Total Future Installments				\$ 223.00

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

**Change of Address**

Policy No.: AXB15974

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCA15984  
CHARGER ELECTRIC CORP  
165 BERNARD DRIVE  
RED BANK, NJ 07701

**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
10/01/2018	10/01/2019	Renewal - Installment # 3	04/01/2019 \$	651.00
Total Installment Due				\$ 651.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 651.00**

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

*Thank you for your business*

Policy Number: AXCA15984

CHARGER ELECTRIC CORP  
165 BERNARD DRIVE  
RED BANK, NJ 07701

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCA15984

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCA15984  
CHARGER ELECTRIC CORP  
165 BERNARD DRIVE  
RED BANK, NJ 07701

**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
10/01/2018	10/01/2019	Renewal - Installment # 3	04/01/2019 \$	651.00
Total Installment Due				\$ 651.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 651.00**

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

*Thank you for your business*

Policy Number: AXCA15984

CHARGER ELECTRIC CORP  
165 BERNARD DRIVE  
RED BANK, NJ 07701

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCA15984

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP15990  
RUSSELL GUARINO  
T/A CAPITOL WINDOW & SIDING  
2055 PENNINGTON ROAD  
TRENTON, NJ 08618

**PRODUCER 277**

BROWN & BROWN METRO  
2000 MIDLANTIC DRIVE  
SUITE 440  
MOUNT LAUREL, NJ 08054  
(856) 558-6330

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
09/25/2018	09/25/2019	Renewal - Installment # 3	03/25/2019 \$	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 \$360.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 229.00***Thank you for your business*

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

Policy Number: AXCP15990

RUSSELL GUARINO  
T/A CAPITOL WINDOW & SIDING  
2055 PENNINGTON ROAD  
TRENTON, NJ 08618

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/25/2018	09/25/2019	Installment	06/25/2019	\$ 131.00
Total Future Installments				\$ 131.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15990  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP15990  
RUSSELL GUARINO  
T/A CAPITOL WINDOW & SIDING  
2055 PENNINGTON ROAD  
TRENTON, NJ 08618

**PRODUCER 277**

BROWN & BROWN METRO  
2000 MIDLANTIC DRIVE  
SUITE 440  
MOUNT LAUREL, NJ 08054  
(856) 558-6330

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
09/25/2018	09/25/2019	Renewal - Installment # 3	03/25/2019 \$	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 \$360.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 229.00**

*Thank you for your business*

Policy Number: AXCP15990

RUSSELL GUARINO  
T/A CAPITOL WINDOW & SIDING  
2055 PENNINGTON ROAD  
TRENTON, NJ 08618

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/25/2018	09/25/2019	Installment	06/25/2019	\$ 131.00
Total Future Installments				\$ 131.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP15990  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB16038  
WHITEPENN LLC  
222 GRAND AVENUE  
ENGLEWOOD, NJ 07631

**PRODUCER 306**

CAPACITY COVERAGE COMPANY OF NEW JERSEY  
PO BOX 1689  
PEARL RIVER, NY 10965  
(201) 661-2460

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/12/2018	10/12/2019	Renewal - Installment # 3	04/12/2019 \$	1,097.00
Total Installment Due				\$ 1,097.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,097.00**

*Thank you for your business*

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

Policy Number: AXB16038

WHITEPENN LLC  
222 GRAND AVENUE  
ENGLEWOOD, NJ 07631

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB16038

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB16038  
WHITEPENN LLC  
222 GRAND AVENUE  
ENGLEWOOD, NJ 07631

**PRODUCER 306**

CAPACITY COVERAGE COMPANY OF NEW JERSEY  
PO BOX 1689  
PEARL RIVER, NY 10965  
(201) 661-2460

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/12/2018	10/12/2019	Renewal - Installment # 3	04/12/2019 \$	1,097.00
Total Installment Due				\$ 1,097.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,097.00**

*Thank you for your business*

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

Policy Number: AXB16038

WHITEPENN LLC  
222 GRAND AVENUE  
ENGLEWOOD, NJ 07631

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.: AXB16038

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB16103  
DAVID ADAM LLC  
1739 BANCROFT WAY  
BERKELEY, CA 94703

**PRODUCER 126**

MCCUE CAPTAINS AGENCY  
680 BRANCH AVENUE  
LITTLE SILVER, NJ 07739  
(732) 741-9400

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/25/2018	08/25/2019	Amount is Past Due	02/25/2019 \$	10.00
08/25/2018	08/25/2019	Renewal - Installment # 4	05/25/2019 \$	663.00
Total Installment Due			\$	673.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 673.00**

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

*Thank you for your business*

Policy Number: AXB16103

DAVID ADAM LLC  
1739 BANCROFT WAY  
BERKELEY, CA 94703

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB16103

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB16103  
DAVID ADAM LLC  
1739 BANCROFT WAY  
BERKELEY, CA 94703

**PRODUCER 126**

MCCUE CAPTAINS AGENCY  
680 BRANCH AVENUE  
LITTLE SILVER, NJ 07739  
(732) 741-9400

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/25/2018	08/25/2019	Amount is Past Due	02/25/2019 \$	10.00
08/25/2018	08/25/2019	Renewal - Installment # 4	05/25/2019 \$	663.00
Total Installment Due				\$ 673.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 673.00**

*Thank you for your business*

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

Policy Number: AXB16103

DAVID ADAM LLC  
1739 BANCROFT WAY  
BERKELEY, CA 94703

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB16103

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB16148  
CAMDEN COUNTY COUNCIL OF  
EDUCATION ASSOC  
2 SHEPPARD ROAD  
SUITE 700  
VOORHEES, NJ 08043

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/26/2018	10/26/2019	Renewal - Installment # 3	04/26/2019 \$	347.00
Total Installment Due				\$ 347.00

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

Your total amount due is \$550.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 347.00***Thank you for your business*

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

Policy Number: AXB16148

CAMDEN COUNTY COUNCIL OF  
EDUCATION ASSOC  
2 SHEPPARD ROAD  
SUITE 700  
VOORHEES, NJ 08043

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/26/2018	10/26/2019	Installment	07/26/2019	\$ 203.00
Total Future Installments				\$ 203.00

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

**Change of Address**

Policy No.: AXB16148

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB16148  
CAMDEN COUNTY COUNCIL OF  
EDUCATION ASSOC  
2 SHEPPARD ROAD  
SUITE 700  
VOORHEES, NJ 08043

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/26/2018	10/26/2019	Renewal - Installment # 3	04/26/2019 \$	347.00
Total Installment Due				\$ 347.00

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

Your total amount due is \$550.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 347.00**

*Thank you for your business*

Policy Number: AXB16148

CAMDEN COUNTY COUNCIL OF  
EDUCATION ASSOC  
2 SHEPPARD ROAD  
SUITE 700  
VOORHEES, NJ 08043

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/26/2018	10/26/2019	Installment	07/26/2019	\$ 203.00
Total Future Installments				\$ 203.00

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

**Change of Address**

Policy No.: AXB16148

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP16185  
ADAM GMYREK  
T/A ADAM PLUMBING  
1300 ROSELLE STREET, APT #1  
LINDEN, NJ 07036

**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
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019 \$	434.00
Total Installment Due				\$ 434.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 434.00**

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

*Thank you for your business*

Policy Number: AXCP16185

ADAM GMYREK  
T/A ADAM PLUMBING  
1300 ROSELLE STREET, APT #1  
LINDEN, NJ 07036

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.: AXCP16185

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP16185  
ADAM GMYREK  
T/A ADAM PLUMBING  
1300 ROSELLE STREET, APT #1  
LINDEN, NJ 07036

**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
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019 \$	434.00
Total Installment Due				\$ 434.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 434.00**

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

*Thank you for your business*

Policy Number: AXCP16185

ADAM GMYREK  
T/A ADAM PLUMBING  
1300 ROSELLE STREET, APT #1  
LINDEN, NJ 07036

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.: AXCP16185

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB16416  
RAY PICCOLO  
D/B/A PICCOLO REALTY  
1456 BLACK HORSE PIKE  
BLACKWOOD, NJ 08012

**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 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 \$	321.00
Total Installment Due				\$ 321.00

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

Your total amount due is \$632.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

AUDUBON SAVINGS BANK  
509 WHITE HORSE PIKE  
AUDUBON, NJ 08106

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 321.00***Thank you for your business*

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

Policy Number: AXB16416

RAY PICCOLO  
D/B/A PICCOLO REALTY  
1456 BLACK HORSE PIKE  
BLACKWOOD, NJ 08012

03/18/2019 - Inv

**Mortgagee Information**

AUDUBON SAVINGS BANK  
509 WHITE HORSE PIKE  
AUDUBON, NJ 08106

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/13/2019	01/13/2020	Installment	07/13/2019	\$ 311.00
Total Future Installments				\$ 311.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB16416

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB16416  
RAY PICCOLO  
D/B/A PICCOLO REALTY  
1456 BLACK HORSE PIKE  
BLACKWOOD, NJ 08012

**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 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 \$	321.00
Total Installment Due				\$ 321.00

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

Your total amount due is \$632.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

AUDUBON SAVINGS BANK  
509 WHITE HORSE PIKE  
AUDUBON, NJ 08106

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 321.00**

*Thank you for your business*

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

Policy Number: AXB16416

RAY PICCOLO  
D/B/A PICCOLO REALTY  
1456 BLACK HORSE PIKE  
BLACKWOOD, NJ 08012

03/18/2019 - Inv

**Mortgagee Information**

AUDUBON SAVINGS BANK  
509 WHITE HORSE PIKE  
AUDUBON, NJ 08106

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/13/2019	01/13/2020	Installment	07/13/2019	\$ 311.00
Total Future Installments				\$ 311.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB16416  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP16443  
BRIAN BIEGEN  
11 THOREAU ROAD  
HAMILTON SQUARE, NJ 08690

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/13/2019	02/13/2020	Renewal - Installment # 2	05/13/2019 \$	338.00
Total Installment Due				\$ 338.00

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

Your total amount due is \$666.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 338.00**

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

*Thank you for your business*

Policy Number: AXCP16443

BRIAN BIEGEN  
11 THOREAU ROAD  
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/13/2019	02/13/2020	Installment	08/13/2019	\$ 328.00
Total Future Installments				\$ 328.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP16443  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP16443  
BRIAN BIEGEN  
11 THOREAU ROAD  
HAMILTON SQUARE, NJ 08690

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/13/2019	02/13/2020	Renewal - Installment # 2	05/13/2019 \$	338.00
Total Installment Due				\$ 338.00

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

Your total amount due is \$666.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 338.00**

*Thank you for your business*

Policy Number: AXCP16443

BRIAN BIEGEN  
11 THOREAU ROAD  
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/13/2019	02/13/2020	Installment	08/13/2019	\$ 328.00
Total Future Installments				\$ 328.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP16443  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP16466  
JAMES P MC CABE JR  
400 WILLOW WAY  
CLARK, NJ 07066

**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
02/24/2019	02/24/2020	Amount is Past Due	02/24/2019 \$	604.00
02/24/2019	02/24/2020	Renewal - Installment # 2	05/24/2019 \$	452.00
Total Installment Due				\$ 1,056.00

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

Your total amount due is \$1,498.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,056.00***Thank you for your business*

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

Policy Number: AXCP16466

JAMES P MC CABE JR  
400 WILLOW WAY  
CLARK, NJ 07066

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/24/2019	02/24/2020	Installment	08/24/2019	\$ 442.00
Total Future Installments				\$ 442.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP16466  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP16466  
JAMES P MC CABE JR  
400 WILLOW WAY  
CLARK, NJ 07066

**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
02/24/2019	02/24/2020	Amount is Past Due	02/24/2019 \$	604.00
02/24/2019	02/24/2020	Renewal - Installment # 2	05/24/2019 \$	452.00
Total Installment Due				\$ 1,056.00

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

Your total amount due is \$1,498.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,056.00**

*Thank you for your business*

Policy Number: AXCP16466

JAMES P MC CABE JR  
400 WILLOW WAY  
CLARK, NJ 07066

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	\$ 442.00
Total Future Installments				\$ 442.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP16466  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17059  
JOHN & ANGELA GRAZIANO  
GAR LP A NEW HAMPSHIRE LP  
C/O THE ALEXANDER GROUP NJ LLC  
P O BOX 17391  
JERSEY CITY, NJ 07307

**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
12/09/2018	12/09/2019	Amount is Past Due	03/09/2019	\$ 2,862.00
12/09/2018	12/09/2019	Renewal - Installment # 5	04/09/2019	\$ 2,862.00
12/09/2018	12/09/2019	Renewal - Installment # 6	05/09/2019	\$ 2,852.00
Total Installment Due				\$ 8,576.00

**Mortgagee Information**

FLORINDO BERARDO  
79 NIEHAUS AVENUE  
LITTLE FERRY, NJ 07643

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 8,576.00**

*Thank you for your business*

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

Policy Number: AXCM17059

**Mortgagee Information**

FLORINDO BERARDO  
79 NIEHAUS AVENUE  
LITTLE FERRY, NJ 07643

JOHN & ANGELA GRAZIANO  
GAR LP A NEW HAMPSHIRE LP  
C/O THE ALEXANDER GROUP NJ LLC  
P O BOX 17391  
JERSEY CITY, NJ 07307

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/09/2018	12/09/2019	Installment	06/09/2019	\$ 2,852.00
12/09/2018	12/09/2019	Installment	07/09/2019	\$ 2,852.00
12/09/2018	12/09/2019	Installment	08/09/2019	\$ 2,852.00
12/09/2018	12/09/2019	Installment	09/09/2019	\$ 2,535.00
Total Future Installments				\$ 11,091.00

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

#### Change of Address

Policy No.: AXCM17059

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM17059  
JOHN & ANGELA GRAZIANO  
GAR LP A NEW HAMPSHIRE LP  
C/O THE ALEXANDER GROUP NJ LLC  
P O BOX 17391  
JERSEY CITY, NJ 07307

**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
12/09/2018	12/09/2019	Amount is Past Due	03/09/2019	\$ 2,862.00
12/09/2018	12/09/2019	Renewal - Installment # 5	04/09/2019	\$ 2,862.00
12/09/2018	12/09/2019	Renewal - Installment # 6	05/09/2019	\$ 2,852.00
Total Installment Due				\$ 8,576.00

**Mortgagee Information**

FLORINDO BERARDO  
79 NIEHAUS AVENUE  
LITTLE FERRY, NJ 07643

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 8,576.00**

*Thank you for your business*

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

Policy Number: AXCM17059

**Mortgagee Information**

FLORINDO BERARDO  
79 NIEHAUS AVENUE  
LITTLE FERRY, NJ 07643

JOHN & ANGELA GRAZIANO  
GAR LP A NEW HAMPSHIRE LP  
C/O THE ALEXANDER GROUP NJ LLC  
P O BOX 17391  
JERSEY CITY, NJ 07307

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/09/2018	12/09/2019	Installment	06/09/2019	\$ 2,852.00
12/09/2018	12/09/2019	Installment	07/09/2019	\$ 2,852.00
12/09/2018	12/09/2019	Installment	08/09/2019	\$ 2,852.00
12/09/2018	12/09/2019	Installment	09/09/2019	\$ 2,535.00
Total Future Installments				\$ 11,091.00

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

#### Change of Address

Policy No.: AXCM17059

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM17102  
MEADOWINDS ASSN INC  
C/O DAISY HOULI  
PO BOX 27  
HOWELL, NJ 07731

**PRODUCER 109**

USI INSURANCE SERVICES  
POST OFFICE BOX 2100  
TOMS RIVER, NJ 08754  
(732) 349-2100

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	Renewal - Installment # 2	04/06/2019 \$	1,565.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/06/2019 \$	1,555.00
Total Installment Due				\$ 3,120.00

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

Your total amount due is \$13,833.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,120.00***Thank you for your business*

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

Policy Number: AXCM17102

MEADOWINDS ASSN INC  
C/O DAISY HOULI  
PO BOX 27  
HOWELL, NJ 07731

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	06/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	07/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	08/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	09/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	10/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	11/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	12/06/2019	\$ 1,383.00

Total Future Installments \$ 10,713.00

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

#### Change of Address

Policy No.: AXCM17102

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM17102  
MEADOWINDS ASSN INC  
C/O DAISY HOULI  
PO BOX 27  
HOWELL, NJ 07731

**PRODUCER 109**

USI INSURANCE SERVICES  
POST OFFICE BOX 2100  
TOMS RIVER, NJ 08754  
(732) 349-2100

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	Renewal - Installment # 2	04/06/2019 \$	1,565.00
03/01/2019	03/01/2020	Renewal - Installment # 3	05/06/2019 \$	1,555.00
Total Installment Due				\$ 3,120.00

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

Your total amount due is \$13,833.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,120.00**

*Thank you for your business*

Policy Number: AXCM17102

MEADOWINDS ASSN INC  
C/O DAISY HOULI  
PO BOX 27  
HOWELL, NJ 07731

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	06/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	07/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	08/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	09/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	10/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	11/06/2019	\$ 1,555.00
03/01/2019	03/01/2020	Installment	12/06/2019	\$ 1,383.00

Total Future Installments \$ 10,713.00

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

#### Change of Address

Policy No.: AXCM17102

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM17164  
GUERNSEY HALL CONDOMINIUM  
C/O LEAR & PENNEPACKER, LLP  
791 ALEXANDER ROAD  
PRINCETON, NJ 08540

**PRODUCER 200**

SYPEK & SANDFORD  
250 PHILLIPS BOULEVARD  
SUITE 270  
EWING, NJ 08618  
(609) 896-7000

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
06/27/2018	06/27/2019	Renewal - Installment # 10	03/27/2019 \$	1,752.00
Total Installment Due				\$ 1,752.00

**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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,752.00**

*Thank you for your business*

Policy Number: AXCM17164

GUERNSEY HALL CONDOMINIUM  
C/O LEAR & PENNEPACKER, LLP  
791 ALEXANDER ROAD  
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17164

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17164  
GUERNSEY HALL CONDOMINIUM  
C/O LEAR & PENNEPACKER, LLP  
791 ALEXANDER ROAD  
PRINCETON, NJ 08540

**PRODUCER 200**

SYPEK & SANDFORD  
250 PHILLIPS BOULEVARD  
SUITE 270  
EWING, NJ 08618  
(609) 896-7000

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
06/27/2018	06/27/2019	Renewal - Installment # 10	03/27/2019 \$	1,752.00
Total Installment Due				\$ 1,752.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,752.00**

*Thank you for your business*

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

Policy Number: AXCM17164

GUERNSEY HALL CONDOMINIUM  
C/O LEAR & PENNEPACKER, LLP  
791 ALEXANDER ROAD  
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17164

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM17180  
BLUE BAY HOSPITALITY LLC &  
BLUE BAY ENTERPRISES LLC &  
DIROUHI KRIKORIAN  
51 FIRST AVENUE  
ATLANTIC HIGHLANDS, NJ 07716

**PRODUCER 110**

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

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	Amount is Past Due	02/26/2019	\$ 2,381.00
08/01/2018	08/01/2019	Renewal - Installment # 8	03/26/2019	\$ 2,381.00
08/01/2018	08/01/2019	Renewal - Installment # 9	04/26/2019	\$ 2,371.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/26/2019	\$ 2,106.00
Total Installment Due				\$ 9,239.00

**Mortgagee Information**

SUN NATIONAL BANK  
P O BOX 99  
MOUNT LAUREL, NJ 08054-9860

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 9,239.00**

*Thank you for your business*

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

Policy Number: AXCM17180

**Mortgagee Information**

SUN NATIONAL BANK  
P O BOX 99  
MOUNT LAUREL, NJ 08054-9860

BLUE BAY HOSPITALITY LLC &  
BLUE BAY ENTERPRISES LLC &  
DIROUHI KRIKORIAN  
51 FIRST AVENUE  
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17180

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17180  
BLUE BAY HOSPITALITY LLC &  
BLUE BAY ENTERPRISES LLC &  
DIROUHI KRIKORIAN  
51 FIRST AVENUE  
ATLANTIC HIGHLANDS, NJ 07716

**PRODUCER 110**

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

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	Amount is Past Due	02/26/2019	\$ 2,381.00
08/01/2018	08/01/2019	Renewal - Installment # 8	03/26/2019	\$ 2,381.00
08/01/2018	08/01/2019	Renewal - Installment # 9	04/26/2019	\$ 2,371.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/26/2019	\$ 2,106.00
Total Installment Due				\$ 9,239.00

**Mortgagee Information**

SUN NATIONAL BANK  
P O BOX 99  
MOUNT LAUREL, NJ 08054-9860

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 9,239.00**

*Thank you for your business*

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

Policy Number: AXCM17180

**Mortgagee Information**

SUN NATIONAL BANK  
P O BOX 99  
MOUNT LAUREL, NJ 08054-9860

BLUE BAY HOSPITALITY LLC &  
BLUE BAY ENTERPRISES LLC &  
DIROUHI KRIKORIAN  
51 FIRST AVENUE  
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17180

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17182  
MURRAY GARDENS ASSOCIATES LLC  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

**PRODUCER 261**

BROWN AND BROWN METRO OF NORTH JERSEY  
PO BOX 369  
ROSELAND, NJ 07068  
(973) 549-1818

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
07/30/2018	07/30/2019	Renewal - Installment # 9	03/30/2019 \$	2,129.00
07/30/2018	07/30/2019	Renewal - Installment # 10	04/30/2019 \$	1,896.00
Total Installment Due				\$ 4,025.00

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

Your total amount due is \$4,025.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,025.00**

*Thank you for your business*

Policy Number: AXCM17182

MURRAY GARDENS ASSOCIATES LLC  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17182

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17182  
MURRAY GARDENS ASSOCIATES LLC  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

**PRODUCER 261**

BROWN AND BROWN METRO OF NORTH JERSEY  
PO BOX 369  
ROSELAND, NJ 07068  
(973) 549-1818

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
07/30/2018	07/30/2019	Renewal - Installment # 9	03/30/2019 \$	2,129.00
07/30/2018	07/30/2019	Renewal - Installment # 10	04/30/2019 \$	1,896.00
Total Installment Due				\$ 4,025.00

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

Your total amount due is \$4,025.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,025.00**

*Thank you for your business*

Policy Number: AXCM17182

MURRAY GARDENS ASSOCIATES LLC  
C/O MARSHA HENKEL  
PO BOX 4109  
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.: AXCM17182

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM17199  
THERESA & WILTON KRAWEC  
98 DOUGLAS AVENUE  
SOMERSET, NJ 08873

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

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
08/24/2018	08/24/2019	Renewal - Installment # 4	05/24/2019 \$	785.00
Total Installment Due				\$ 785.00

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

**Mortgagee Information**

NORTHFIELD BANK  
P.O. BOX 390706  
MINNEAPOLIS, MN 55439

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://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: AXCM17199

THERESA & WILTON KRAWEC  
98 DOUGLAS AVENUE  
SOMERSET, NJ 08873

**Mortgagee Information**

NORTHFIELD BANK  
P.O. BOX 390706  
MINNEAPOLIS, MN 55439

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17199

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17199  
THERESA & WILTON KRAWEC  
98 DOUGLAS AVENUE  
SOMERSET, NJ 08873

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

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
08/24/2018	08/24/2019	Renewal - Installment # 4	05/24/2019 \$	785.00
Total Installment Due				\$ 785.00

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

**Mortgagee Information**

NORTHFIELD BANK  
P.O. BOX 390706  
MINNEAPOLIS, MN 55439

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://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: AXCM17199

THERESA & WILTON KRAWEC  
98 DOUGLAS AVENUE  
SOMERSET, NJ 08873

**Mortgagee Information**

NORTHFIELD BANK  
P.O. BOX 390706  
MINNEAPOLIS, MN 55439

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17199

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17204  
LEE REALTY COMPANY INC  
PO BOX 6054  
EAST BRUNSWICK, NJ 08816

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

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
01/04/2019	10/05/2019	Amount is Past Due	03/10/2019	\$ 2,097.00
01/04/2019	10/05/2019	Renewal - Installment # 7	04/10/2019	\$ 2,097.00
01/04/2019	10/05/2019	Renewal - Installment # 8	05/10/2019	\$ 2,087.00
Total Installment Due				\$ 6,281.00

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

Your total amount due is \$10,225.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 6,281.00***Thank you for your business*

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

Policy Number: AXCM17204

LEE REALTY COMPANY INC  
PO BOX 6054  
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/04/2019	10/05/2019	Installment	06/10/2019	\$ 2,087.00
01/04/2019	10/05/2019	Installment	07/10/2019	\$ 1,857.00
Total Future Installments				\$ 3,944.00

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

#### Change of Address

Policy No.: AXCM17204

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM17204  
LEE REALTY COMPANY INC  
PO BOX 6054  
EAST BRUNSWICK, NJ 08816

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLO  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

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
01/04/2019	10/05/2019	Amount is Past Due	03/10/2019	\$ 2,097.00
01/04/2019	10/05/2019	Renewal - Installment # 7	04/10/2019	\$ 2,097.00
01/04/2019	10/05/2019	Renewal - Installment # 8	05/10/2019	\$ 2,087.00
Total Installment Due				\$ 6,281.00

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

Your total amount due is \$10,225.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 6,281.00**

*Thank you for your business*

Policy Number: AXCM17204

LEE REALTY COMPANY INC  
PO BOX 6054  
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/04/2019	10/05/2019	Installment	06/10/2019	\$ 2,087.00
01/04/2019	10/05/2019	Installment	07/10/2019	\$ 1,857.00
Total Future Installments				\$ 3,944.00

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

#### Change of Address

Policy No.: AXCM17204

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM17212  
KELLY'S ACRES, INC  
43 LAIRD AVENUE  
NEPTUNE CITY, NJ 07753

**PRODUCER 110**

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

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
09/21/2018	09/21/2019	Renewal - Installment # 8	04/21/2019 \$	769.00
09/21/2018	09/21/2019	Renewal - Installment # 9	05/21/2019 \$	759.00
Total Installment Due				\$ 1,528.00

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

Your total amount due is \$2,982.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,528.00***Thank you for your business*

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

Policy Number: AXCM17212

KELLY'S ACRES, INC  
43 LAIRD AVENUE  
NEPTUNE CITY, NJ 07753

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/21/2018	09/21/2019	Installment	06/21/2019	\$ 685.00
Total Future Installments				\$ 685.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM17212  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17212  
KELLY'S ACRES, INC  
43 LAIRD AVENUE  
NEPTUNE CITY, NJ 07753

**PRODUCER 110**

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

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
09/21/2018	09/21/2019	Renewal - Installment # 8	04/21/2019 \$	769.00
09/21/2018	09/21/2019	Renewal - Installment # 9	05/21/2019 \$	759.00
Total Installment Due				\$ 1,528.00

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

Your total amount due is \$2,982.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,528.00**

*Thank you for your business*

Policy Number: AXCM17212

KELLY'S ACRES, INC  
43 LAIRD AVENUE  
NEPTUNE CITY, NJ 07753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/21/2018	09/21/2019	Installment	06/21/2019	\$ 685.00
Total Future Installments				\$ 685.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM17212  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17231  
76 MANHATTAN AVENUE LLC  
PO BOX 755  
NORTH BERGEN, NJ 07047

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/20/2018	10/20/2019	Renewal - Installment # 3	04/20/2019 \$	1,141.00
Total Installment Due				\$ 1,141.00

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

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,141.00**

*Thank you for your business*

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

Policy Number: AXCM17231

76 MANHATTAN AVENUE LLC  
PO BOX 755  
NORTH BERGEN, NJ 07047

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17231

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17231  
76 MANHATTAN AVENUE LLC  
PO BOX 755  
NORTH BERGEN, NJ 07047

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/20/2018	10/20/2019	Renewal - Installment # 3	04/20/2019 \$	1,141.00
Total Installment Due				\$ 1,141.00

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

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,141.00**

*Thank you for your business*

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

Policy Number: AXCM17231

76 MANHATTAN AVENUE LLC  
PO BOX 755  
NORTH BERGEN, NJ 07047

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17231

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM17239  
KAPPA IV, LLC  
1215 BLACK HORSE PIKE  
GLENDDORA, NJ 08029

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
10/14/2018	10/14/2019	Renewal - Installment # 3	04/14/2019 \$	754.00
Total Installment Due				\$ 754.00

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

Your total amount due is \$1,200.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

THE BANK  
100 PARK AVENUE  
WOODBURY, NJ 08096

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 754.00**

*Thank you for your business*

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

Policy Number: AXCM17239

KAPPA IV, LLC  
1215 BLACK HORSE PIKE  
GLENDDORA, NJ 08029

**Mortgagee Information**

THE BANK  
100 PARK AVENUE  
WOODBURY, NJ 08096

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/14/2018	10/14/2019	Installment	07/14/2019	\$ 446.00
Total Future Installments				\$ 446.00

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

**Change of Address**

Policy No.: AXCM17239

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17239  
KAPPA IV, LLC  
1215 BLACK HORSE PIKE  
GLENDDORA, NJ 08029

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
10/14/2018	10/14/2019	Renewal - Installment # 3	04/14/2019	\$ 754.00
Total Installment Due				\$ 754.00

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

Your total amount due is \$1,200.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

THE BANK  
100 PARK AVENUE  
WOODBURY, NJ 08096

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 754.00**

*Thank you for your business*

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

Policy Number: AXCM17239

KAPPA IV, LLC  
1215 BLACK HORSE PIKE  
GLENDDORA, NJ 08029

**Mortgagee Information**

THE BANK  
100 PARK AVENUE  
WOODBURY, NJ 08096

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/14/2018	10/14/2019	Installment	07/14/2019	\$ 446.00
Total Future Installments				\$ 446.00

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

**Change of Address**

Policy No.: AXCM17239

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17289  
ABUNDANT LIFE & PRAISE WORSHIP CENTER  
3043 S UNION ROAD  
VINELAND, NJ 08360

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

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
01/15/2019	01/15/2020	Renewal - Installment # 2	04/15/2019 \$	515.00
Total Installment Due				\$ 515.00

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

Your total amount due is \$1,323.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

NORTHEAST REGIONAL COUNCIL OF CARPENTERS  
91 FIELDCREST AVE, 2ND FLOOR  
EDISON, NJ 08837

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 515.00***Thank you for your business*

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

Policy Number: AXCM17289

ABUNDANT LIFE & PRAISE WORSHIP CENTER  
3043 S UNION ROAD  
VINELAND, NJ 08360

**Mortgagee Information**

NORTHEAST REGIONAL COUNCIL OF CARPENTERS  
91 FIELDCREST AVE, 2ND FLOOR  
EDISON, NJ 08837

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/15/2019	01/15/2020	Installment	07/15/2019	\$ 505.00
01/15/2019	01/15/2020	Installment	10/15/2019	\$ 303.00
Total Future Installments				\$ 808.00

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

#### Change of Address

Policy No.: AXCM17289

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM17289  
ABUNDANT LIFE & PRAISE WORSHIP CENTER  
3043 S UNION ROAD  
VINELAND, NJ 08360

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

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
01/15/2019	01/15/2020	Renewal - Installment # 2	04/15/2019	\$ 515.00
Total Installment Due				\$ 515.00

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

Your total amount due is \$1,323.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

NORTHEAST REGIONAL COUNCIL OF CARPENTERS  
91 FIELDCREST AVE, 2ND FLOOR  
EDISON, NJ 08837

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 515.00**

*Thank you for your business*

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

Policy Number: AXCM17289

ABUNDANT LIFE & PRAISE WORSHIP CENTER  
3043 S UNION ROAD  
VINELAND, NJ 08360

**Mortgagee Information**

NORTHEAST REGIONAL COUNCIL OF CARPENTERS  
91 FIELDCREST AVE, 2ND FLOOR  
EDISON, NJ 08837

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/15/2019	01/15/2020	Installment	07/15/2019	\$ 505.00
01/15/2019	01/15/2020	Installment	10/15/2019	\$ 303.00
Total Future Installments				\$ 808.00

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

#### Change of Address

Policy No.: AXCM17289

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM17290  
GROSSMAN PROPERTIES  
PO BOX 585  
CRANFORD, NJ 07016-0585

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

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
01/11/2019	01/11/2020	Amount is Past Due	03/11/2019	\$ 9,429.00
01/11/2019	01/11/2020	Renewal - Installment # 4	04/11/2019	\$ 9,429.00
01/11/2019	01/11/2020	Renewal - Installment # 5	05/11/2019	\$ 9,419.00
Total Installment Due				\$ 28,277.00

**Mortgagee Information**

SPENCER SAVINGS BANK SLA  
611 RIVER DRIVE  
CENTER 3  
ELMWOOD PARK, NJ 07407

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](http://www.ggund.com/axis)**Pay This Amount: \$ 28,277.00***Thank you for your business*

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

Policy Number: AXCM17290

GROSSMAN PROPERTIES  
PO BOX 585  
CRANFORD, NJ 07016-0585

**Mortgagee Information**

SPENCER SAVINGS BANK SLA  
611 RIVER DRIVE  
CENTER 3  
ELMWOOD PARK, NJ 07407

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/11/2019	01/11/2020	Installment	06/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	07/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	08/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	09/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	10/11/2019	\$ 8,372.00
Total Future Installments				\$ 46,048.00

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

#### Change of Address

Policy No.: AXCM17290

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM17290  
GROSSMAN PROPERTIES  
PO BOX 585  
CRANFORD, NJ 07016-0585

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

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
01/11/2019	01/11/2020	Amount is Past Due	03/11/2019	\$ 9,429.00
01/11/2019	01/11/2020	Renewal - Installment # 4	04/11/2019	\$ 9,429.00
01/11/2019	01/11/2020	Renewal - Installment # 5	05/11/2019	\$ 9,419.00
Total Installment Due				\$ 28,277.00

**Mortgagee Information**

SPENCER SAVINGS BANK SLA  
611 RIVER DRIVE  
CENTER 3  
ELMWOOD PARK, NJ 07407

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 28,277.00**

*Thank you for your business*

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

Policy Number: AXCM17290

GROSSMAN PROPERTIES  
PO BOX 585  
CRANFORD, NJ 07016-0585

**Mortgagee Information**

SPENCER SAVINGS BANK SLA  
611 RIVER DRIVE  
CENTER 3  
ELMWOOD PARK, NJ 07407

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/11/2019	01/11/2020	Installment	06/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	07/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	08/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	09/11/2019	\$ 9,419.00
01/11/2019	01/11/2020	Installment	10/11/2019	\$ 8,372.00
Total Future Installments				\$ 46,048.00

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

#### Change of Address

Policy No.: AXCM17290

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM17438  
J.A.B. REALTY LLC  
C/O AEK PROPERTY MANAGEMENT LLC  
88 BULLENS AVENUE  
WAYNE, NJ 07470

**PRODUCER 143**

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

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
06/26/2018	06/26/2019	Renewal - Installment # 10	03/26/2019 \$	2,242.00
Total Installment Due				\$ 2,242.00

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

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,242.00**

*Thank you for your business*

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

Policy Number: AXCM17438

J.A.B. REALTY LLC  
C/O AEK PROPERTY MANAGEMENT LLC  
88 BULLENS AVENUE  
WAYNE, NJ 07470

03/18/2019 - Inv

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17438

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17438  
J.A.B. REALTY LLC  
C/O AEK PROPERTY MANAGEMENT LLC  
88 BULLENS AVENUE  
WAYNE, NJ 07470

**PRODUCER 143**

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

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
06/26/2018	06/26/2019	Renewal - Installment # 10	03/26/2019 \$	2,242.00
Total Installment Due				\$ 2,242.00

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

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,242.00**

*Thank you for your business*

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

Policy Number: AXCM17438

J.A.B. REALTY LLC  
C/O AEK PROPERTY MANAGEMENT LLC  
88 BULLENS AVENUE  
WAYNE, NJ 07470

03/18/2019 - Inv

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17438

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCF17445  
4 D'S, LLC T/A DELSEA DRIVE IN  
C/O JOHN & JUDITH DELEONARDIS  
29 GRANADA DRIVE  
BRIDGETON, NJ 08302

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/01/2018	07/01/2019	Renewal - Installment # 4	04/01/2019 \$	1,158.00
Total Installment Due				\$ 1,158.00

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

**Mortgagee Information**

CBAC  
328 MARKET STREET  
CAMDEN, NJ 08102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,158.00**

*Thank you for your business*

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

Policy Number: AXCF17445

4 D'S, LLC T/A DELSEA DRIVE IN  
C/O JOHN & JUDITH DELEONARDIS  
29 GRANADA DRIVE  
BRIDGETON, NJ 08302

**Mortgagee Information**

CBAC  
328 MARKET STREET  
CAMDEN, NJ 08102

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCF17445

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF17445  
4 D'S, LLC T/A DELSEA DRIVE IN  
C/O JOHN & JUDITH DELEONARDIS  
29 GRANADA DRIVE  
BRIDGETON, NJ 08302

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/01/2018	07/01/2019	Renewal - Installment # 4	04/01/2019 \$	1,158.00
Total Installment Due				\$ 1,158.00

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

**Mortgagee Information**

CBAC  
328 MARKET STREET  
CAMDEN, NJ 08102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,158.00**

*Thank you for your business*

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

Policy Number: AXCF17445

**Mortgagee Information**

CBAC  
328 MARKET STREET  
CAMDEN, NJ 08102

4 D'S, LLC T/A DELSEA DRIVE IN  
C/O JOHN & JUDITH DELEONARDIS  
29 GRANADA DRIVE  
BRIDGETON, NJ 08302

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCF17445

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17464  
PRINCETON 236 LLC  
105 SOUTH 22ND STREET  
PHILADELPHIA, PA 19103

**PRODUCER 756**

GENERAZIO & ASSOCIATES, INC  
265 BROAD STREET  
BLOOMFIELD, NJ 07003  
(973) 429-8100

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
07/29/2018	07/29/2019	Renewal - Installment # 4	04/29/2019 \$	1,113.00
Total Installment Due				\$ 1,113.00

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

**Mortgagee Information**

PEAPACK GLADSTONE BANK  
P O BOX 700  
BEDMINSTER, NJ 07921

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,113.00**

*Thank you for your business*

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

Policy Number: AXCM17464

PRINCETON 236 LLC  
105 SOUTH 22ND STREET  
PHILADELPHIA, PA 19103

**Mortgagee Information**

PEAPACK GLADSTONE BANK  
P O BOX 700  
BEDMINSTER, NJ 07921

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17464

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17464  
PRINCETON 236 LLC  
105 SOUTH 22ND STREET  
PHILADELPHIA, PA 19103

**PRODUCER 756**

GENERAZIO & ASSOCIATES, INC  
265 BROAD STREET  
BLOOMFIELD, NJ 07003  
(973) 429-8100

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
07/29/2018	07/29/2019	Renewal - Installment # 4	04/29/2019	\$ 1,113.00
Total Installment Due				\$ 1,113.00

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

**Mortgagee Information**

PEAPACK GLADSTONE BANK  
P O BOX 700  
BEDMINSTER, NJ 07921

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,113.00**

*Thank you for your business*

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

Policy Number: AXCM17464

PRINCETON 236 LLC  
105 SOUTH 22ND STREET  
PHILADELPHIA, PA 19103

**Mortgagee Information**

PEAPACK GLADSTONE BANK  
P O BOX 700  
BEDMINSTER, NJ 07921

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17464

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM17476  
SJ ASSOCIATES (MID ATLANTIC), INC.  
131 E GAITHER DRIVE  
MOUNT LAUREL, NJ 08054

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
07/26/2018	07/26/2019	Renewal - Installment # 4	04/26/2019 \$	185.00
Total Installment Due				\$ 185.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 185.00**

*Thank you for your business*

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

Policy Number: AXCM17476

SJ ASSOCIATES (MID ATLANTIC), INC.  
131 E GAITHER DRIVE  
MOUNT LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM17476

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17476  
SJ ASSOCIATES (MID ATLANTIC), INC.  
131 E GAITHER DRIVE  
MOUNT LAUREL, NJ 08054

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
07/26/2018	07/26/2019	Renewal - Installment # 4	04/26/2019 \$	185.00
Total Installment Due				\$ 185.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 185.00**

*Thank you for your business*

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

Policy Number: AXCM17476

SJ ASSOCIATES (MID ATLANTIC), INC.  
131 E GAITHER DRIVE  
MOUNT LAUREL, NJ 08054

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.: AXCM17476

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM17481  
JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE SUITE 3B  
LINDEN, NJ 07036

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

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
08/28/2018	08/28/2019	Renewal - Installment # 8	03/28/2019 \$	2,560.00
08/28/2018	08/28/2019	Renewal - Installment # 9	04/28/2019 \$	2,550.00
08/28/2018	08/28/2019	Renewal - Installment # 10	05/28/2019 \$	2,267.00
Total Installment Due				\$ 7,377.00

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

Your total amount due is \$7,377.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

CONNECTONE BANK  
2455 MORRIS AVENUE  
UNION, NJ 07083-5655  
LOAN NO.: 433040-00100

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 7,377.00**

*Thank you for your business*

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

Policy Number: AXCM17481

JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE SUITE 3B  
LINDEN, NJ 07036

**Mortgagee Information**

CONNECTONE BANK  
2455 MORRIS AVENUE  
UNION, NJ 07083-5655  
LOAN NO.: 433040-00100

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.: AXCM17481

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM17481  
JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE SUITE 3B  
LINDEN, NJ 07036

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

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
08/28/2018	08/28/2019	Renewal - Installment # 8	03/28/2019 \$	2,560.00
08/28/2018	08/28/2019	Renewal - Installment # 9	04/28/2019 \$	2,550.00
08/28/2018	08/28/2019	Renewal - Installment # 10	05/28/2019 \$	2,267.00
Total Installment Due				\$ 7,377.00

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

Your total amount due is \$7,377.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

CONNECTONE BANK  
2455 MORRIS AVENUE  
UNION, NJ 07083-5655  
LOAN NO.: 433040-00100

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 7,377.00**

*Thank you for your business*

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

Policy Number: AXCM17481

JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE SUITE 3B  
LINDEN, NJ 07036

**Mortgagee Information**

CONNECTONE BANK  
2455 MORRIS AVENUE  
UNION, NJ 07083-5655  
LOAN NO.: 433040-00100

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.: AXCM17481

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXUM17513  
MURRAY GARDENS ASSOCIATES  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

**PRODUCER 261**

BROWN AND BROWN METRO OF NORTH JERSEY  
PO BOX 369  
ROSELAND, NJ 07068  
(973) 549-1818

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
07/30/2018	07/30/2019	Renewal - Installment # 9	03/30/2019 \$	146.00
07/30/2018	07/30/2019	Renewal - Installment # 10	04/30/2019 \$	120.00
Total Installment Due				\$ 266.00

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

Your total amount due is \$266.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 266.00***Thank you for your business*

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

Policy Number: AXUM17513

MURRAY GARDENS ASSOCIATES  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXUM17513

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM17513  
MURRAY GARDENS ASSOCIATES  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

**PRODUCER 261**

BROWN AND BROWN METRO OF NORTH JERSEY  
PO BOX 369  
ROSELAND, NJ 07068  
(973) 549-1818

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
07/30/2018	07/30/2019	Renewal - Installment # 9	03/30/2019 \$	146.00
07/30/2018	07/30/2019	Renewal - Installment # 10	04/30/2019 \$	120.00
Total Installment Due				\$ 266.00

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

Your total amount due is \$266.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 266.00**

*Thank you for your business*

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

Policy Number: AXUM17513

MURRAY GARDENS ASSOCIATES  
C/O MARSHA HENKEL  
PO BOX 4109  
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

**Change of Address**

Policy No.: AXUM17513

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**  
AXB17567  
55 FLEMING LIMITED LIABILITY COMPANY  
719 BERGEN STREET  
HARRISON, NJ 07029

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/08/2018	08/08/2019	Amount is Past Due	03/08/2019	\$ 796.00
08/08/2018	08/08/2019	Renewal - Installment # 9	04/08/2019	\$ 796.00
08/08/2018	08/08/2019	Renewal - Installment # 10	05/08/2019	\$ 702.00
Total Installment Due				\$ 2,294.00

## Mortgagee Information

COLUMBIA BANK, ISAOA  
60 RARITAN CENTER PARKWAY  
EDISON, NJ 08818

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,294.00**

*Thank you for your business*

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

Policy Number: AXB17567

55 FLEMING LIMITED LIABILITY COMPANY  
719 BERGEN STREET  
HARRISON, NJ 07029

## Mortgagee Information

COLUMBIA BANK, ISAOA  
60 RARITAN CENTER PARKWAY  
EDISON, NJ 08818

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB17567

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**  
AXB17567  
55 FLEMING LIMITED LIABILITY COMPANY  
719 BERGEN STREET  
HARRISON, NJ 07029

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/08/2018	08/08/2019	Amount is Past Due	03/08/2019	\$ 796.00
08/08/2018	08/08/2019	Renewal - Installment # 9	04/08/2019	\$ 796.00
08/08/2018	08/08/2019	Renewal - Installment # 10	05/08/2019	\$ 702.00
Total Installment Due				\$ 2,294.00

## Mortgagee Information

COLUMBIA BANK, ISAOA  
60 RARITAN CENTER PARKWAY  
EDISON, NJ 08818

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,294.00**

*Thank you for your business*

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

Policy Number: AXB17567

55 FLEMING LIMITED LIABILITY COMPANY  
719 BERGEN STREET  
HARRISON, NJ 07029

## Mortgagee Information

COLUMBIA BANK, ISAOA  
60 RARITAN CENTER PARKWAY  
EDISON, NJ 08818

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.: AXB17567

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB17580  
ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

**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
08/31/2018	08/31/2019	Renewal - Installment # 4	05/31/2019 \$	742.00
Total Installment Due				\$ 742.00

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

**Mortgagee Information**

HAVEN SAVINGS BANK  
621 WASHINGTON STREET  
HOBOKEN, NJ 07030

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 742.00**

*Thank you for your business*

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

Policy Number: AXB17580

ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

**Mortgagee Information**

HAVEN SAVINGS BANK  
621 WASHINGTON STREET  
HOBOKEN, NJ 07030

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB17580

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB17580  
ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

**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
08/31/2018	08/31/2019	Renewal - Installment # 4	05/31/2019 \$	742.00
Total Installment Due				\$ 742.00

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

**Mortgagee Information**

HAVEN SAVINGS BANK  
621 WASHINGTON STREET  
HOBOKEN, NJ 07030

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 742.00**

*Thank you for your business*

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

Policy Number: AXB17580

ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

**Mortgagee Information**

HAVEN SAVINGS BANK  
621 WASHINGTON STREET  
HOBOKEN, NJ 07030

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.: AXB17580

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM17581  
ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
08/31/2018	08/31/2019	Renewal - Installment # 4	05/31/2019 \$	93.00
Total Installment Due				\$ 93.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 93.00**

*Thank you for your business*

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

Policy Number: AXUM17581

ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXUM17581

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM17581  
ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
08/31/2018	08/31/2019	Renewal - Installment # 4	05/31/2019 \$	93.00
Total Installment Due				\$ 93.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 93.00**

*Thank you for your business*

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

Policy Number: AXUM17581

ERIC & MARGARET BAL  
1433-1435 46TH STREET  
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXUM17581

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP17589  
GEORGE H KYLE III  
KYLE'S A/C & R SERVICES  
26 OVERLOOK AVENUE  
LITTLE FALLS, NJ 07424

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
08/10/2018	08/10/2019	Renewal - Installment # 4	05/10/2019 \$	142.00
Total Installment Due				\$ 142.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 142.00**

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

*Thank you for your business*

Policy Number: AXCP17589

GEORGE H KYLE III  
KYLE'S A/C & R SERVICES  
26 OVERLOOK AVENUE  
LITTLE FALLS, NJ 07424

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.: AXCP17589

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP17589  
GEORGE H KYLE III  
KYLE'S A/C & R SERVICES  
26 OVERLOOK AVENUE  
LITTLE FALLS, NJ 07424

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
08/10/2018	08/10/2019	Renewal - Installment # 4	05/10/2019 \$	142.00
Total Installment Due				\$ 142.00

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

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

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AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 142.00**

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

*Thank you for your business*

Policy Number: AXCP17589

GEORGE H KYLE III  
KYLE'S A/C & R SERVICES  
26 OVERLOOK AVENUE  
LITTLE FALLS, NJ 07424

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.: AXCP17589

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB17617  
ANTONIO & ROSEANN FASOLINO  
7 HOWE AVENUE  
NUTLEY, NJ 07110

**PRODUCER 194**

SB ONE INSURANCE AGENCY, INC.  
96 ROUTE 206 N,  
PO BOX 4  
AUGUSTA, NJ 07822  
(973) 579-6776

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/18/2018	08/18/2019	Renewal - Installment # 4	05/18/2019 \$	803.00
Total Installment Due				\$ 803.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 803.00**

*Thank you for your business*

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

Policy Number: AXB17617

ANTONIO & ROSEANN FASOLINO  
7 HOWE AVENUE  
NUTLEY, NJ 07110

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.: AXB17617

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB17617  
ANTONIO & ROSEANN FASOLINO  
7 HOWE AVENUE  
NUTLEY, NJ 07110

**PRODUCER 194**

SB ONE INSURANCE AGENCY, INC.  
96 ROUTE 206 N,  
PO BOX 4  
AUGUSTA, NJ 07822  
(973) 579-6776

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/18/2018	08/18/2019	Renewal - Installment # 4	05/18/2019 \$	803.00
Total Installment Due				\$ 803.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 803.00**

*Thank you for your business*

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

Policy Number: AXB17617

ANTONIO & ROSEANN FASOLINO  
7 HOWE AVENUE  
NUTLEY, NJ 07110

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.: AXB17617

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP17645  
KING PLUMBING HEATING AND COOLING LLC  
129 WALNUT STREET  
WESTVILLE, NJ 08093

**PRODUCER 227**

THE BARCLAY GROUP  
601 S WHITE HORSE PIKE  
AUDUBON, NJ 08106  
(856) 546-2700

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
08/20/2018	08/20/2019	Renewal - Installment # 4	05/20/2019 \$	748.00
Total Installment Due				\$ 748.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 748.00**

*Thank you for your business*

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

Policy Number: AXCP17645

KING PLUMBING HEATING AND COOLING LLC  
129 WALNUT STREET  
WESTVILLE, NJ 08093

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP17645

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP17645  
KING PLUMBING HEATING AND COOLING LLC  
129 WALNUT STREET  
WESTVILLE, NJ 08093

**PRODUCER 227**

THE BARCLAY GROUP  
601 S WHITE HORSE PIKE  
AUDUBON, NJ 08106  
(856) 546-2700

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
08/20/2018	08/20/2019	Renewal - Installment # 4	05/20/2019 \$	748.00
Total Installment Due				\$ 748.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 748.00**

*Thank you for your business*

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

Policy Number: AXCP17645

KING PLUMBING HEATING AND COOLING LLC  
129 WALNUT STREET  
WESTVILLE, NJ 08093

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP17645

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB17660  
210 FOUNDRY STREET03, LLC  
PO BOX 57  
CROSSWICKS, NJ 08515

**PRODUCER 203**

KARL WEIDEL INC  
23 SOUTH WARREN STREET  
TRENTON, NJ 08608  
(609) 599-2588

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 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 \$	518.00
09/03/2018	09/03/2019	Renewal - Installment # 8	04/03/2019 \$	518.00
Total Installment Due				\$ 1,036.00

**Mortgagee Information**

1ST CONSTITUTION BANK  
2650 ROUTE 130 AND DAY ROAD  
CRANBURY, NJ 08512

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,036.00**

*Thank you for your business*

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

Policy Number: AXB17660

210 FOUNDRY STREET03, LLC  
PO BOX 57  
CROSSWICKS, NJ 08515

**Mortgagee Information**

1ST CONSTITUTION BANK  
2650 ROUTE 130 AND DAY ROAD  
CRANBURY, NJ 08512

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.: AXB17660

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB17660  
210 FOUNDRY STREET03, LLC  
PO BOX 57  
CROSSWICKS, NJ 08515

**PRODUCER 203**

KARL WEIDEL INC  
23 SOUTH WARREN STREET  
TRENTON, NJ 08608  
(609) 599-2588

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 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 \$	518.00
09/03/2018	09/03/2019	Renewal - Installment # 8	04/03/2019 \$	518.00
Total Installment Due				\$ 1,036.00

**Mortgagee Information**

1ST CONSTITUTION BANK  
2650 ROUTE 130 AND DAY ROAD  
CRANBURY, NJ 08512

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,036.00**

*Thank you for your business*

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

Policy Number: AXB17660

210 FOUNDRY STREET03, LLC  
PO BOX 57  
CROSSWICKS, NJ 08515

**Mortgagee Information**

1ST CONSTITUTION BANK  
2650 ROUTE 130 AND DAY ROAD  
CRANBURY, NJ 08512

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.: AXB17660

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR17695  
DV FOOD LLC & SMLSM LLC  
T/A TAPASTRE & T/A PROJECT PUB  
1 WEST HIGH STREET  
SOMERVILLE, NJ 08876

**PRODUCER 218**

MARSH MCLENNAN AGENCY  
ONE EXECUTIVE DRIVE  
SOMERSET, NJ 08873  
(732) 469-3000

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
09/13/2018	09/13/2019	Amount is Past Due	03/13/2019 \$	1,146.00
09/13/2018	09/13/2019	Renewal - Installment # 8	04/13/2019 \$	1,146.00
09/13/2018	09/13/2019	Renewal - Installment # 9	05/13/2019 \$	1,136.00
Total Installment Due				\$ 3,428.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,428.00**

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

*Thank you for your business*

Policy Number: AXBR17695

DV FOOD LLC & SMLSM LLC  
T/A TAPASTRE & T/A PROJECT PUB  
1 WEST HIGH STREET  
SOMERVILLE, NJ 08876

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/13/2018	09/13/2019	Installment	06/13/2019	\$ 1,040.00
Total Future Installments				\$ 1,040.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBR17695  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR17695  
DV FOOD LLC & SMLSM LLC  
T/A TAPASTRE & T/A PROJECT PUB  
1 WEST HIGH STREET  
SOMERVILLE, NJ 08876

**PRODUCER 218**

MARSH MCLENNAN AGENCY  
ONE EXECUTIVE DRIVE  
SOMERSET, NJ 08873  
(732) 469-3000

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
09/13/2018	09/13/2019	Amount is Past Due	03/13/2019 \$	1,146.00
09/13/2018	09/13/2019	Renewal - Installment # 8	04/13/2019 \$	1,146.00
09/13/2018	09/13/2019	Renewal - Installment # 9	05/13/2019 \$	1,136.00
Total Installment Due				\$ 3,428.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,428.00**

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

*Thank you for your business*

Policy Number: AXBR17695

DV FOOD LLC & SMLSM LLC  
T/A TAPASTRE & T/A PROJECT PUB  
1 WEST HIGH STREET  
SOMERVILLE, NJ 08876

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/13/2018	09/13/2019	Installment	06/13/2019	\$ 1,040.00
Total Future Installments				\$ 1,040.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBR17695  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM17732  
KELLY'S ACRES, INC.  
43 LAIRD AVENUE (HIGHWAY 35)  
NEPTUNE CITY, NJ 07753

**PRODUCER 110**

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

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
09/21/2018	09/21/2019	Renewal - Installment # 8	04/21/2019 \$	115.00
09/21/2018	09/21/2019	Renewal - Installment # 9	05/21/2019 \$	105.00
Total Installment Due				\$ 220.00

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

Your total amount due is \$427.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 220.00***Thank you for your business*

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

Policy Number: AXUM17732

KELLY'S ACRES, INC.  
43 LAIRD AVENUE (HIGHWAY 35)  
NEPTUNE CITY, NJ 07753

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/21/2018	09/21/2019	Installment	06/21/2019	\$ 92.00
Total Future Installments				\$ 92.00

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

**Change of Address**

Policy No.: AXUM17732

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM17732  
KELLY'S ACRES, INC.  
43 LAIRD AVENUE (HIGHWAY 35)  
NEPTUNE CITY, NJ 07753

**PRODUCER 110**

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

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
09/21/2018	09/21/2019	Renewal - Installment # 8	04/21/2019 \$	115.00
09/21/2018	09/21/2019	Renewal - Installment # 9	05/21/2019 \$	105.00
Total Installment Due				\$ 220.00

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

Your total amount due is \$427.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 220.00**

*Thank you for your business*

Policy Number: AXUM17732

KELLY'S ACRES, INC.  
43 LAIRD AVENUE (HIGHWAY 35)  
NEPTUNE CITY, NJ 07753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/21/2018	09/21/2019	Installment	06/21/2019	\$ 92.00
Total Future Installments				\$ 92.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXUM17732  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB17793  
GIANCARLO GIOVANNETTI  
PO BOX 66  
VINELAND, NJ 08362

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Renewal - Installment # 3	04/10/2019 \$	1,090.00
Total Installment Due				\$ 1,090.00

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

Your total amount due is \$1,738.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,090.00**

*Thank you for your business*

Policy Number: AXB17793

GIANCARLO GIOVANNETTI  
PO BOX 66  
VINELAND, NJ 08362

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Installment	07/10/2019	\$ 648.00
Total Future Installments				\$ 648.00

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

**Change of Address**

Policy No.: AXB17793

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB17793  
GIANCARLO GIOVANNETTI  
PO BOX 66  
VINELAND, NJ 08362

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Renewal - Installment # 3	04/10/2019 \$	1,090.00
Total Installment Due				\$ 1,090.00

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

Your total amount due is \$1,738.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,090.00**

*Thank you for your business*

Policy Number: AXB17793

GIANCARLO GIOVANNETTI  
PO BOX 66  
VINELAND, NJ 08362

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Installment	07/10/2019	\$ 648.00
Total Future Installments				\$ 648.00

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

**Change of Address**

Policy No.: AXB17793

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP17841  
ANTHONY LISANTE CO., INC  
78 SPRINGBROOK ROAD  
SPRINGFIELD, NJ 07081

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
10/11/2018	10/11/2019	Renewal - Installment # 3	04/11/2019 \$	289.00
Total Installment Due				\$ 289.00

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

Your total amount due is \$457.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 289.00***Thank you for your business*

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

Policy Number: AXCP17841

ANTHONY LISANTE CO., INC  
78 SPRINGBROOK ROAD  
SPRINGFIELD, NJ 07081

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/11/2018	10/11/2019	Installment	07/11/2019	\$ 168.00
Total Future Installments				\$ 168.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP17841  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP17841  
ANTHONY LISANTE CO., INC  
78 SPRINGBROOK ROAD  
SPRINGFIELD, NJ 07081

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
10/11/2018	10/11/2019	Renewal - Installment # 3	04/11/2019 \$	289.00
Total Installment Due				\$ 289.00

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

Your total amount due is \$457.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 289.00**

*Thank you for your business*

Policy Number: AXCP17841

ANTHONY LISANTE CO., INC  
78 SPRINGBROOK ROAD  
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/11/2018	10/11/2019	Installment	07/11/2019	\$ 168.00
Total Future Installments				\$ 168.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP17841

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB17913  
FRANCISCO CARUSO DPM  
685 BLOOMFIELD AVENUE  
VERONA, NJ 07044

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/06/2018	11/06/2019	Renewal - Installment # 3	05/06/2019 \$	171.00
Total Installment Due				\$ 171.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 171.00***Thank you for your business*

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

Policy Number: AXB17913

FRANCISCO CARUSO DPM  
685 BLOOMFIELD AVENUE  
VERONA, NJ 07044

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB17913

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB17913  
FRANCISCO CARUSO DPM  
685 BLOOMFIELD AVENUE  
VERONA, NJ 07044

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/06/2018	11/06/2019	Renewal - Installment # 3	05/06/2019 \$	171.00
Total Installment Due				\$ 171.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 171.00**

*Thank you for your business*

Policy Number: AXB17913

FRANCISCO CARUSO DPM  
685 BLOOMFIELD AVENUE  
VERONA, NJ 07044

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB17913

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP17915  
M J SMOLLEY REMODELING LLC  
104 HOLLY DRIVE  
SHAMONG, NJ 08088

**PRODUCER 127**

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

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
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019	\$ 264.00
Total Installment Due				\$ 264.00

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

Your total amount due is \$416.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 264.00**

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

*Thank you for your business*

Policy Number: AXCP17915

M J SMOLLEY REMODELING LLC  
104 HOLLY DRIVE  
SHAMONG, NJ 08088

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	\$ 152.00
Total Future Installments				\$ 152.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP17915  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP17915  
M J SMOLLEY REMODELING LLC  
104 HOLLY DRIVE  
SHAMONG, NJ 08088

**PRODUCER 127**

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

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
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019 \$	264.00
Total Installment Due				\$ 264.00

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

Your total amount due is \$416.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 264.00**

*Thank you for your business*

Policy Number: AXCP17915

M J SMOLLEY REMODELING LLC  
104 HOLLY DRIVE  
SHAMONG, NJ 08088

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	\$ 152.00
Total Future Installments				\$ 152.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP17915  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP17925  
AIR UNLIMITED, LLC  
C/O JEREMY BALDWIN  
32 CRESCENT DRIVE NORTH  
ANDOVER, NJ 07821

**PRODUCER 155**

MITCHELL INSURANCE AGENCY  
29 TRINITY STREET  
NEWTON, NJ 07860  
(973) 383-5800

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
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019 \$	297.00
Total Installment Due				\$ 297.00

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

Your total amount due is \$469.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 297.00***Thank you for your business*

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

Policy Number: AXCP17925

AIR UNLIMITED, LLC  
C/O JEREMY BALDWIN  
32 CRESCENT DRIVE NORTH  
ANDOVER, NJ 07821

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	\$ 172.00
Total Future Installments				\$ 172.00

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

**Change of Address**

Policy No.: AXCP17925

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP17925  
AIR UNLIMITED, LLC  
C/O JEREMY BALDWIN  
32 CRESCENT DRIVE NORTH  
ANDOVER, NJ 07821

**PRODUCER 155**

MITCHELL INSURANCE AGENCY  
29 TRINITY STREET  
NEWTON, NJ 07860  
(973) 383-5800

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
10/28/2018	10/28/2019	Renewal - Installment # 3	04/28/2019 \$	297.00
Total Installment Due				\$ 297.00

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

Your total amount due is \$469.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 297.00**

*Thank you for your business*

Policy Number: AXCP17925

AIR UNLIMITED, LLC  
C/O JEREMY BALDWIN  
32 CRESCENT DRIVE NORTH  
ANDOVER, NJ 07821

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	\$ 172.00
Total Future Installments				\$ 172.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP17925  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP17969  
WILSON ELECTRIC LLC &  
WILSON CONTRACTING SERVICES LLC  
109 WESTOVER AVE  
WEST CALDWELL, NJ 07006

**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
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	225.00
Total Installment Due				\$ 225.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 225.00**

*Thank you for your business*

Policy Number: AXCP17969

WILSON ELECTRIC LLC &  
WILSON CONTRACTING SERVICES LLC  
109 WESTOVER AVE  
WEST CALDWELL, NJ 07006

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP17969

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP17969  
WILSON ELECTRIC LLC &  
WILSON CONTRACTING SERVICES LLC  
109 WESTOVER AVE  
WEST CALDWELL, NJ 07006

**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
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	225.00
Total Installment Due				\$ 225.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 225.00**

*Thank you for your business*

Policy Number: AXCP17969

WILSON ELECTRIC LLC &  
WILSON CONTRACTING SERVICES LLC  
109 WESTOVER AVE  
WEST CALDWELL, NJ 07006

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP17969

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB17978  
LOUBET SOMERVILLE LLC &  
LOUBET BOUND BROOK LLC  
C/O ELIZABETH J SANTORA  
P O BOX 312  
RARITAN, NJ 08869

**PRODUCER 185**

CLYDE PAUL AGENCY INCORPORATED  
9 RIDGE ROAD  
NORTH ARLINGTON, NJ 07031  
(201) 991-7598

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/13/2018	11/13/2019	Renewal - Installment # 3	05/13/2019 \$	1,413.00
Total Installment Due				\$ 1,413.00

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

Your total amount due is \$2,254.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

BANK OF AMERICA NA  
P O BOX 961291  
FORT WORTH, TX 76161-0291  
LOAN NO.: 873453110

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,413.00**

*Thank you for your business*

Policy Number: AXB17978

**Mortgagee Information**

BANK OF AMERICA NA  
P O BOX 961291  
FORT WORTH, TX 76161-0291  
LOAN NO.: 873453110

LOUBET SOMERVILLE LLC &  
LOUBET BOUND BROOK LLC  
C/O ELIZABETH J SANTORA  
P O BOX 312  
RARITAN, NJ 08869

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	\$ 841.00
Total Future Installments				\$ 841.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB17978  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB17978  
LOUBET SOMERVILLE LLC &  
LOUBET BOUND BROOK LLC  
C/O ELIZABETH J SANTORA  
P O BOX 312  
RARITAN, NJ 08869

**PRODUCER 185**

CLYDE PAUL AGENCY INCORPORATED  
9 RIDGE ROAD  
NORTH ARLINGTON, NJ 07031  
(201) 991-7598

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/13/2018	11/13/2019	Renewal - Installment # 3	05/13/2019 \$	1,413.00
Total Installment Due				\$ 1,413.00

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

Your total amount due is \$2,254.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

BANK OF AMERICA NA  
P O BOX 961291  
FORT WORTH, TX 76161-0291  
LOAN NO.: 873453110

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,413.00**

*Thank you for your business*

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

Policy Number: AXB17978

LOUBET SOMERVILLE LLC &  
LOUBET BOUND BROOK LLC  
C/O ELIZABETH J SANTORA  
P O BOX 312  
RARITAN, NJ 08869

03/18/2019 - Inv

**Mortgagee Information**

BANK OF AMERICA NA  
P O BOX 961291  
FORT WORTH, TX 76161-0291  
LOAN NO.: 873453110

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/13/2018	11/13/2019	Installment	08/13/2019	\$ 841.00
Total Future Installments				\$ 841.00

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

**Change of Address**

Policy No.: AXB17978

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP18010  
BRIAN CHAMBERS  
T/A CHAMBERS ENTERPRISES  
193 CHURCH ROAD  
MEDFORD, NJ 08055

**PRODUCER 127**

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

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
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	302.00
Total Installment Due				\$ 302.00

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

Your total amount due is \$477.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 302.00**

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

*Thank you for your business*

Policy Number: AXCP18010

BRIAN CHAMBERS  
T/A CHAMBERS ENTERPRISES  
193 CHURCH ROAD  
MEDFORD, NJ 08055

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	08/08/2019	\$ 175.00
Total Future Installments				\$ 175.00

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

**Change of Address**

Policy No.: AXCP18010

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18010  
BRIAN CHAMBERS  
T/A CHAMBERS ENTERPRISES  
193 CHURCH ROAD  
MEDFORD, NJ 08055

**PRODUCER 127**

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

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
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	302.00
Total Installment Due				\$ 302.00

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

Your total amount due is \$477.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 302.00**

*Thank you for your business*

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

Policy Number: AXCP18010

BRIAN CHAMBERS  
T/A CHAMBERS ENTERPRISES  
193 CHURCH ROAD  
MEDFORD, NJ 08055

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	08/08/2019	\$ 175.00
Total Future Installments				\$ 175.00

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

**Change of Address**

Policy No.: AXCP18010

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR18036  
BARDI'S GRILL INC.  
T/A BARDI'S RESTAURANT  
147-149 NEWARK POMPTON TURNPIKE  
PEQUANNOCK, NJ 07440

**PRODUCER 303**

THE SECRET INSURANCE AGENCY LLC  
409 MINNISINK ROAD  
SUITE 104  
TOTOWA, NJ 07512  
(973) 812-7327

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/17/2018	11/17/2019	Renewal - Installment # 5	03/24/2019 \$	1,081.00
11/17/2018	11/17/2019	Renewal - Installment # 6	04/24/2019 \$	1,071.00
11/17/2018	11/17/2019	Renewal - Installment # 7	05/24/2019 \$	1,071.00
Total Installment Due				\$ 3,223.00

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

Your total amount due is \$4,292.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

LINCOLN PARK SAVINGS BANK  
193 CHANGEBRIDGE RD  
MONTVILLE, NJ 07045

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,223.00**

*Thank you for your business*

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

Policy Number: AXBR18036

BARDI'S GRILL INC.  
T/A BARDI'S RESTAURANT  
147-149 NEWARK POMPTON TURNPIKE  
PEQUANNOCK, NJ 07440

**Mortgagee Information**

LINCOLN PARK SAVINGS BANK  
193 CHANGEBRIDGE RD  
MONTVILLE, NJ 07045

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/17/2018	11/17/2019	Installment	06/24/2019	\$ 1,069.00
Total Future Installments				\$ 1,069.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBR18036  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR18036  
BARDI'S GRILL INC.  
T/A BARDI'S RESTAURANT  
147-149 NEWARK POMPTON TURNPIKE  
PEQUANNOCK, NJ 07440

**PRODUCER 303**

THE SECRET INSURANCE AGENCY LLC  
409 MINNISINK ROAD  
SUITE 104  
TOTOWA, NJ 07512  
(973) 812-7327

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/17/2018	11/17/2019	Renewal - Installment # 5	03/24/2019 \$	1,081.00
11/17/2018	11/17/2019	Renewal - Installment # 6	04/24/2019 \$	1,071.00
11/17/2018	11/17/2019	Renewal - Installment # 7	05/24/2019 \$	1,071.00
Total Installment Due				\$ 3,223.00

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

Your total amount due is \$4,292.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

LINCOLN PARK SAVINGS BANK  
193 CHANGEBRIDGE RD  
MONTVILLE, NJ 07045

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,223.00**

*Thank you for your business*

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

Policy Number: AXBR18036

BARDI'S GRILL INC.  
T/A BARDI'S RESTAURANT  
147-149 NEWARK POMPTON TURNPIKE  
PEQUANNOCK, NJ 07440

**Mortgagee Information**

LINCOLN PARK SAVINGS BANK  
193 CHANGEBRIDGE RD  
MONTVILLE, NJ 07045

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/17/2018	11/17/2019	Installment	06/24/2019	\$ 1,069.00
Total Future Installments				\$ 1,069.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBR18036  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP18048  
ROBERT DECKER ELECTRIC LLC  
70 LAZARUS DRIVE  
LEDGEWOOD, NJ 07852

**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
11/24/2018	11/24/2019	Renewal - Installment # 3	05/24/2019 \$	248.00
Total Installment Due				\$ 248.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 248.00**

*Thank you for your business*

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

Policy Number: AXCP18048

ROBERT DECKER ELECTRIC LLC  
70 LAZARUS DRIVE  
LEDGEWOOD, NJ 07852

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP18048

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18048  
ROBERT DECKER ELECTRIC LLC  
70 LAZARUS DRIVE  
LEDGEWOOD, NJ 07852

**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
11/24/2018	11/24/2019	Renewal - Installment # 3	05/24/2019 \$	248.00
Total Installment Due				\$ 248.00

**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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 248.00**

*Thank you for your business*

Policy Number: AXCP18048

ROBERT DECKER ELECTRIC LLC  
70 LAZARUS DRIVE  
LEDGEWOOD, NJ 07852

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP18048

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP18049  
JOHN M DOLL ELECTRICAL CONTRACTOR LLC  
872 COLONIAL AVE  
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
11/29/2018	11/29/2019	Endorsement	04/14/2019	\$ 196.00
Total Installment Due				\$ 196.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 196.00**

*Thank you for your business*

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

Policy Number: AXCP18049

JOHN M DOLL ELECTRICAL CONTRACTOR LLC  
872 COLONIAL AVE  
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP18049

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18049  
JOHN M DOLL ELECTRICAL CONTRACTOR LLC  
872 COLONIAL AVE  
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
11/29/2018	11/29/2019	Endorsement	04/14/2019	\$ 196.00
Total Installment Due				\$ 196.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 196.00**

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

*Thank you for your business*

Policy Number: AXCP18049

JOHN M DOLL ELECTRICAL CONTRACTOR LLC  
872 COLONIAL AVE  
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP18049

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXBC18111  
MT AIRY CONDO ASSOCIATION  
MT AIRY & PROSPECT ROAD  
P O BOX 421  
BERNARDSVILLE, NJ 07924

**PRODUCER 278**

SCIROCCO FINANCIAL GROUP  
777 TERRACE AVENUE  
SUITE #309  
HASBROUCK HEIGHTS, NJ 07604  
(201) 727-0070

Policy Type:  
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Amount is Past Due	03/10/2019	\$ 662.00
12/10/2018	12/10/2019	Renewal - Installment # 5	04/10/2019	\$ 662.00
12/10/2018	12/10/2019	Renewal - Installment # 6	05/10/2019	\$ 652.00
Total Installment Due				\$ 1,976.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,976.00**

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

*Thank you for your business*

Policy Number: AXBC18111

MT AIRY CONDO ASSOCIATION  
MT AIRY & PROSPECT ROAD  
P O BOX 421  
BERNARDSVILLE, NJ 07924

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Installment	06/10/2019	\$ 652.00
12/10/2018	12/10/2019	Installment	07/10/2019	\$ 652.00
12/10/2018	12/10/2019	Installment	08/10/2019	\$ 652.00
12/10/2018	12/10/2019	Installment	09/10/2019	\$ 579.00
Total Future Installments				\$ 2,535.00

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

#### Change of Address

Policy No.: AXBC18111

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBC18111  
MT AIRY CONDO ASSOCIATION  
MT AIRY & PROSPECT ROAD  
P O BOX 421  
BERNARDSVILLE, NJ 07924

**PRODUCER 278**

SCIROCCO FINANCIAL GROUP  
777 TERRACE AVENUE  
SUITE #309  
HASBROUCK HEIGHTS, NJ 07604  
(201) 727-0070

Policy Type:  
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Amount is Past Due	03/10/2019	\$ 662.00
12/10/2018	12/10/2019	Renewal - Installment # 5	04/10/2019	\$ 662.00
12/10/2018	12/10/2019	Renewal - Installment # 6	05/10/2019	\$ 652.00
Total Installment Due				\$ 1,976.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,976.00**

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

*Thank you for your business*

Policy Number: AXBC18111

MT AIRY CONDO ASSOCIATION  
MT AIRY & PROSPECT ROAD  
P O BOX 421  
BERNARDSVILLE, NJ 07924

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Installment	06/10/2019	\$ 652.00
12/10/2018	12/10/2019	Installment	07/10/2019	\$ 652.00
12/10/2018	12/10/2019	Installment	08/10/2019	\$ 652.00
12/10/2018	12/10/2019	Installment	09/10/2019	\$ 579.00
Total Future Installments				\$ 2,535.00

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

**Change of Address**

Policy No.: AXBC18111

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP18122  
THOMAS COHOON  
47 GALLO COURT  
LAWRENCE TOWNSHIP, NJ 08648

**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 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 \$	516.00
11/29/2018	11/29/2019	Renewal - Installment # 3	05/29/2019 \$	516.00
Total Installment Due				\$ 1,032.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,032.00***Thank you for your business*

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

Policy Number: AXCP18122

THOMAS COHOON  
47 GALLO COURT  
LAWRENCE TOWNSHIP, NJ 08648

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP18122

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18122  
THOMAS COHOON  
47 GALLO COURT  
LAWRENCE TOWNSHIP, NJ 08648

**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 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 \$	516.00
11/29/2018	11/29/2019	Renewal - Installment # 3	05/29/2019 \$	516.00
Total Installment Due				\$ 1,032.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,032.00**

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

*Thank you for your business*

Policy Number: AXCP18122

THOMAS COHOON  
47 GALLO COURT  
LAWRENCE TOWNSHIP, NJ 08648

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP18122

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP18185  
ROESSEL CONSTRUCTION LLC  
7 TWINING LANE  
EWING, NJ 08628

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Renewal - Installment # 2	03/29/2019 \$	377.00
Total Installment Due				\$ 377.00

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

Your total amount due is \$744.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 377.00***Thank you for your business*

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

Policy Number: AXCP18185

ROESSEL CONSTRUCTION LLC  
7 TWINING LANE  
EWING, NJ 08628

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Installment	06/29/2019	\$ 367.00
Total Future Installments				\$ 367.00

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

**Change of Address**

Policy No.: AXCP18185

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18185  
ROESSEL CONSTRUCTION LLC  
7 TWINING LANE  
EWING, NJ 08628

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Renewal - Installment # 2	03/29/2019 \$	377.00
Total Installment Due				\$ 377.00

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

Your total amount due is \$744.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 377.00**

*Thank you for your business*

Policy Number: AXCP18185

ROESSEL CONSTRUCTION LLC  
7 TWINING LANE  
EWING, NJ 08628

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Installment	06/29/2019	\$ 367.00
Total Future Installments				\$ 367.00

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

**Change of Address**

Policy No.: AXCP18185

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP18241  
THOR ELECTRIC LLC  
223 BEAUFORT AVE  
LIVINGSTON, NJ 07039

**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 \$	244.00
Total Installment Due				\$ 244.00

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

Your total amount due is \$478.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 244.00***Thank you for your business*

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

Policy Number: AXCP18241

THOR ELECTRIC LLC  
223 BEAUFORT AVE  
LIVINGSTON, NJ 07039

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	\$ 234.00
Total Future Installments				\$ 234.00

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

#### Change of Address

Policy No.: AXCP18241

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP18241  
THOR ELECTRIC LLC  
223 BEAUFORT AVE  
LIVINGSTON, NJ 07039

**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 \$	244.00
Total Installment Due				\$ 244.00

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

Your total amount due is \$478.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 244.00**

*Thank you for your business*

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

Policy Number: AXCP18241

THOR ELECTRIC LLC  
223 BEAUFORT AVE  
LIVINGSTON, NJ 07039

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	\$ 234.00
Total Future Installments				\$ 234.00

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

**Change of Address**

Policy No.: AXCP18241

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP18246  
PROSPERO TRUJILLO  
T/A TRUJILLO PLUMBING & HEATING  
18 ERWIN PLACE  
WEST ORANGE, NJ 07052

**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
01/20/2019	01/20/2020	Renewal - Installment # 2	04/20/2019 \$	357.00
Total Installment Due				\$ 357.00

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

Your total amount due is \$832.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 357.00***Thank you for your business*

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

Policy Number: AXCP18246

PROSPERO TRUJILLO  
T/A TRUJILLO PLUMBING & HEATING  
18 ERWIN PLACE  
WEST ORANGE, NJ 07052

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Installment	07/20/2019	\$ 475.00
Total Future Installments				\$ 475.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP18246  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18246  
PROSPERO TRUJILLO  
T/A TRUJILLO PLUMBING & HEATING  
18 ERWIN PLACE  
WEST ORANGE, NJ 07052

**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
01/20/2019	01/20/2020	Renewal - Installment # 2	04/20/2019 \$	357.00
Total Installment Due				\$ 357.00

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

Your total amount due is \$832.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 357.00**

*Thank you for your business*

Policy Number: AXCP18246

PROSPERO TRUJILLO  
T/A TRUJILLO PLUMBING & HEATING  
18 ERWIN PLACE  
WEST ORANGE, NJ 07052

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Installment	07/20/2019	\$ 475.00
Total Future Installments				\$ 475.00

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

**Change of Address**

Policy No.: AXCP18246

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBC18294  
PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

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
02/26/2019	02/26/2020	Renewal - Installment # 2	05/26/2019 \$	1,868.00
Total Installment Due				\$ 1,868.00

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

Your total amount due is \$3,726.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,868.00**

*Thank you for your business*

Policy Number: AXBC18294

PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/26/2019	02/26/2020	Installment	08/26/2019	\$ 1,858.00
Total Future Installments				\$ 1,858.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBC18294

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBC18294  
PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

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
02/26/2019	02/26/2020	Renewal - Installment # 2	05/26/2019 \$	1,868.00
Total Installment Due				\$ 1,868.00

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

Your total amount due is \$3,726.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,868.00**

*Thank you for your business*

Policy Number: AXBC18294

PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/26/2019	02/26/2020	Installment	08/26/2019	\$ 1,858.00
Total Future Installments				\$ 1,858.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBC18294

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM18295  
PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

Policy Type:  
COMMERCIAL UMBRELLA

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	Renewal - Installment # 2	05/26/2019 \$	206.00
Total Installment Due				\$ 206.00

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

Your total amount due is \$402.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 206.00**

*Thank you for your business*

Policy Number: AXUM18295

PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/26/2019	02/26/2020	Installment	08/26/2019	\$ 196.00
Total Future Installments				\$ 196.00

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

**Change of Address**

Policy No.: AXUM18295

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM18295  
PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

Policy Type:  
COMMERCIAL UMBRELLA

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	Renewal - Installment # 2	05/26/2019 \$	206.00
Total Installment Due				\$ 206.00

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

Your total amount due is \$402.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 206.00**

*Thank you for your business*

Policy Number: AXUM18295

PROSPECT STREET CONDO  
C/O NEW VISTAS CORP  
300 KIMBALL ST, SUITE 206  
WOODBIDGE, NJ 07095

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/26/2019	02/26/2020	Installment	08/26/2019	\$ 196.00
Total Future Installments				\$ 196.00

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

#### Change of Address

Policy No.: AXUM18295

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP18298  
ERIC HAKEN  
T/A CANISTEAR ELECTRIC  
6337 HARDING HIGHWAY  
MAYS LANDING, NJ 08330

**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
02/03/2019	02/03/2020	Renewal - Installment # 2	05/03/2019 \$	453.00
Total Installment Due				\$ 453.00

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

Your total amount due is \$896.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 453.00**

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

*Thank you for your business*

Policy Number: AXCP18298

ERIC HAKEN  
T/A CANISTEAR ELECTRIC  
6337 HARDING HIGHWAY  
MAYS LANDING, NJ 08330

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 443.00
Total Future Installments				\$ 443.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP18298  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18298  
ERIC HAKEN  
T/A CANISTEAR ELECTRIC  
6337 HARDING HIGHWAY  
MAYS LANDING, NJ 08330

**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
02/03/2019	02/03/2020	Renewal - Installment # 2	05/03/2019 \$	453.00
Total Installment Due				\$ 453.00

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

Your total amount due is \$896.00  
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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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 453.00**

*Thank you for your business*

Policy Number: AXCP18298

ERIC HAKEN  
T/A CANISTEAR ELECTRIC  
6337 HARDING HIGHWAY  
MAYS LANDING, NJ 08330

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 443.00
Total Future Installments				\$ 443.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP18298  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP18299  
LAVORGNA ELECTRIC LLC  
70 BALL AVENUE  
PARSIPPANY, NJ 07054

**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
02/03/2019	02/03/2020	Renewal - Installment # 2	05/03/2019 \$	758.00
Total Installment Due				\$ 758.00

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

Your total amount due is \$1,506.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 758.00**

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

*Thank you for your business*

Policy Number: AXCP18299

LAVORGNA ELECTRIC LLC  
70 BALL AVENUE  
PARSIPPANY, NJ 07054

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 748.00
Total Future Installments				\$ 748.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP18299  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP18299  
LAVORGNA ELECTRIC LLC  
70 BALL AVENUE  
PARSIPPANY, NJ 07054

**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
02/03/2019	02/03/2020	Renewal - Installment # 2	05/03/2019 \$	758.00
Total Installment Due				\$ 758.00

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FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 758.00**

*Thank you for your business*

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

Policy Number: AXCP18299

LAVORGNA ELECTRIC LLC  
70 BALL AVENUE  
PARSIPPANY, NJ 07054

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 748.00
Total Future Installments				\$ 748.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP18299  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB18314  
341 HUDSON STREET LLC  
341 HUDSON STREET  
HACKENSACK, NJ 07601

**PRODUCER 202**

LOUIS BECKERMAN & COMPANY  
915 W. LACEY ROAD  
FORKED RIVER, NJ 08731  
(609) 971-1270

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Renewal - Installment # 3	04/02/2019 \$	137.00
02/01/2019	02/01/2020	Renewal - Installment # 4	05/02/2019 \$	127.00
Total Installment Due				\$ 264.00

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

Your total amount due is \$1,011.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

SPENCER SAVINGS BANK, SLA  
611 RIVER DRIVE  
ELMWOOD PARK, NJ 07407

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 264.00***Thank you for your business*

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

Policy Number: AXB18314

341 HUDSON STREET LLC  
341 HUDSON STREET  
HACKENSACK, NJ 07601

**Mortgagee Information**

SPENCER SAVINGS BANK, SLA  
611 RIVER DRIVE  
ELMWOOD PARK, NJ 07407

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	06/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	07/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	08/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	09/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	10/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	11/02/2019	\$ 112.00
Total Future Installments				\$ 747.00

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

#### Change of Address

Policy No.: AXB18314

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB18314  
341 HUDSON STREET LLC  
341 HUDSON STREET  
HACKENSACK, NJ 07601

**PRODUCER 202**

LOUIS BECKERMAN & COMPANY  
915 W. LACEY ROAD  
FORKED RIVER, NJ 08731  
(609) 971-1270

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Renewal - Installment # 3	04/02/2019 \$	137.00
02/01/2019	02/01/2020	Renewal - Installment # 4	05/02/2019 \$	127.00
Total Installment Due				\$ 264.00

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per payment charge.

**Mortgagee Information**

SPENCER SAVINGS BANK, SLA  
611 RIVER DRIVE  
ELMWOOD PARK, NJ 07407

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 264.00***Thank you for your business*

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

Policy Number: AXB18314

341 HUDSON STREET LLC  
341 HUDSON STREET  
HACKENSACK, NJ 07601

**Mortgagee Information**

SPENCER SAVINGS BANK, SLA  
611 RIVER DRIVE  
ELMWOOD PARK, NJ 07407

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	06/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	07/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	08/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	09/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	10/02/2019	\$ 127.00
02/01/2019	02/01/2020	Installment	11/02/2019	\$ 112.00
Total Future Installments				\$ 747.00

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

#### Change of Address

Policy No.: AXB18314

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB18381  
TZO PROPERTIES, LLC  
6 PARTRIDGE RUN  
FLEMINGTON, NJ 08822

**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:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/25/2019	02/25/2020	Renewal - Installment # 2	05/25/2019 \$	1,166.00
Total Installment Due				\$ 1,166.00

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

Your total amount due is \$3,015.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,166.00**

*Thank you for your business*

Policy Number: AXB18381

TZO PROPERTIES, LLC  
6 PARTRIDGE RUN  
FLEMINGTON, NJ 08822

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/25/2019	02/25/2020	Installment	08/25/2019	\$ 1,156.00
02/25/2019	02/25/2020	Installment	11/25/2019	\$ 693.00
Total Future Installments				\$ 1,849.00

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

#### Change of Address

Policy No.: AXB18381

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB18381  
TZO PROPERTIES, LLC  
6 PARTRIDGE RUN  
FLEMINGTON, NJ 08822

**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:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/25/2019	02/25/2020	Renewal - Installment # 2	05/25/2019 \$	1,166.00
Total Installment Due				\$ 1,166.00

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

Your total amount due is \$3,015.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,166.00***Thank you for your business*

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

Policy Number: AXB18381

TZO PROPERTIES, LLC  
6 PARTRIDGE RUN  
FLEMINGTON, NJ 08822

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/25/2019	02/25/2020	Installment	08/25/2019	\$ 1,156.00
02/25/2019	02/25/2020	Installment	11/25/2019	\$ 693.00
Total Future Installments				\$ 1,849.00

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

#### Change of Address

Policy No.: AXB18381

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXBR18507  
DIPAULO RED LION INN, INC T/A  
RED LION INN  
101 RED LION ROAD  
SOUTHAMPTON, NJ 08088

**PRODUCER 705**

MEYER-HARDENBERGH INSURANCE GROUP  
POBOX 8000  
MARLTON, NJ 08053  
(609) 654-5105

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
03/15/2019	03/15/2020	Amount is Past Due	03/15/2019 \$	1,963.00
03/15/2019	03/15/2020	Renewal - Installment # 2	04/15/2019 \$	864.00
03/15/2019	03/15/2020	Renewal - Installment # 3	05/15/2019 \$	854.00
Total Installment Due				\$ 3,681.00

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

Your total amount due is \$9,564.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,681.00**

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

*Thank you for your business*

Policy Number: AXBR18507

DIPAULO RED LION INN, INC T/A  
RED LION INN  
101 RED LION ROAD  
SOUTHAMPTON, NJ 08088

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	\$ 854.00
03/15/2019	03/15/2020	Installment	07/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	09/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	10/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	11/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	12/15/2019	\$ 759.00

Total Future Installments \$ 5,883.00

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

#### Change of Address

Policy No.: AXBR18507

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBR18507  
DIPAULO RED LION INN, INC T/A  
RED LION INN  
101 RED LION ROAD  
SOUTHAMPTON, NJ 08088

**PRODUCER 705**

MEYER-HARDENBERGH INSURANCE GROUP  
POBOX 8000  
MARLTON, NJ 08053  
(609) 654-5105

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
03/15/2019	03/15/2020	Amount is Past Due	03/15/2019 \$	1,963.00
03/15/2019	03/15/2020	Renewal - Installment # 2	04/15/2019 \$	864.00
03/15/2019	03/15/2020	Renewal - Installment # 3	05/15/2019 \$	854.00
Total Installment Due				\$ 3,681.00

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,681.00**

*Thank you for your business*

Policy Number: AXBR18507

DIPAULO RED LION INN, INC T/A  
RED LION INN  
101 RED LION ROAD  
SOUTHAMPTON, NJ 08088

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	\$ 854.00
03/15/2019	03/15/2020	Installment	07/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	09/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	10/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	11/15/2019	\$ 854.00
03/15/2019	03/15/2020	Installment	12/15/2019	\$ 759.00

Total Future Installments \$ 5,883.00

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

#### Change of Address

Policy No.: AXBR18507

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB19005  
SUSAN NILSEN &  
HARRIET & ROBERT SANCHEZ  
PO BOX 2121  
VENTNOR, NJ 08406

**PRODUCER 709**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/29/2018	06/29/2019	Renewal - Installment # 4	03/29/2019 \$	796.00
Total Installment Due				\$ 796.00

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

**Mortgagee Information**

M&T BANK  
PO BOX 5738  
SPRINGFIELD, OH 45501-5738  
LOAN NO.: 7697683

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 796.00**

*Thank you for your business*

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

Policy Number: AXB19005

SUSAN NILSEN &  
HARRIET & ROBERT SANCHEZ  
PO BOX 2121  
VENTNOR, NJ 08406

03/18/2019 - Inv

**Mortgagee Information**

M&T BANK  
PO BOX 5738  
SPRINGFIELD, OH 45501-5738  
LOAN NO.: 7697683

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB19005

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19005  
SUSAN NILSEN &  
HARRIET & ROBERT SANCHEZ  
PO BOX 2121  
VENTNOR, NJ 08406

**PRODUCER 709**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/29/2018	06/29/2019	Renewal - Installment # 4	03/29/2019 \$	796.00
Total Installment Due				\$ 796.00

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LOAN NO.: 7697683

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To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 796.00**

*Thank you for your business*

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

Policy Number: AXB19005

SUSAN NILSEN &  
HARRIET & ROBERT SANCHEZ  
PO BOX 2121  
VENTNOR, NJ 08406

03/18/2019 - Inv

**Mortgagee Information**

M&T BANK  
PO BOX 5738  
SPRINGFIELD, OH 45501-5738  
LOAN NO.: 7697683

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB19005

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP19024  
DARREN NICHOLAS T/A  
LAURENS CARPET & FURNITURE CLEANING  
1811 ALLWOOD PLACE  
FORKED RIVER, NJ 08731

**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 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 \$	138.00
Total Installment Due				\$ 138.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 138.00**

*Thank you for your business*

Policy Number: AXCP19024

DARREN NICHOLAS T/A  
LAURENS CARPET & FURNITURE CLEANING  
1811 ALLWOOD PLACE  
FORKED RIVER, NJ 08731

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.: AXCP19024

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19024  
DARREN NICHOLAS T/A  
LAURENS CARPET & FURNITURE CLEANING  
1811 ALLWOOD PLACE  
FORKED RIVER, NJ 08731

**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 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 \$	138.00
Total Installment Due				\$ 138.00

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

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

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AXIS Insurance Company

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 138.00**

*Thank you for your business*

Policy Number: AXCP19024

DARREN NICHOLAS T/A  
LAURENS CARPET & FURNITURE CLEANING  
1811 ALLWOOD PLACE  
FORKED RIVER, NJ 08731

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.: AXCP19024

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXBR19059  
ATF LLC T/A  
SAHARA RESTAURANT  
1325 ROUTE 206  
SKILLMAN, NJ 08558

**PRODUCER 107**

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

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
06/30/2018	06/30/2019	Renewal - Installment # 10	03/31/2019 \$	308.00
Total Installment Due				\$ 308.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 308.00**

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

*Thank you for your business*

Policy Number: AXBR19059

ATF LLC T/A  
SAHARA RESTAURANT  
1325 ROUTE 206  
SKILLMAN, NJ 08558

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXBR19059

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR19059  
ATF LLC T/A  
SAHARA RESTAURANT  
1325 ROUTE 206  
SKILLMAN, NJ 08558

**PRODUCER 107**

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

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
06/30/2018	06/30/2019	Renewal - Installment # 10	03/31/2019 \$	308.00
Total Installment Due				\$ 308.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 308.00**

*Thank you for your business*

Policy Number: AXBR19059

ATF LLC T/A  
SAHARA RESTAURANT  
1325 ROUTE 206  
SKILLMAN, NJ 08558

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.: AXBR19059

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR19095  
GOLDEN SEASON LLC & CHINA TASTE  
D/B/A GOLDEN SEA RESTAURANT  
455 ROUTE 520  
MARLBORO, NJ 07746

**PRODUCER 200**

SYPEK & SANDFORD  
250 PHILLIPS BOULEVARD  
SUITE 270  
EWING, NJ 08618  
(609) 896-7000

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/21/2018	07/21/2019	Renewal - Installment # 4	04/21/2019 \$	442.00
Total Installment Due				\$ 442.00

**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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 442.00**

*Thank you for your business*

Policy Number: AXBR19095

GOLDEN SEASON LLC & CHINA TASTE  
D/B/A GOLDEN SEA RESTAURANT  
455 ROUTE 520  
MARLBORO, NJ 07746

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXBR19095

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR19095  
GOLDEN SEASON LLC & CHINA TASTE  
D/B/A GOLDEN SEA RESTAURANT  
455 ROUTE 520  
MARLBORO, NJ 07746

**PRODUCER 200**

SYPEK & SANDFORD  
250 PHILLIPS BOULEVARD  
SUITE 270  
EWING, NJ 08618  
(609) 896-7000

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/21/2018	07/21/2019	Renewal - Installment # 4	04/21/2019 \$	442.00
Total Installment Due				\$ 442.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 442.00**

*Thank you for your business*

Policy Number: AXBR19095

GOLDEN SEASON LLC & CHINA TASTE  
D/B/A GOLDEN SEA RESTAURANT  
455 ROUTE 520  
MARLBORO, NJ 07746

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.: AXBR19095

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB19200  
EMERALD GARDEN INC  
MING CHEN HSU  
760 HARRISON AVENUE  
APT # 1  
HARRISON, NJ 07029

**PRODUCER 702**

SAS INSURANCE AGENCY INC  
233 KEARNY AVENUE  
PO BOX 1009  
KEARNY, NJ 07032  
(201) 997-2360

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 \$	743.00
Total Installment Due				\$ 743.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 743.00**

*Thank you for your business*

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

Policy Number: AXB19200

EMERALD GARDEN INC  
MING CHEN HSU  
760 HARRISON AVENUE  
APT # 1  
HARRISON, NJ 07029

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.: AXB19200

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19200  
EMERALD GARDEN INC  
MING CHEN HSU  
760 HARRISON AVENUE  
APT # 1  
HARRISON, NJ 07029

**PRODUCER 702**

SAS INSURANCE AGENCY INC  
233 KEARNY AVENUE  
PO BOX 1009  
KEARNY, NJ 07032  
(201) 997-2360

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 \$	743.00
Total Installment Due				\$ 743.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 743.00**

*Thank you for your business*

Policy Number: AXB19200

EMERALD GARDEN INC  
MING CHEN HSU  
760 HARRISON AVENUE  
APT # 1  
HARRISON, NJ 07029

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB19200

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP19211  
D & H BUILDERS LLC  
396 WEST END AVENUE  
NORTH PLAINFIELD, NJ 07060

**PRODUCER 136**

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

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
08/11/2018	08/11/2019	Renewal - Installment # 4	05/11/2019 \$	750.00
Total Installment Due				\$ 750.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 750.00**

*Thank you for your business*

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

Policy Number: AXCP19211

D & H BUILDERS LLC  
396 WEST END AVENUE  
NORTH PLAINFIELD, NJ 07060

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP19211

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19211  
D & H BUILDERS LLC  
396 WEST END AVENUE  
NORTH PLAINFIELD, NJ 07060

**PRODUCER 136**

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

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
08/11/2018	08/11/2019	Renewal - Installment # 4	05/11/2019 \$	750.00
Total Installment Due				\$ 750.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 750.00**

*Thank you for your business*

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

Policy Number: AXCP19211

D & H BUILDERS LLC  
396 WEST END AVENUE  
NORTH PLAINFIELD, NJ 07060

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.: AXCP19211

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB19345  
H & V INVESTMENT, LLC  
C/O DR. TEDDY ATIK  
4 COUNTRY MEADOW DRIVE  
COLTS NECK, NJ 07722

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Amount is Past Due	02/28/2019	\$ 154.00
09/29/2018	09/29/2019	Renewal - Installment # 7	03/29/2019	\$ 154.00
09/29/2018	09/29/2019	Renewal - Installment # 8	04/29/2019	\$ 144.00
09/29/2018	09/29/2019	Renewal - Installment # 9	05/29/2019	\$ 144.00
Total Installment Due				\$ 596.00

**Mortgagee Information**

ATLANTIC STEWARDSHIP BANK  
630 GODWIN AVENUE  
MIDLAND PARK, NJ 07432

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](http://www.ggund.com/axis)**Pay This Amount: \$ 596.00***Thank you for your business*

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

Policy Number: AXB19345

**Mortgagee Information**

ATLANTIC STEWARDSHIP BANK  
630 GODWIN AVENUE  
MIDLAND PARK, NJ 07432

H & V INVESTMENT, LLC  
C/O DR. TEDDY ATIK  
4 COUNTRY MEADOW DRIVE  
COLTS NECK, NJ 07722

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Installment	06/29/2019	\$ 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.: AXB19345  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19345  
H & V INVESTMENT, LLC  
C/O DR. TEDDY ATIK  
4 COUNTRY MEADOW DRIVE  
COLTS NECK, NJ 07722

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Amount is Past Due	02/28/2019	\$ 154.00
09/29/2018	09/29/2019	Renewal - Installment # 7	03/29/2019	\$ 154.00
09/29/2018	09/29/2019	Renewal - Installment # 8	04/29/2019	\$ 144.00
09/29/2018	09/29/2019	Renewal - Installment # 9	05/29/2019	\$ 144.00
Total Installment Due				\$ 596.00

**Mortgagee Information**

ATLANTIC STEWARDSHIP BANK  
630 GODWIN AVENUE  
MIDLAND PARK, NJ 07432

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 596.00**

*Thank you for your business*

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

Policy Number: AXB19345

**Mortgagee Information**

ATLANTIC STEWARDSHIP BANK  
630 GODWIN AVENUE  
MIDLAND PARK, NJ 07432

H & V INVESTMENT, LLC  
C/O DR. TEDDY ATIK  
4 COUNTRY MEADOW DRIVE  
COLTS NECK, NJ 07722

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Installment	06/29/2019	\$ 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.: AXB19345  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB19375  
MONMOUTH PROPERTIES II, LLC  
P.O. BOX 56  
RUMSON, NJ 07760

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

Policy Type:

BUSINESSOWNERS

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	\$ 603.00
Total Installment Due				\$ 603.00

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

Your total amount due is \$958.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

MANASQUAN SAVINGS BANK  
2221 LANDMARK PLACE  
WALL TOWNSHIP, NJ 08736

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 603.00**

*Thank you for your business*

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

Policy Number: AXB19375

MONMOUTH PROPERTIES II, LLC  
P.O. BOX 56  
RUMSON, NJ 07760

**Mortgagee Information**

MANASQUAN SAVINGS BANK  
2221 LANDMARK PLACE  
WALL TOWNSHIP, NJ 08736

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	\$ 355.00
Total Future Installments				\$ 355.00

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

**Change of Address**

Policy No.: AXB19375

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19375  
MONMOUTH PROPERTIES II, LLC  
P.O. BOX 56  
RUMSON, NJ 07760

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

Policy Type:

BUSINESSOWNERS

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	\$ 603.00
Total Installment Due				\$ 603.00

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

Your total amount due is \$958.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

MANASQUAN SAVINGS BANK  
2221 LANDMARK PLACE  
WALL TOWNSHIP, NJ 08736

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 603.00**

*Thank you for your business*

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

Policy Number: AXB19375

MONMOUTH PROPERTIES II, LLC  
P.O. BOX 56  
RUMSON, NJ 07760

**Mortgagee Information**

MANASQUAN SAVINGS BANK  
2221 LANDMARK PLACE  
WALL TOWNSHIP, NJ 08736

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	\$ 355.00
Total Future Installments				\$ 355.00

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

**Change of Address**

Policy No.: AXB19375

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB19441  
400 JEFFERSON STREET LLC  
P.O. BOX 5142  
HOBOKEN, NJ 07030

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/01/2018	10/01/2019	Amount is Past Due	01/01/2019 \$	10.00
10/01/2018	10/01/2019	Renewal - Installment # 3	04/01/2019 \$	614.00
Total Installment Due				\$ 624.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 624.00**

*Thank you for your business*

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

Policy Number: AXB19441

400 JEFFERSON STREET LLC  
P.O. BOX 5142  
HOBOKEN, NJ 07030

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/01/2018	10/01/2019	Installment	07/01/2019	\$ 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.: AXB19441

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19441  
400 JEFFERSON STREET LLC  
P.O. BOX 5142  
HOBOKEN, NJ 07030

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/01/2018	10/01/2019	Amount is Past Due	01/01/2019 \$	10.00
10/01/2018	10/01/2019	Renewal - Installment # 3	04/01/2019 \$	614.00
Total Installment Due				\$ 624.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 624.00**

*Thank you for your business*

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

Policy Number: AXB19441

400 JEFFERSON STREET LLC  
P.O. BOX 5142  
HOBOKEN, NJ 07030

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/01/2018	10/01/2019	Installment	07/01/2019	\$ 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.: AXB19441

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP19449  
CHARLES H. MILLER  
D/B/A CARPENTRY PLUS  
PO BOX 1014  
MONTAGUE, NJ 07827

**PRODUCER 155**

MITCHELL INSURANCE AGENCY  
29 TRINITY STREET  
NEWTON, NJ 07860  
(973) 383-5800

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
10/13/2018	10/13/2019	Amount is Past Due	03/13/2019 \$	108.00
10/13/2018	10/13/2019	Renewal - Installment # 7	04/13/2019 \$	108.00
10/13/2018	10/13/2019	Renewal - Installment # 8	05/13/2019 \$	98.00
Total Installment Due				\$ 314.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 314.00**

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

*Thank you for your business*

Policy Number: AXCP19449

CHARLES H. MILLER  
D/B/A CARPENTRY PLUS  
PO BOX 1014  
MONTAGUE, NJ 07827

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	06/13/2019	\$ 98.00
10/13/2018	10/13/2019	Installment	07/13/2019	\$ 87.00
Total Future Installments				\$ 185.00

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

#### Change of Address

Policy No.: AXCP19449

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP19449  
CHARLES H. MILLER  
D/B/A CARPENTRY PLUS  
PO BOX 1014  
MONTAGUE, NJ 07827

**PRODUCER 155**

MITCHELL INSURANCE AGENCY  
29 TRINITY STREET  
NEWTON, NJ 07860  
(973) 383-5800

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
10/13/2018	10/13/2019	Amount is Past Due	03/13/2019 \$	108.00
10/13/2018	10/13/2019	Renewal - Installment # 7	04/13/2019 \$	108.00
10/13/2018	10/13/2019	Renewal - Installment # 8	05/13/2019 \$	98.00
Total Installment Due				\$ 314.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 314.00**

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

*Thank you for your business*

Policy Number: AXCP19449

CHARLES H. MILLER  
D/B/A CARPENTRY PLUS  
PO BOX 1014  
MONTAGUE, NJ 07827

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	06/13/2019	\$ 98.00
10/13/2018	10/13/2019	Installment	07/13/2019	\$ 87.00
Total Future Installments				\$ 185.00

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

#### Change of Address

Policy No.: AXCP19449

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB19581  
CHARLES ST JOHN LLC  
PO BOX 271  
MATAMORAS, PA 29901

**PRODUCER 179**

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

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	453.00
Total Installment Due				\$ 453.00

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

Your total amount due is \$718.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

FULTON BANK OF NEW JERSEY  
PO BOX 20061  
KENNESAW, GA 30156

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 453.00***Thank you for your business*

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

Policy Number: AXB19581

CHARLES ST JOHN LLC  
PO BOX 271  
MATAMORAS, PA 29901

**Mortgagee Information**

FULTON BANK OF NEW JERSEY  
PO BOX 20061  
KENNESAW, GA 30156

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	08/08/2019	\$ 265.00
Total Future Installments				\$ 265.00

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

**Change of Address**

Policy No.: AXB19581

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19581  
CHARLES ST JOHN LLC  
PO BOX 271  
MATAMORAS, PA 29901

**PRODUCER 179**

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

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	453.00
Total Installment Due				\$ 453.00

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

Your total amount due is \$718.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

FULTON BANK OF NEW JERSEY  
PO BOX 20061  
KENNESAW, GA 30156

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 453.00**

*Thank you for your business*

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

Policy Number: AXB19581

CHARLES ST JOHN LLC  
PO BOX 271  
MATAMORAS, PA 29901

**Mortgagee Information**

FULTON BANK OF NEW JERSEY  
PO BOX 20061  
KENNESAW, GA 30156

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	08/08/2019	\$ 265.00
Total Future Installments				\$ 265.00

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

**Change of Address**

Policy No.: AXB19581

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP19678  
JAMES ALO  
T/A J P DECKS  
525 MARTIN ROAD  
TOMS RIVER, NJ 08753

**PRODUCER 111**

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

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
11/29/2018	11/29/2019	Amount is Past Due	02/28/2019 \$	291.00
11/29/2018	11/29/2019	Renewal - Installment # 3	05/29/2019 \$	291.00
Total Installment Due				\$ 582.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 582.00**

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

*Thank you for your business*

Policy Number: AXCP19678

JAMES ALO  
T/A J P DECKS  
525 MARTIN ROAD  
TOMS RIVER, NJ 08753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/29/2018	11/29/2019	Installment	08/29/2019	\$ 168.00
Total Future Installments				\$ 168.00

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

**Change of Address**

Policy No.: AXCP19678

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19678  
JAMES ALO  
T/A J P DECKS  
525 MARTIN ROAD  
TOMS RIVER, NJ 08753

**PRODUCER 111**

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

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
11/29/2018	11/29/2019	Amount is Past Due	02/28/2019 \$	291.00
11/29/2018	11/29/2019	Renewal - Installment # 3	05/29/2019 \$	291.00
Total Installment Due				\$ 582.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 582.00**

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

*Thank you for your business*

Policy Number: AXCP19678

JAMES ALO  
T/A J P DECKS  
525 MARTIN ROAD  
TOMS RIVER, NJ 08753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/29/2018	11/29/2019	Installment	08/29/2019	\$ 168.00
Total Future Installments				\$ 168.00

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

**Change of Address**

Policy No.: AXCP19678

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**  
AXB19690  
KENNETH HAMANN  
810 STEEL ROAD  
CAPE MAY COURT HOUSE, NJ 08210

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Renewal - Installment # 3	04/30/2019 \$	2,394.00
Total Installment Due				\$ 2,394.00

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

Your total amount due is \$3,825.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

CREST SAVINGS BANK  
3301 PACIFIC AVENUE  
WILDWOOD, NJ 08260

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,394.00**

*Thank you for your business*

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

Policy Number: AXB19690

KENNETH HAMANN  
810 STEEL ROAD  
CAPE MAY COURT HOUSE, NJ 08210

**Mortgagee Information**

CREST SAVINGS BANK  
3301 PACIFIC AVENUE  
WILDWOOD, NJ 08260

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Installment	07/31/2019	\$ 1,431.00
Total Future Installments				\$ 1,431.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB19690  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19690  
KENNETH HAMANN  
810 STEEL ROAD  
CAPE MAY COURT HOUSE, NJ 08210

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Renewal - Installment # 3	04/30/2019	\$ 2,394.00
Total Installment Due				\$ 2,394.00

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

Your total amount due is \$3,825.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

CREST SAVINGS BANK  
3301 PACIFIC AVENUE  
WILDWOOD, NJ 08260

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,394.00**

*Thank you for your business*

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

Policy Number: AXB19690

KENNETH HAMANN  
810 STEEL ROAD  
CAPE MAY COURT HOUSE, NJ 08210

**Mortgagee Information**

CREST SAVINGS BANK  
3301 PACIFIC AVENUE  
WILDWOOD, NJ 08260

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Installment	07/31/2019	\$ 1,431.00
Total Future Installments				\$ 1,431.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB19690  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB19738  
J CRAWFORD COMPTON INC  
PO BOX 206  
884 MAIN STREET  
BELFORD, NJ 07718

**PRODUCER 126**

MCCUE CAPTAINS AGENCY  
680 BRANCH AVENUE  
LITTLE SILVER, NJ 07739  
(732) 741-9400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Renewal - Installment # 4	03/24/2019 \$	2,322.00
12/24/2018	12/24/2019	Renewal - Installment # 5	04/24/2019 \$	2,312.00
12/24/2018	12/24/2019	Renewal - Installment # 6	05/24/2019 \$	2,312.00
Total Installment Due				\$ 6,946.00

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

Your total amount due is \$15,938.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 6,946.00**

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

*Thank you for your business*

Policy Number: AXB19738

J CRAWFORD COMPTON INC  
PO BOX 206  
884 MAIN STREET  
BELFORD, NJ 07718

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Installment	06/24/2019	\$ 2,312.00
12/24/2018	12/24/2019	Installment	07/24/2019	\$ 2,312.00
12/24/2018	12/24/2019	Installment	08/24/2019	\$ 2,312.00
12/24/2018	12/24/2019	Installment	09/24/2019	\$ 2,056.00
Total Future Installments				\$ 8,992.00

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

#### Change of Address

Policy No.: AXB19738

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB19738  
J CRAWFORD COMPTON INC  
PO BOX 206  
884 MAIN STREET  
BELFORD, NJ 07718

**PRODUCER 126**

MCCUE CAPTAINS AGENCY  
680 BRANCH AVENUE  
LITTLE SILVER, NJ 07739  
(732) 741-9400

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Renewal - Installment # 4	03/24/2019 \$	2,322.00
12/24/2018	12/24/2019	Renewal - Installment # 5	04/24/2019 \$	2,312.00
12/24/2018	12/24/2019	Renewal - Installment # 6	05/24/2019 \$	2,312.00
Total Installment Due				\$ 6,946.00

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

Your total amount due is \$15,938.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 6,946.00**

*Thank you for your business*

Policy Number: AXB19738

J CRAWFORD COMPTON INC  
PO BOX 206  
884 MAIN STREET  
BELFORD, NJ 07718

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Installment	06/24/2019	\$ 2,312.00
12/24/2018	12/24/2019	Installment	07/24/2019	\$ 2,312.00
12/24/2018	12/24/2019	Installment	08/24/2019	\$ 2,312.00
12/24/2018	12/24/2019	Installment	09/24/2019	\$ 2,056.00
Total Future Installments				\$ 8,992.00

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

#### Change of Address

Policy No.: AXB19738

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB19783  
PRP PROPERTIES, LLC  
C/O VINCE ROSANO  
108 ARROWHEAD PARK DRIVE  
BRICK TWP, NJ 08724

**PRODUCER 125**

CLARK & MORRISON INSURANCE  
84 BROADWAY  
DENVER, NJ 07834  
(973) 627-3600

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/15/2018	12/15/2019	Amount is Past Due	03/15/2019	\$ 506.00
12/15/2018	12/15/2019	Renewal - Installment # 5	04/15/2019	\$ 506.00
12/15/2018	12/15/2019	Renewal - Installment # 6	05/15/2019	\$ 496.00
Total Installment Due				\$ 1,508.00

**Mortgagee Information**

TD BANK N/A  
1101 HOOPER AVENUE  
TOMS RIVER, NJ 08753

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,508.00***Thank you for your business*

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

Policy Number: AXB19783

**Mortgagee Information**

TD BANK N/A  
1101 HOOPER AVENUE  
TOMS RIVER, NJ 08753

PRP PROPERTIES, LLC  
C/O VINCE ROSANO  
108 ARROWHEAD PARK DRIVE  
BRICK TWP, NJ 08724

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/15/2018	12/15/2019	Installment	06/15/2019	\$ 496.00
12/15/2018	12/15/2019	Installment	07/15/2019	\$ 496.00
12/15/2018	12/15/2019	Installment	08/15/2019	\$ 496.00
12/15/2018	12/15/2019	Installment	09/15/2019	\$ 441.00
Total Future Installments				\$ 1,929.00

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

#### Change of Address

Policy No.: AXB19783

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB19783  
PRP PROPERTIES, LLC  
C/O VINCE ROSANO  
108 ARROWHEAD PARK DRIVE  
BRICK TWP, NJ 08724

**PRODUCER 125**

CLARK & MORRISON INSURANCE  
84 BROADWAY  
DENVER, NJ 07834  
(973) 627-3600

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/15/2018	12/15/2019	Amount is Past Due	03/15/2019	\$ 506.00
12/15/2018	12/15/2019	Renewal - Installment # 5	04/15/2019	\$ 506.00
12/15/2018	12/15/2019	Renewal - Installment # 6	05/15/2019	\$ 496.00
Total Installment Due				\$ 1,508.00

**Mortgagee Information**

TD BANK N/A  
1101 HOOPER AVENUE  
TOMS RIVER, NJ 08753

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,508.00**

*Thank you for your business*

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

Policy Number: AXB19783

**Mortgagee Information**

TD BANK N/A  
1101 HOOPER AVENUE  
TOMS RIVER, NJ 08753

PRP PROPERTIES, LLC  
C/O VINCE ROSANO  
108 ARROWHEAD PARK DRIVE  
BRICK TWP, NJ 08724

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/15/2018	12/15/2019	Installment	06/15/2019	\$ 496.00
12/15/2018	12/15/2019	Installment	07/15/2019	\$ 496.00
12/15/2018	12/15/2019	Installment	08/15/2019	\$ 496.00
12/15/2018	12/15/2019	Installment	09/15/2019	\$ 441.00
Total Future Installments				\$ 1,929.00

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

#### Change of Address

Policy No.: AXB19783

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**  
AXB19793  
ROBERT PHILLIPS  
608 MARLBORO AVENUE  
CHERRY HILL, NJ 08002

**PRODUCER 112**  
STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Renewal - Installment # 2	04/01/2019 \$	1,358.00
Total Installment Due				\$ 1,358.00

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

Your total amount due is \$3,515.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,358.00**

*Thank you for your business*

Policy Number: AXB19793

ROBERT PHILLIPS  
608 MARLBORO AVENUE  
CHERRY HILL, NJ 08002

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	\$ 1,348.00
01/01/2019	01/01/2020	Installment	10/01/2019	\$ 809.00
Total Future Installments				\$ 2,157.00

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

**Change of Address**

Policy No.: AXB19793

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19793  
ROBERT PHILLIPS  
608 MARLBORO AVENUE  
CHERRY HILL, NJ 08002

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Renewal - Installment # 2	04/01/2019 \$	1,358.00
Total Installment Due				\$ 1,358.00

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

Your total amount due is \$3,515.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,358.00**

*Thank you for your business*

Policy Number: AXB19793

ROBERT PHILLIPS  
608 MARLBORO AVENUE  
CHERRY HILL, NJ 08002

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Installment	07/01/2019	\$ 1,348.00
01/01/2019	01/01/2020	Installment	10/01/2019	\$ 809.00
Total Future Installments				\$ 2,157.00

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

**Change of Address**

Policy No.: AXB19793

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP19815  
DONALD BATES  
T/A BATES HANDYMAN  
27 WYCOMBE WAY  
MANCHESTER, NJ 08759

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/06/2019	01/06/2020	Renewal - Installment # 2	04/06/2019 \$	269.00
Total Installment Due				\$ 269.00

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

Your total amount due is \$683.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 269.00**

*Thank you for your business*

Policy Number: AXCP19815

DONALD BATES  
T/A BATES HANDYMAN  
27 WYCOMBE WAY  
MANCHESTER, NJ 08759

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/06/2019	01/06/2020	Installment	07/06/2019	\$ 259.00
01/06/2019	01/06/2020	Installment	10/06/2019	\$ 155.00
Total Future Installments				\$ 414.00

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

**Change of Address**

Policy No.: AXCP19815

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19815  
DONALD BATES  
T/A BATES HANDYMAN  
27 WYCOMBE WAY  
MANCHESTER, NJ 08759

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/06/2019	01/06/2020	Renewal - Installment # 2	04/06/2019 \$	269.00
Total Installment Due				\$ 269.00

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

Your total amount due is \$683.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 269.00**

*Thank you for your business*

Policy Number: AXCP19815

DONALD BATES  
T/A BATES HANDYMAN  
27 WYCOMBE WAY  
MANCHESTER, NJ 08759

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/06/2019	01/06/2020	Installment	07/06/2019	\$ 259.00
01/06/2019	01/06/2020	Installment	10/06/2019	\$ 155.00
Total Future Installments				\$ 414.00

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

**Change of Address**

Policy No.: AXCP19815

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB19819  
SUITE A-7, LLC  
& ANTHONY BONGIOVANNI ESQ.  
305 ABINGTON DRIVE  
EGG HARBOR TOWNSHIP, NJ 08234

**PRODUCER 151**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Renewal - Installment # 2	03/28/2019 \$	175.00
Total Installment Due				\$ 175.00

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

Your total amount due is \$340.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 175.00**

*Thank you for your business*

Policy Number: AXB19819

SUITE A-7, LLC  
& ANTHONY BONGIOVANNI ESQ.  
305 ABINGTON DRIVE  
EGG HARBOR TOWNSHIP, NJ 08234

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Installment	06/28/2019	\$ 165.00
Total Future Installments				\$ 165.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB19819  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19819  
SUITE A-7, LLC  
& ANTHONY BONGIOVANNI ESQ.  
305 ABINGTON DRIVE  
EGG HARBOR TOWNSHIP, NJ 08234

**PRODUCER 151**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Renewal - Installment # 2	03/28/2019 \$	175.00
Total Installment Due				\$ 175.00

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

Your total amount due is \$340.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 175.00**

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

*Thank you for your business*

Policy Number: AXB19819

SUITE A-7, LLC  
& ANTHONY BONGIOVANNI ESQ.  
305 ABINGTON DRIVE  
EGG HARBOR TOWNSHIP, NJ 08234

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Installment	06/28/2019	\$ 165.00
Total Future Installments				\$ 165.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB19819  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP19855  
DAVID REGIEC  
T/A CIRCLE R ELECTRICAL CONTRACTOR  
1 INDEPENDENCE DRIVE  
HILLSBOROUGH, NJ 08876

**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
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	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](http://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: AXCP19855

DAVID REGIEC  
T/A CIRCLE R ELECTRICAL CONTRACTOR  
1 INDEPENDENCE DRIVE  
HILLSBOROUGH, NJ 08876

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	\$ 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.: AXCP19855  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19855  
DAVID REGIEC  
T/A CIRCLE R ELECTRICAL CONTRACTOR  
1 INDEPENDENCE DRIVE  
HILLSBOROUGH, NJ 08876

**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
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	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](http://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: AXCP19855

DAVID REGIEC  
T/A CIRCLE R ELECTRICAL CONTRACTOR  
1 INDEPENDENCE DRIVE  
HILLSBOROUGH, NJ 08876

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	\$ 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.: AXCP19855  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP19918  
FRANK J. DOROB, JR  
14 WISTERIA LANE  
HAMILTON, NJ 08690

**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
01/23/2019	01/23/2020	Renewal - Installment # 2	04/23/2019 \$	258.00
Total Installment Due				\$ 258.00

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

Your total amount due is \$654.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 258.00**

*Thank you for your business*

Policy Number: AXCP19918

FRANK J. DOROB, JR  
14 WISTERIA LANE  
HAMILTON, NJ 08690

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/23/2019	01/23/2020	Installment	07/23/2019	\$ 248.00
01/23/2019	01/23/2020	Installment	10/23/2019	\$ 148.00
Total Future Installments				\$ 396.00

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

**Change of Address**

Policy No.: AXCP19918

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19918  
FRANK J. DOROB, JR  
14 WISTERIA LANE  
HAMILTON, NJ 08690

**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
01/23/2019	01/23/2020	Renewal - Installment # 2	04/23/2019 \$	258.00
Total Installment Due				\$ 258.00

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

Your total amount due is \$654.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 258.00**

*Thank you for your business*

Policy Number: AXCP19918

FRANK J. DOROB, JR  
14 WISTERIA LANE  
HAMILTON, NJ 08690

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/23/2019	01/23/2020	Installment	07/23/2019	\$ 248.00
01/23/2019	01/23/2020	Installment	10/23/2019	\$ 148.00
Total Future Installments				\$ 396.00

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

**Change of Address**

Policy No.: AXCP19918

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB19962  
ANN MARIE'S ELEGANT TASTE, INC  
C/O DALBA & GOELLER  
123 COLUMBIA TURNPIKE  
SUITE 202A  
FLORHAM PARK, NJ 07932

**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:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Renewal - Installment # 2	04/20/2019 \$	574.00
Total Installment Due				\$ 574.00

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

Your total amount due is \$1,138.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 574.00**

*Thank you for your business*

Policy Number: AXB19962

ANN MARIE'S ELEGANT TASTE, INC  
C/O DALBA & GOELLER  
123 COLUMBIA TURNPIKE  
SUITE 202A  
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Installment	07/20/2019	\$ 564.00
Total Future Installments				\$ 564.00

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

**Change of Address**

Policy No.: AXB19962

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB19962  
ANN MARIE'S ELEGANT TASTE, INC  
C/O DALBA & GOELLER  
123 COLUMBIA TURNPIKE  
SUITE 202A  
FLORHAM PARK, NJ 07932

**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:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Renewal - Installment # 2	04/20/2019 \$	574.00
Total Installment Due				\$ 574.00

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

Your total amount due is \$1,138.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 574.00**

*Thank you for your business*

Policy Number: AXB19962

ANN MARIE'S ELEGANT TASTE, INC  
C/O DALBA & GOELLER  
123 COLUMBIA TURNPIKE  
SUITE 202A  
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Installment	07/20/2019	\$ 564.00
Total Future Installments				\$ 564.00

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

**Change of Address**

Policy No.: AXB19962

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP19995  
DONALD VANDERPLOEG  
146 PARK AVENUE  
RANDOLPH, NJ 07869

**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
01/20/2019	01/20/2020	Renewal - Installment # 2	04/20/2019 \$	273.00
Total Installment Due				\$ 273.00

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

Your total amount due is \$536.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 273.00**

*Thank you for your business*

Policy Number: AXCP19995

DONALD VANDERPLOEG  
146 PARK AVENUE  
RANDOLPH, NJ 07869

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Installment	07/20/2019	\$ 263.00
Total Future Installments				\$ 263.00

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

**Change of Address**

Policy No.: AXCP19995

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP19995  
DONALD VANDERPLOEG  
146 PARK AVENUE  
RANDOLPH, NJ 07869

**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
01/20/2019	01/20/2020	Renewal - Installment # 2	04/20/2019 \$	273.00
Total Installment Due				\$ 273.00

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

Your total amount due is \$536.00  
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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](http://www.ggund.com/axis)

**Pay This Amount: \$ 273.00**

*Thank you for your business*

Policy Number: AXCP19995

DONALD VANDERPLOEG  
146 PARK AVENUE  
RANDOLPH, NJ 07869

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/20/2019	01/20/2020	Installment	07/20/2019	\$ 263.00
Total Future Installments				\$ 263.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP19995  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM20001  
SVTV LLC  
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN  
586 MORRIS AVENUE  
SPRINGFIELD, NJ 07081

**PRODUCER 143**

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

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
09/27/2018	09/27/2019	Renewal - Installment # 3	03/27/2019	\$ 4,405.00
Total Installment Due				\$ 4,405.00

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

Your total amount due is \$7,042.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

TD BANK NA  
C/O FILE MANAGEMENT -INSURANCE  
MAIL CODE #02-259-01-58  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,405.00**

*Thank you for your business*

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

Policy Number: AXCM20001

SVTV LLC  
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN  
586 MORRIS AVENUE  
SPRINGFIELD, NJ 07081

**Mortgagee Information**

TD BANK NA  
C/O FILE MANAGEMENT -INSURANCE  
MAIL CODE #02-259-01-58  
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
09/27/2018	09/27/2019	Installment	06/27/2019	\$ 2,637.00
Total Future Installments				\$ 2,637.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM20001  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20001  
SVTV LLC  
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN  
586 MORRIS AVENUE  
SPRINGFIELD, NJ 07081

**PRODUCER 143**

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

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
09/27/2018	09/27/2019	Renewal - Installment # 3	03/27/2019	\$ 4,405.00
Total Installment Due				\$ 4,405.00

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

Your total amount due is \$7,042.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

TD BANK NA  
C/O FILE MANAGEMENT -INSURANCE  
MAIL CODE #02-259-01-58  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,405.00**

*Thank you for your business*

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

Policy Number: AXCM20001

SVTV LLC  
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN  
586 MORRIS AVENUE  
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

**Mortgagee Information**

TD BANK NA  
C/O FILE MANAGEMENT -INSURANCE  
MAIL CODE #02-259-01-58  
2059 SPRINGDALE ROAD  
CHERRY HILL, NJ 08003

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/27/2018	09/27/2019	Installment	06/27/2019	\$ 2,637.00
Total Future Installments				\$ 2,637.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM20001  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM20019  
THE HEWITT WELLINGTON CONDO HOTEL ASSOC  
C/O ACCESS PROPERTY MANAGEMENT  
1090 KING GEORGES POST ROAD  
EDISON, NJ 08837

**PRODUCER 761**

PASCALE INSURANCE AGENCY INC  
559 WARREN AVENUE  
SPRING LAKE, NJ 07762  
(732) 449-8780

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
10/15/2018	10/15/2019	Amount is Past Due	03/15/2019 \$	1,852.00
10/15/2018	10/15/2019	Renewal - Installment # 7	04/15/2019 \$	1,852.00
10/15/2018	10/15/2019	Renewal - Installment # 8	05/15/2019 \$	1,842.00
Total Installment Due				\$ 5,546.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 5,546.00**

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

*Thank you for your business*

Policy Number: AXCM20019

THE HEWITT WELLINGTON CONDO HOTEL ASSOC  
C/O ACCESS PROPERTY MANAGEMENT  
1090 KING GEORGES POST ROAD  
EDISON, NJ 08837

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/15/2018	10/15/2019	Installment	06/15/2019	\$ 1,842.00
10/15/2018	10/15/2019	Installment	07/15/2019	\$ 1,638.00
Total Future Installments				\$ 3,480.00

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

#### Change of Address

Policy No.: AXCM20019

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20019  
THE HEWITT WELLINGTON CONDO HOTEL ASSOC  
C/O ACCESS PROPERTY MANAGEMENT  
1090 KING GEORGES POST ROAD  
EDISON, NJ 08837

**PRODUCER 761**

PASCALE INSURANCE AGENCY INC  
559 WARREN AVENUE  
SPRING LAKE, NJ 07762  
(732) 449-8780

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
10/15/2018	10/15/2019	Amount is Past Due	03/15/2019 \$	1,852.00
10/15/2018	10/15/2019	Renewal - Installment # 7	04/15/2019 \$	1,852.00
10/15/2018	10/15/2019	Renewal - Installment # 8	05/15/2019 \$	1,842.00
Total Installment Due				\$ 5,546.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 5,546.00**

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

*Thank you for your business*

Policy Number: AXCM20019

THE HEWITT WELLINGTON CONDO HOTEL ASSOC  
C/O ACCESS PROPERTY MANAGEMENT  
1090 KING GEORGES POST ROAD  
EDISON, NJ 08837

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/15/2018	10/15/2019	Installment	06/15/2019	\$ 1,842.00
10/15/2018	10/15/2019	Installment	07/15/2019	\$ 1,638.00
Total Future Installments				\$ 3,480.00

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

#### Change of Address

Policy No.: AXCM20019

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20027  
ADAMS ASSOCIATES  
134 HARDENBURGH AVENUE  
DEMAREST, NJ 07627

**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:  
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Renewal - Installment # 6	03/21/2019 \$	399.00
10/21/2018	10/21/2019	Renewal - Installment # 7	04/21/2019 \$	389.00
10/21/2018	10/21/2019	Renewal - Installment # 8	05/21/2019 \$	389.00
Total Installment Due				\$ 1,177.00

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

Your total amount due is \$1,913.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,177.00**

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

*Thank you for your business*

Policy Number: AXCM20027

ADAMS ASSOCIATES  
134 HARDENBURGH AVENUE  
DEMAREST, NJ 07627

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Installment	06/21/2019	\$ 389.00
10/21/2018	10/21/2019	Installment	07/21/2019	\$ 347.00
Total Future Installments				\$ 736.00

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

#### Change of Address

Policy No.: AXCM20027

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20027  
ADAMS ASSOCIATES  
134 HARDENBURGH AVENUE  
DEMAREST, NJ 07627

**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:  
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Renewal - Installment # 6	03/21/2019 \$	399.00
10/21/2018	10/21/2019	Renewal - Installment # 7	04/21/2019 \$	389.00
10/21/2018	10/21/2019	Renewal - Installment # 8	05/21/2019 \$	389.00
Total Installment Due				\$ 1,177.00

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

Your total amount due is \$1,913.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,177.00**

*Thank you for your business*

Policy Number: AXCM20027

ADAMS ASSOCIATES  
134 HARDENBURGH AVENUE  
DEMAREST, NJ 07627

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/21/2018	10/21/2019	Installment	06/21/2019	\$ 389.00
10/21/2018	10/21/2019	Installment	07/21/2019	\$ 347.00
Total Future Installments				\$ 736.00

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

#### Change of Address

Policy No.: AXCM20027

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20083  
ON THE AVENUE CONDO ASSN  
C/O JP TIMLIN  
112 BARKER STREET  
RIDLEY PARK, PA 19078

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
12/27/2018	12/27/2019	Amount is Past Due	02/27/2019	\$ 525.00
12/27/2018	12/27/2019	Renewal - Installment # 4	03/27/2019	\$ 525.00
12/27/2018	12/27/2019	Renewal - Installment # 5	04/27/2019	\$ 515.00
12/27/2018	12/27/2019	Renewal - Installment # 6	05/27/2019	\$ 515.00
Total Installment Due				\$ 2,080.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,080.00***Thank you for your business*

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

Policy Number: AXCM20083

ON THE AVENUE CONDO ASSN  
C/O JP TIMLIN  
112 BARKER STREET  
RIDLEY PARK, PA 19078

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/27/2018	12/27/2019	Installment	06/27/2019	\$ 515.00
12/27/2018	12/27/2019	Installment	07/27/2019	\$ 515.00
12/27/2018	12/27/2019	Installment	08/27/2019	\$ 515.00
12/27/2018	12/27/2019	Installment	09/27/2019	\$ 458.00
Total Future Installments				\$ 2,003.00

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

#### Change of Address

Policy No.: AXCM20083

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20083  
ON THE AVENUE CONDO ASSN  
C/O JP TIMLIN  
112 BARKER STREET  
RIDLEY PARK, PA 19078

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
12/27/2018	12/27/2019	Amount is Past Due	02/27/2019	\$ 525.00
12/27/2018	12/27/2019	Renewal - Installment # 4	03/27/2019	\$ 525.00
12/27/2018	12/27/2019	Renewal - Installment # 5	04/27/2019	\$ 515.00
12/27/2018	12/27/2019	Renewal - Installment # 6	05/27/2019	\$ 515.00
Total Installment Due				\$ 2,080.00

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](http://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: AXCM20083

ON THE AVENUE CONDO ASSN  
C/O JP TIMLIN  
112 BARKER STREET  
RIDLEY PARK, PA 19078

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/27/2018	12/27/2019	Installment	06/27/2019	\$ 515.00
12/27/2018	12/27/2019	Installment	07/27/2019	\$ 515.00
12/27/2018	12/27/2019	Installment	08/27/2019	\$ 515.00
12/27/2018	12/27/2019	Installment	09/27/2019	\$ 458.00
Total Future Installments				\$ 2,003.00

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

#### Change of Address

Policy No.: AXCM20083

Your New Address is:

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---

Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20271  
94 TICH LLC  
94 TICHENOR STREET  
NEWARK, NJ 07105

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/25/2018	07/25/2019	Renewal - Installment # 4	04/25/2019	\$ 982.00
Total Installment Due				\$ 982.00

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

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 982.00**

*Thank you for your business*

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

Policy Number: AXCM20271

94 TICH LLC  
94 TICHENOR STREET  
NEWARK, NJ 07105

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM20271

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20271  
94 TICH LLC  
94 TICHENOR STREET  
NEWARK, NJ 07105

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/25/2018	07/25/2019	Renewal - Installment # 4	04/25/2019	\$ 982.00
Total Installment Due				\$ 982.00

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

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 982.00**

*Thank you for your business*

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

Policy Number: AXCM20271

94 TICH LLC  
94 TICHENOR STREET  
NEWARK, NJ 07105

**Mortgagee Information**

VALLEY NATIONAL BANK  
1720 ROUTE 23 NORTH  
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.: AXCM20271

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM20277  
JOSEPH TAYLOR & SONS INC.  
1360 CLIFTON AVENUE  
PO BOX 408  
CLIFTON, NJ 07012

**PRODUCER 256**

MARSH & MCLENNAN AGENCY, LLC  
PARK 80 WEST, PLAZA TWO  
250 PEHLE AVENUE  
SADDLE BROOK, NJ 07663  
(201) 845-6600

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
07/31/2018	07/31/2019	Amount is Past Due	02/28/2019	\$ 3,631.00
07/31/2018	07/31/2019	Renewal - Installment # 9	03/31/2019	\$ 3,631.00
07/31/2018	07/31/2019	Renewal - Installment # 10	04/30/2019	\$ 3,219.00
Total Installment Due				\$ 10,481.00

**Mortgagee Information**

VCN CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS  
1455 VALLEY ROAD  
WAYNE, NJ 07470

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](http://www.ggund.com/axis)**Pay This Amount: \$ 10,481.00***Thank you for your business*

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

Policy Number: AXCM20277

JOSEPH TAYLOR & SONS INC.  
1360 CLIFTON AVENUE  
PO BOX 408  
CLIFTON, NJ 07012

03/18/2019 - Inv

**Mortgagee Information**

VCN CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS  
1455 VALLEY ROAD  
WAYNE, NJ 07470

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.: AXCM20277

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20277  
JOSEPH TAYLOR & SONS INC.  
1360 CLIFTON AVENUE  
PO BOX 408  
CLIFTON, NJ 07012

**PRODUCER 256**

MARSH & MCLENNAN AGENCY, LLC  
PARK 80 WEST, PLAZA TWO  
250 PEHLE AVENUE  
SADDLE BROOK, NJ 07663  
(201) 845-6600

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
07/31/2018	07/31/2019	Amount is Past Due	02/28/2019	\$ 3,631.00
07/31/2018	07/31/2019	Renewal - Installment # 9	03/31/2019	\$ 3,631.00
07/31/2018	07/31/2019	Renewal - Installment # 10	04/30/2019	\$ 3,219.00
Total Installment Due				\$ 10,481.00

**Mortgagee Information**

VCN CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS  
1455 VALLEY ROAD  
WAYNE, NJ 07470

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](http://www.ggund.com/axis)**Pay This Amount: \$ 10,481.00***Thank you for your business*

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

Policy Number: AXCM20277

JOSEPH TAYLOR & SONS INC.  
1360 CLIFTON AVENUE  
PO BOX 408  
CLIFTON, NJ 07012

03/18/2019 - Inv

**Mortgagee Information**

VCN CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS  
1455 VALLEY ROAD  
WAYNE, NJ 07470

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM20277

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL20292  
EL CORONADO CONDO ASSOC INC &  
EL CORONADO ASSOC LP &  
PARAMOUNT MANAGEMENT INC  
8501 ATLANTIC AVENUE  
WILDWOOD CREST, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

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 \$	3,324.00
09/01/2018	09/01/2019	Renewal - Installment # 9	05/01/2019 \$	3,314.00
Total Installment Due				\$ 6,638.00

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

Your total amount due is \$9,584.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 6,638.00**

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

*Thank you for your business*

Policy Number: AXGL20292

EL CORONADO CONDO ASSOC INC &  
EL CORONADO ASSOC LP &  
PARAMOUNT MANAGEMENT INC  
8501 ATLANTIC AVENUE  
WILDWOOD CREST, NJ 08260

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	\$ 2,946.00
Total Future Installments				\$ 2,946.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL20292  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL20292  
EL CORONADO CONDO ASSOC INC &  
EL CORONADO ASSOC LP &  
PARAMOUNT MANAGEMENT INC  
8501 ATLANTIC AVENUE  
WILDWOOD CREST, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

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 \$	3,324.00
09/01/2018	09/01/2019	Renewal - Installment # 9	05/01/2019 \$	3,314.00
Total Installment Due				\$ 6,638.00

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

Your total amount due is \$9,584.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 6,638.00**

*Thank you for your business*

Policy Number: AXGL20292

EL CORONADO CONDO ASSOC INC &  
EL CORONADO ASSOC LP &  
PARAMOUNT MANAGEMENT INC  
8501 ATLANTIC AVENUE  
WILDWOOD CREST, NJ 08260

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	\$ 2,946.00
Total Future Installments				\$ 2,946.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL20292  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXGL20293  
VSOT LLC & BASIL INC  
T/A BASILICO'S RESTAURANT  
27 43RD STREET 1ST FLOOR  
PO BOX 608  
SEA ISLE CITY, NJ 08243

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Amount is Past Due	03/05/2019 \$	476.00
09/05/2018	09/05/2019	Renewal - Installment # 8	04/05/2019 \$	476.00
09/05/2018	09/05/2019	Renewal - Installment # 9	05/05/2019 \$	466.00
Total Installment Due				\$ 1,418.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,418.00**

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

*Thank you for your business*

Policy Number: AXGL20293

VSOT LLC & BASIL INC  
T/A BASILICO'S RESTAURANT  
27 43RD STREET 1ST FLOOR  
PO BOX 608  
SEA ISLE CITY, NJ 08243

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Installment	06/05/2019	\$ 414.00
Total Future Installments				\$ 414.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL20293  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL20293  
VSOT LLC & BASIL INC  
T/A BASILICO'S RESTAURANT  
27 43RD STREET 1ST FLOOR  
PO BOX 608  
SEA ISLE CITY, NJ 08243

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Amount is Past Due	03/05/2019 \$	476.00
09/05/2018	09/05/2019	Renewal - Installment # 8	04/05/2019 \$	476.00
09/05/2018	09/05/2019	Renewal - Installment # 9	05/05/2019 \$	466.00
Total Installment Due				\$ 1,418.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,418.00**

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

*Thank you for your business*

Policy Number: AXGL20293

VSOT LLC & BASIL INC  
T/A BASILICO'S RESTAURANT  
27 43RD STREET 1ST FLOOR  
PO BOX 608  
SEA ISLE CITY, NJ 08243

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/05/2018	09/05/2019	Installment	06/05/2019	\$ 414.00
Total Future Installments				\$ 414.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL20293  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCF20336  
PREFERRED HEALTHMATE INC  
ARTHEL, LLC  
45 MAIN ST., HIGHWAY 35  
EATONTOWN, NJ 07724

**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:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/02/2018	11/02/2019	Renewal - Installment # 3	05/02/2019 \$	553.00
Total Installment Due				\$ 553.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 553.00**

*Thank you for your business*

Policy Number: AXCF20336

PREFERRED HEALTHMATE INC  
ARTHEL, LLC  
45 MAIN ST., HIGHWAY 35  
EATONTOWN, NJ 07724

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCF20336

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF20336  
PREFERRED HEALTHMATE INC  
ARTHEL, LLC  
45 MAIN ST., HIGHWAY 35  
EATONTOWN, NJ 07724

**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:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/02/2018	11/02/2019	Renewal - Installment # 3	05/02/2019 \$	553.00
Total Installment Due				\$ 553.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 553.00**

*Thank you for your business*

Policy Number: AXCF20336

PREFERRED HEALTHMATE INC  
ARTHEL, LLC  
45 MAIN ST., HIGHWAY 35  
EATONTOWN, NJ 07724

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCF20336

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM20340  
DAVID ZBOYAN  
212  
LIBERTY ST.  
FORDS, NJ 08863-1816

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

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
10/19/2018	10/19/2019	Renewal - Installment # 7	04/01/2019 \$	531.00
10/19/2018	10/19/2019	Renewal - Installment # 8	05/01/2019 \$	521.00
Total Installment Due				\$ 1,052.00

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

Your total amount due is \$2,037.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

WELLS FARGO BANK N.A. #708  
PO BOX 5708  
SPRINGFIELD, OH 45501-5708  
LOAN NO.: 0005995710

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,052.00**

*Thank you for your business*

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

Policy Number: AXCM20340

DAVID ZBOYAN  
212  
LIBERTY ST.  
FORDS, NJ 08863-1816

03/18/2019 - Inv

**Mortgagee Information**

WELLS FARGO BANK N.A. #708  
PO BOX 5708  
SPRINGFIELD, OH 45501-5708  
LOAN NO.: 0005995710

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Installment	06/01/2019	\$ 521.00
10/19/2018	10/19/2019	Installment	07/01/2019	\$ 464.00
Total Future Installments				\$ 985.00

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

#### Change of Address

Policy No.: AXCM20340

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20340  
DAVID ZBOYAN  
212  
LIBERTY ST.  
FORDS, NJ 08863-1816

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

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
10/19/2018	10/19/2019	Renewal - Installment # 7	04/01/2019 \$	531.00
10/19/2018	10/19/2019	Renewal - Installment # 8	05/01/2019 \$	521.00
Total Installment Due				\$ 1,052.00

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

Your total amount due is \$2,037.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

WELLS FARGO BANK N.A. #708  
PO BOX 5708  
SPRINGFIELD, OH 45501-5708  
LOAN NO.: 0005995710

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,052.00**

*Thank you for your business*

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

Policy Number: AXCM20340

DAVID ZBOYAN  
212  
LIBERTY ST.  
FORDS, NJ 08863-1816

03/18/2019 - Inv

**Mortgagee Information**

WELLS FARGO BANK N.A. #708  
PO BOX 5708  
SPRINGFIELD, OH 45501-5708  
LOAN NO.: 0005995710

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Installment	06/01/2019	\$ 521.00
10/19/2018	10/19/2019	Installment	07/01/2019	\$ 464.00
Total Future Installments				\$ 985.00

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

#### Change of Address

Policy No.: AXCM20340

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20344  
WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.  
C/O STEVE DANNER  
108 GREEN STREET  
WOODSTOWN, NJ 08098

**PRODUCER 177**

BARCLAY GROUP  
202 BROAD STREET  
RIVERTON, NJ 08077  
(856) 829-1594

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
11/15/2018	11/15/2019	Renewal - Installment # 3	05/15/2019 \$	2,360.00
Total Installment Due				\$ 2,360.00

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

Your total amount due is \$3,769.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,360.00**

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

*Thank you for your business*

Policy Number: AXCM20344

WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.  
C/O STEVE DANNER  
108 GREEN STREET  
WOODSTOWN, NJ 08098

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Installment	08/15/2019	\$ 1,409.00
Total Future Installments				\$ 1,409.00

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

**Change of Address**

Policy No.: AXCM20344

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20344  
WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.  
C/O STEVE DANNER  
108 GREEN STREET  
WOODSTOWN, NJ 08098

**PRODUCER 177**

BARCLAY GROUP  
202 BROAD STREET  
RIVERTON, NJ 08077  
(856) 829-1594

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
11/15/2018	11/15/2019	Renewal - Installment # 3	05/15/2019 \$	2,360.00
Total Installment Due				\$ 2,360.00

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

Your total amount due is \$3,769.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,360.00**

*Thank you for your business*

Policy Number: AXCM20344

WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.  
C/O STEVE DANNER  
108 GREEN STREET  
WOODSTOWN, NJ 08098

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Installment	08/15/2019	\$ 1,409.00
Total Future Installments				\$ 1,409.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM20344  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM20350  
PAROCA REALTY INC  
632 BOULEVARD  
KENILWORTH, NJ 07033

**PRODUCER 229**

STANFORD AGENCY  
788 SHREWSBURY AVENUE  
SUITE 2225  
TINTON FALLS, NJ 07724  
(908) 241-1180

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
11/15/2018	11/15/2019	Renewal - Installment # 3	05/15/2019 \$	1,204.00
Total Installment Due				\$ 1,204.00

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

Your total amount due is \$1,919.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,204.00***Thank you for your business*

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

Policy Number: AXCM20350

PAROCA REALTY INC  
632 BOULEVARD  
KENILWORTH, NJ 07033

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Installment	08/15/2019	\$ 715.00
Total Future Installments				\$ 715.00

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

**Change of Address**

Policy No.: AXCM20350

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20350  
PAROCA REALTY INC  
632 BOULEVARD  
KENILWORTH, NJ 07033

**PRODUCER 229**

STANFORD AGENCY  
788 SHREWSBURY AVENUE  
SUITE 2225  
TINTON FALLS, NJ 07724  
(908) 241-1180

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
11/15/2018	11/15/2019	Renewal - Installment # 3	05/15/2019 \$	1,204.00
Total Installment Due				\$ 1,204.00

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

Your total amount due is \$1,919.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,204.00**

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

*Thank you for your business*

Policy Number: AXCM20350

PAROCA REALTY INC  
632 BOULEVARD  
KENILWORTH, NJ 07033

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Installment	08/15/2019	\$ 715.00
Total Future Installments				\$ 715.00

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

**Change of Address**

Policy No.: AXCM20350

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM20351  
PASQUALE, CARMEN & RONALD J SCORESE  
T/A PCR SCORESE  
632 BOULEVARD  
KENILWORTH, NJ 07033

**PRODUCER 229**

STANFORD AGENCY  
788 SHREWSBURY AVENUE  
SUITE 2225  
TINTON FALLS, NJ 07724  
(908) 241-1180

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
12/26/2018	12/26/2019	Renewal - Installment # 2	03/26/2019 \$	2,235.00
Total Installment Due				\$ 2,235.00

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

Your total amount due is \$5,793.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,235.00**

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

*Thank you for your business*

Policy Number: AXCM20351

PASQUALE, CARMEN & RONALD J SCORESE  
T/A PCR SCORESE  
632 BOULEVARD  
KENILWORTH, NJ 07033

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	\$ 2,225.00
12/26/2018	12/26/2019	Installment	09/26/2019	\$ 1,333.00
Total Future Installments				\$ 3,558.00

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

#### Change of Address

Policy No.: AXCM20351

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20351  
PASQUALE, CARMEN & RONALD J SCORESE  
T/A PCR SCORESE  
632 BOULEVARD  
KENILWORTH, NJ 07033

**PRODUCER 229**

STANFORD AGENCY  
788 SHREWSBURY AVENUE  
SUITE 2225  
TINTON FALLS, NJ 07724  
(908) 241-1180

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
12/26/2018	12/26/2019	Renewal - Installment # 2	03/26/2019 \$	2,235.00
Total Installment Due				\$ 2,235.00

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

Your total amount due is \$5,793.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,235.00**

*Thank you for your business*

Policy Number: AXCM20351

PASQUALE, CARMEN & RONALD J SCORESE  
T/A PCR SCORESE  
632 BOULEVARD  
KENILWORTH, NJ 07033

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	\$ 2,225.00
12/26/2018	12/26/2019	Installment	09/26/2019	\$ 1,333.00
Total Future Installments				\$ 3,558.00

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

#### Change of Address

Policy No.: AXCM20351

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20355  
STEVEN POOLE  
C/O CENTRAL TITLE AGENCY  
445 BRICK BOULEVARD, SUITE 305  
BRICK, NJ 08723

**PRODUCER 742**

COE-BROOKE INSURANCE AGENCY  
2801 BRIDGE AVENUE  
POINT PLEASANT, NJ 08742  
(732) 899-6800

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
11/29/2018	11/29/2019	Renewal - Installment # 3	05/29/2019 \$	3,958.00
Total Installment Due				\$ 3,958.00

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

Your total amount due is \$6,329.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,958.00**

*Thank you for your business*

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

Policy Number: AXCM20355

STEVEN POOLE  
C/O CENTRAL TITLE AGENCY  
445 BRICK BOULEVARD, SUITE 305  
BRICK, NJ 08723

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/29/2018	11/29/2019	Installment	08/29/2019	\$ 2,371.00
Total Future Installments				\$ 2,371.00

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

**Change of Address**

Policy No.: AXCM20355

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20355  
STEVEN POOLE  
C/O CENTRAL TITLE AGENCY  
445 BRICK BOULEVARD, SUITE 305  
BRICK, NJ 08723

**PRODUCER 742**

COE-BROOKE INSURANCE AGENCY  
2801 BRIDGE AVENUE  
POINT PLEASANT, NJ 08742  
(732) 899-6800

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
11/29/2018	11/29/2019	Renewal - Installment # 3	05/29/2019 \$	3,958.00
Total Installment Due				\$ 3,958.00

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

Your total amount due is \$6,329.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,958.00**

*Thank you for your business*

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

Policy Number: AXCM20355

STEVEN POOLE  
C/O CENTRAL TITLE AGENCY  
445 BRICK BOULEVARD, SUITE 305  
BRICK, NJ 08723

**Mortgagee Information**

PNC BANK  
CONSUMER LOAN CENTER  
PO BOX 808  
PITTSBURGH, PA 15230-0808

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/29/2018	11/29/2019	Installment	08/29/2019	\$ 2,371.00
Total Future Installments				\$ 2,371.00

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

**Change of Address**

Policy No.: AXCM20355

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL20365  
ZAPP MAINTENANCE CLEANING LLC  
PO BOX 13  
ATCO, NJ 08004

**PRODUCER 743**

ABCO INSURANCE AGENCY INC  
403 ROUTE 70 EAST  
SUITE 100  
CHERRY HILL, NJ 08034  
(856) 488-5333

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/02/2018	12/02/2019	Renewal - Installment # 5	04/02/2019 \$	151.00
12/02/2018	12/02/2019	Renewal - Installment # 6	05/02/2019 \$	141.00
Total Installment Due				\$ 292.00

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

Your total amount due is \$840.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 292.00**

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

*Thank you for your business*

Policy Number: AXGL20365

ZAPP MAINTENANCE CLEANING LLC  
PO BOX 13  
ATCO, NJ 08004

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/02/2018	12/02/2019	Installment	06/02/2019	\$ 141.00
12/02/2018	12/02/2019	Installment	07/02/2019	\$ 141.00
12/02/2018	12/02/2019	Installment	08/02/2019	\$ 141.00
12/02/2018	12/02/2019	Installment	09/02/2019	\$ 125.00
Total Future Installments				\$ 548.00

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

**Change of Address**

Policy No.: AXGL20365

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL20365  
ZAPP MAINTENANCE CLEANING LLC  
PO BOX 13  
ATCO, NJ 08004

**PRODUCER 743**

ABCO INSURANCE AGENCY INC  
403 ROUTE 70 EAST  
SUITE 100  
CHERRY HILL, NJ 08034  
(856) 488-5333

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/02/2018	12/02/2019	Renewal - Installment # 5	04/02/2019 \$	151.00
12/02/2018	12/02/2019	Renewal - Installment # 6	05/02/2019 \$	141.00
Total Installment Due				\$ 292.00

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

Your total amount due is \$840.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 292.00**

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

*Thank you for your business*

Policy Number: AXGL20365

ZAPP MAINTENANCE CLEANING LLC  
PO BOX 13  
ATCO, NJ 08004

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/02/2018	12/02/2019	Installment	06/02/2019	\$ 141.00
12/02/2018	12/02/2019	Installment	07/02/2019	\$ 141.00
12/02/2018	12/02/2019	Installment	08/02/2019	\$ 141.00
12/02/2018	12/02/2019	Installment	09/02/2019	\$ 125.00
Total Future Installments				\$ 548.00

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

#### Change of Address

Policy No.: AXGL20365

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL20394  
CAPE MAY ENTERPRISE LLC  
T/A UNION PARK  
727 BEACH DRIVE  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Amount is Past Due	03/01/2019	\$ 347.00
02/01/2019	02/01/2020	Renewal - Installment # 3	04/01/2019	\$ 347.00
02/01/2019	02/01/2020	Renewal - Installment # 4	05/01/2019	\$ 337.00
Total Installment Due				\$ 1,031.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,031.00**

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

*Thank you for your business*

Policy Number: AXGL20394

CAPE MAY ENTERPRISE LLC  
T/A UNION PARK  
727 BEACH DRIVE  
CAPE MAY, NJ 08204

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	06/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	07/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	09/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	10/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 299.00
Total Future Installments				\$ 1,984.00

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

**Change of Address**

Policy No.: AXGL20394

Your New Address is:

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Phone No.: \_\_\_\_\_

# INVOICE

Home Office Copy

**Insured**

AXGL20394  
CAPE MAY ENTERPRISE LLC  
T/A UNION PARK  
727 BEACH DRIVE  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Amount is Past Due	03/01/2019 \$	347.00
02/01/2019	02/01/2020	Renewal - Installment # 3	04/01/2019 \$	347.00
02/01/2019	02/01/2020	Renewal - Installment # 4	05/01/2019 \$	337.00
Total Installment Due				\$ 1,031.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,031.00**

*Thank you for your business*

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

Policy Number: AXGL20394

CAPE MAY ENTERPRISE LLC  
T/A UNION PARK  
727 BEACH DRIVE  
CAPE MAY, NJ 08204

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	06/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	07/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	09/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	10/01/2019	\$ 337.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 299.00
Total Future Installments				\$ 1,984.00

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

**Change of Address**

Policy No.: AXGL20394

Your New Address is:

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Phone No.: \_\_\_\_\_



# INVOICE

Payor's Copy

**Insured**

AXGL20405  
SCOTT JILLSON GENERAL CONTRUCTION INC.  
C/O BOX 773  
MANAHAWKIN, NJ 08050

**PRODUCER 151**

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

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/09/2019	03/09/2020	Amount is Past Due	03/11/2019 \$	1,446.00
03/09/2019	03/09/2020	Renewal - Installment # 2	04/11/2019 \$	638.00
03/09/2019	03/09/2020	Renewal - Installment # 3	05/11/2019 \$	628.00
Total Installment Due				\$ 2,712.00

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

Your total amount due is \$7,039.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,712.00**

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

*Thank you for your business*

Policy Number: AXGL20405

SCOTT JILLSON GENERAL CONTRUCTION INC.  
C/O BOX 773  
MANAHAWKIN, NJ 08050

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/09/2019	03/09/2020	Installment	06/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	07/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	08/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	09/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	10/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	11/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	12/11/2019	\$ 559.00

Total Future Installments \$ 4,327.00

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

#### Change of Address

Policy No.: AXGL20405

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXGL20405  
SCOTT JILLSON GENERAL CONTRUCTION INC.  
C/O BOX 773  
MANAHAWKIN, NJ 08050

**PRODUCER 151**

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

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/09/2019	03/09/2020	Amount is Past Due	03/11/2019 \$	1,446.00
03/09/2019	03/09/2020	Renewal - Installment # 2	04/11/2019 \$	638.00
03/09/2019	03/09/2020	Renewal - Installment # 3	05/11/2019 \$	628.00
Total Installment Due				\$ 2,712.00

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

Your total amount due is \$7,039.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,712.00**

*Thank you for your business*

Policy Number: AXGL20405

SCOTT JILLSON GENERAL CONTRUCTION INC.  
C/O BOX 773  
MANAHAWKIN, NJ 08050

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/09/2019	03/09/2020	Installment	06/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	07/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	08/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	09/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	10/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	11/11/2019	\$ 628.00
03/09/2019	03/09/2020	Installment	12/11/2019	\$ 559.00

Total Future Installments \$ 4,327.00

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

#### Change of Address

Policy No.: AXGL20405

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20413  
DIAMOND SOCIAL CLUB  
1241 N MAIN ROAD  
VINELAND, NJ 08360

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

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
02/08/2019	02/08/2020	Renewal - Installment # 2	05/08/2019 \$	766.00
Total Installment Due				\$ 766.00

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

Your total amount due is \$1,975.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 766.00***Thank you for your business*

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

Policy Number: AXCM20413

DIAMOND SOCIAL CLUB  
1241 N MAIN ROAD  
VINELAND, NJ 08360

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/08/2019	02/08/2020	Installment	08/08/2019	\$ 756.00
02/08/2019	02/08/2020	Installment	11/08/2019	\$ 453.00
Total Future Installments				\$ 1,209.00

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

**Change of Address**

Policy No.: AXCM20413

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM20413  
DIAMOND SOCIAL CLUB  
1241 N MAIN ROAD  
VINELAND, NJ 08360

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

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
02/08/2019	02/08/2020	Renewal - Installment # 2	05/08/2019 \$	766.00
Total Installment Due				\$ 766.00

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

Your total amount due is \$1,975.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 766.00**

*Thank you for your business*

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

Policy Number: AXCM20413

DIAMOND SOCIAL CLUB  
1241 N MAIN ROAD  
VINELAND, NJ 08360

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/08/2019	02/08/2020	Installment	08/08/2019	\$ 756.00
02/08/2019	02/08/2020	Installment	11/08/2019	\$ 453.00
Total Future Installments				\$ 1,209.00

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

**Change of Address**

Policy No.: AXCM20413

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM20437  
LEONARD F & RACHELE S ROSENBERG  
28 SCARSDALE DRIVE  
LIVINGSTON, NJ 07039

**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	\$ 6,970.00
03/15/2019	03/15/2020	Renewal - Installment # 2	04/15/2019	\$ 3,052.00
03/15/2019	03/15/2020	Renewal - Installment # 3	05/15/2019	\$ 3,042.00
Total Installment Due				\$ 13,064.00

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

Your total amount due is \$34,020.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 13,064.00**

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

*Thank you for your business*

Policy Number: AXCM20437

LEONARD F & RACHELE S ROSENBERG  
28 SCARSDALE DRIVE  
LIVINGSTON, NJ 07039

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	\$ 3,042.00
03/15/2019	03/15/2020	Installment	07/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	09/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	10/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	11/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	12/15/2019	\$ 2,704.00

Total Future Installments \$ 20,956.00

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

#### Change of Address

Policy No.: AXCM20437

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20437  
LEONARD F & RACHELE S ROSENBERG  
28 SCARSDALE DRIVE  
LIVINGSTON, NJ 07039

**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 \$	6,970.00
03/15/2019	03/15/2020	Renewal - Installment # 2	04/15/2019 \$	3,052.00
03/15/2019	03/15/2020	Renewal - Installment # 3	05/15/2019 \$	3,042.00
Total Installment Due				\$ 13,064.00

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

Your total amount due is \$34,020.00  
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FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 13,064.00**

*Thank you for your business*

Policy Number: AXCM20437

LEONARD F & RACHELE S ROSENBERG  
28 SCARSDALE DRIVE  
LIVINGSTON, NJ 07039

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	\$ 3,042.00
03/15/2019	03/15/2020	Installment	07/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	09/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	10/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	11/15/2019	\$ 3,042.00
03/15/2019	03/15/2020	Installment	12/15/2019	\$ 2,704.00

Total Future Installments \$ 20,956.00

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

#### Change of Address

Policy No.: AXCM20437

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM20454  
DANIEL BUCK & JOY DIAMOND  
BRANDYWINE HOLDINGS LLC  
TRADEMARK HOLDINGS LLC  
PO BOX 984  
DEERFIELD BEACH, FL 33443

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

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
03/21/2019	03/21/2020	Renewal - Installment # 2	04/21/2019 \$	1,315.00
03/21/2019	03/21/2020	Renewal - Installment # 3	05/21/2019 \$	1,305.00
Total Installment Due				\$ 2,620.00

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

Your total amount due is \$14,600.00  
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  
PO BOX 47020  
ATLANTA, GA 30362  
LOAN NO.: 1156782130

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,620.00**

*Thank you for your business*

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

Policy Number: AXCM20454

DANIEL BUCK & JOY DIAMOND  
BRANDYWINE HOLDINGS LLC  
TRADEMARK HOLDINGS LLC  
PO BOX 984  
DEERFIELD BEACH, FL 33443

03/18/2019 - Inv

**Mortgagee Information**

JP MORGAN CHASE BANK NA  
PO BOX 47020  
ATLANTA, GA 30362  
LOAN NO.: 1156782130

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/21/2019	03/21/2020	Installment	06/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	07/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	08/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	09/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	10/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	11/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	12/21/2019	\$ 1,158.00
Total Future Installments				\$ 8,988.00

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

#### Change of Address

Policy No.: AXCM20454

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM20454  
DANIEL BUCK & JOY DIAMOND  
BRANDYWINE HOLDINGS LLC  
TRADEMARK HOLDINGS LLC  
PO BOX 984  
DEERFIELD BEACH, FL 33443

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

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
03/21/2019	03/21/2020	Renewal - Installment # 2	04/21/2019 \$	1,315.00
03/21/2019	03/21/2020	Renewal - Installment # 3	05/21/2019 \$	1,305.00
Total Installment Due				\$ 2,620.00

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

Your total amount due is \$14,600.00  
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  
PO BOX 47020  
ATLANTA, GA 30362  
LOAN NO.: 1156782130

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,620.00**

*Thank you for your business*

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

Policy Number: AXCM20454

DANIEL BUCK & JOY DIAMOND  
BRANDYWINE HOLDINGS LLC  
TRADEMARK HOLDINGS LLC  
PO BOX 984  
DEERFIELD BEACH, FL 33443

03/18/2019 - Inv

**Mortgagee Information**

JP MORGAN CHASE BANK NA  
PO BOX 47020  
ATLANTA, GA 30362  
LOAN NO.: 1156782130

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/21/2019	03/21/2020	Installment	06/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	07/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	08/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	09/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	10/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	11/21/2019	\$ 1,305.00
03/21/2019	03/21/2020	Installment	12/21/2019	\$ 1,158.00

Total Future Installments \$ 8,988.00

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

#### Change of Address

Policy No.: AXCM20454

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP20502  
JOHN P GALEZNIAK T/A  
GLAZE ELECTRICAL CONTRACTING CO  
211 NORTH ATLANTIC AVENUE EAST  
STRATFORD, NJ 08084

**PRODUCER 227**

THE BARCLAY GROUP  
601 S WHITE HORSE PIKE  
AUDUBON, NJ 08106  
(856) 546-2700

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
02/04/2019	02/04/2020	Renewal - Installment # 2	05/04/2019 \$	137.00
Total Installment Due				\$ 137.00

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

Your total amount due is \$341.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 137.00***Thank you for your business*

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

Policy Number: AXCP20502

JOHN P GALEZNIAK T/A  
GLAZE ELECTRICAL CONTRACTING CO  
211 NORTH ATLANTIC AVENUE EAST  
STRATFORD, NJ 08084

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/04/2019	02/04/2020	Installment	08/04/2019	\$ 127.00
02/04/2019	02/04/2020	Installment	11/04/2019	\$ 77.00
Total Future Installments				\$ 204.00

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

**Change of Address**

Policy No.: AXCP20502

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP20502  
JOHN P GALEZNIAK T/A  
GLAZE ELECTRICAL CONTRACTING CO  
211 NORTH ATLANTIC AVENUE EAST  
STRATFORD, NJ 08084

**PRODUCER 227**

THE BARCLAY GROUP  
601 S WHITE HORSE PIKE  
AUDUBON, NJ 08106  
(856) 546-2700

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
02/04/2019	02/04/2020	Renewal - Installment # 2	05/04/2019 \$	137.00
Total Installment Due				\$ 137.00

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

Your total amount due is \$341.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 137.00**

*Thank you for your business*

Policy Number: AXCP20502

JOHN P GALEZNIAK T/A  
GLAZE ELECTRICAL CONTRACTING CO  
211 NORTH ATLANTIC AVENUE EAST  
STRATFORD, NJ 08084

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/04/2019	02/04/2020	Installment	08/04/2019	\$ 127.00
02/04/2019	02/04/2020	Installment	11/04/2019	\$ 77.00
Total Future Installments				\$ 204.00

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

**Change of Address**

Policy No.: AXCP20502

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB20541  
SAL'S PIZZA PLAZA INC T/A  
DILISI'S RISTORANTE  
34 CORNWELL DRIVE  
BRIDGETON, NJ 08302

**PRODUCER 266**

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

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 \$	653.00
Total Installment Due				\$ 653.00

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

Your total amount due is \$1,681.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 653.00**

*Thank you for your business*

Policy Number: AXB20541

SAL'S PIZZA PLAZA INC T/A  
DILISI'S RISTORANTE  
34 CORNWELL DRIVE  
BRIDGETON, NJ 08302

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	\$ 643.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 385.00
Total Future Installments				\$ 1,028.00

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

#### Change of Address

Policy No.: AXB20541

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB20541  
SAL'S PIZZA PLAZA INC T/A  
DILISI'S RISTORANTE  
34 CORNWELL DRIVE  
BRIDGETON, NJ 08302

**PRODUCER 266**

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

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 \$	653.00
Total Installment Due				\$ 653.00

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

Your total amount due is \$1,681.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 653.00**

*Thank you for your business*

Policy Number: AXB20541

SAL'S PIZZA PLAZA INC T/A  
DILISI'S RISTORANTE  
34 CORNWELL DRIVE  
BRIDGETON, NJ 08302

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	\$ 643.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 385.00
Total Future Installments				\$ 1,028.00

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

#### Change of Address

Policy No.: AXB20541

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP20561  
HERMAN PEREZ  
19 STEGMAN TERRACE  
JERSEY CITY, NJ 07305

**PRODUCER 701**

JULIUS A ROSE INC  
194 BROADWAY  
PO BO X456  
BAYONNE, NJ 07002  
(201) 436-7600

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
02/28/2019	02/28/2020	Renewal - Installment # 2	05/31/2019 \$	323.00
Total Installment Due				\$ 323.00

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

Your total amount due is \$824.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 323.00**

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

*Thank you for your business*

Policy Number: AXCP20561

HERMAN PEREZ  
19 STEGMAN TERRACE  
JERSEY CITY, NJ 07305

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	\$ 313.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 188.00
Total Future Installments				\$ 501.00

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

#### Change of Address

Policy No.: AXCP20561

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP20561  
HERMAN PEREZ  
19 STEGMAN TERRACE  
JERSEY CITY, NJ 07305

**PRODUCER 701**

JULIUS A ROSE INC  
194 BROADWAY  
PO BO X456  
BAYONNE, NJ 07002  
(201) 436-7600

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
02/28/2019	02/28/2020	Renewal - Installment # 2	05/31/2019 \$	323.00
Total Installment Due				\$ 323.00

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

Your total amount due is \$824.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 323.00**

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

*Thank you for your business*

Policy Number: AXCP20561

HERMAN PEREZ  
19 STEGMAN TERRACE  
JERSEY CITY, NJ 07305

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	\$ 313.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 188.00
Total Future Installments				\$ 501.00

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

**Change of Address**

Policy No.: AXCP20561

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB21455  
NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

**PRODUCER 278**

SCIROCCO FINANCIAL GROUP  
777 TERRACE AVENUE  
SUITE #309  
HASBROUCK HEIGHTS, NJ 07604  
(201) 727-0070

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/21/2018	07/21/2019	Renewal - Installment # 10	04/21/2019 \$	1,197.00
Total Installment Due				\$ 1,197.00

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

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,197.00**

*Thank you for your business*

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

Policy Number: AXB21455

NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB21455

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21455  
NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

**PRODUCER 278**

SCIROCCO FINANCIAL GROUP  
777 TERRACE AVENUE  
SUITE #309  
HASBROUCK HEIGHTS, NJ 07604  
(201) 727-0070

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/21/2018	07/21/2019	Renewal - Installment # 10	04/21/2019 \$	1,197.00
Total Installment Due				\$ 1,197.00

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

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,197.00**

*Thank you for your business*

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

Policy Number: AXB21455

NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB21455

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM21457  
NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

**PRODUCER 278**

SCIROCCO FINANCIAL GROUP  
777 TERRACE AVENUE  
SUITE #309  
HASBROUCK HEIGHTS, NJ 07604  
(201) 727-0070

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
07/21/2018	07/21/2019	Renewal - Installment # 10	04/21/2019 \$	91.00
Total Installment Due				\$ 91.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 91.00**

*Thank you for your business*

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

Policy Number: AXUM21457

NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXUM21457

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM21457  
NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

**PRODUCER 278**

SCIROCCO FINANCIAL GROUP  
777 TERRACE AVENUE  
SUITE #309  
HASBROUCK HEIGHTS, NJ 07604  
(201) 727-0070

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
07/21/2018	07/21/2019	Renewal - Installment # 10	04/21/2019 \$	91.00
Total Installment Due				\$ 91.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 91.00**

*Thank you for your business*

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

Policy Number: AXUM21457

NEHRCO ENTERPRISES LLC  
P O BOX 491  
FANWOOD, NJ 07023

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXUM21457

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP21552  
BERNARD J GLYNN  
28 NIGHTINGALE ROAD  
BLAIRSTOWN, NJ 07825

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/15/2018	08/15/2019	Renewal - Installment # 4	05/15/2019 \$	197.00
Total Installment Due				\$ 197.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 197.00**

*Thank you for your business*

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

Policy Number: AXCP21552

BERNARD J GLYNN  
28 NIGHTINGALE ROAD  
BLAIRSTOWN, NJ 07825

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21552

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP21552  
BERNARD J GLYNN  
28 NIGHTINGALE ROAD  
BLAIRSTOWN, NJ 07825

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/15/2018	08/15/2019	Renewal - Installment # 4	05/15/2019 \$	197.00
Total Installment Due				\$ 197.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 197.00**

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

*Thank you for your business*

Policy Number: AXCP21552

BERNARD J GLYNN  
28 NIGHTINGALE ROAD  
BLAIRSTOWN, NJ 07825

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21552

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM21576  
JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE., SUITE 3B  
LINDEN, NJ 07036

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

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
08/28/2018	08/28/2019	Renewal - Installment # 8	03/28/2019 \$	121.00
08/28/2018	08/28/2019	Renewal - Installment # 9	04/28/2019 \$	111.00
08/28/2018	08/28/2019	Renewal - Installment # 10	05/28/2019 \$	99.00
Total Installment Due				\$ 331.00

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

Your total amount due is \$331.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 331.00***Thank you for your business*

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

Policy Number: AXUM21576

JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE., SUITE 3B  
LINDEN, NJ 07036

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.: AXUM21576

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM21576  
JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE., SUITE 3B  
LINDEN, NJ 07036

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

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
08/28/2018	08/28/2019	Renewal - Installment # 8	03/28/2019 \$	121.00
08/28/2018	08/28/2019	Renewal - Installment # 9	04/28/2019 \$	111.00
08/28/2018	08/28/2019	Renewal - Installment # 10	05/28/2019 \$	99.00
Total Installment Due				\$ 331.00

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

Your total amount due is \$331.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 331.00**

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

*Thank you for your business*

Policy Number: AXUM21576

JAY JAY IMPROVEMENTS CO INC  
500 NORTHWOOD AVE., SUITE 3B  
LINDEN, NJ 07036

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.: AXUM21576

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB21586  
SNAP FAMILY LLC  
C/O SARKIS KRICHIAN  
232 MILLER RD  
MAHWAH, NJ 07430

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/24/2018	09/24/2019	Renewal - Installment # 7	03/24/2019 \$	824.00
09/24/2018	09/24/2019	Renewal - Installment # 8	04/24/2019 \$	814.00
09/24/2018	09/24/2019	Renewal - Installment # 9	05/24/2019 \$	814.00
Total Installment Due				\$ 2,452.00

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

Your total amount due is \$3,175.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809-1386

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,452.00**

*Thank you for your business*

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

Policy Number: AXB21586

SNAP FAMILY LLC  
C/O SARKIS KRICHIAN  
232 MILLER RD  
MAHWAH, NJ 07430

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809-1386

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/24/2018	09/24/2019	Installment	06/24/2019	\$ 723.00
Total Future Installments				\$ 723.00

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

**Change of Address**

Policy No.: AXB21586

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21586  
SNAP FAMILY LLC  
C/O SARKIS KRICHIAN  
232 MILLER RD  
MAHWAH, NJ 07430

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/24/2018	09/24/2019	Renewal - Installment # 7	03/24/2019 \$	824.00
09/24/2018	09/24/2019	Renewal - Installment # 8	04/24/2019 \$	814.00
09/24/2018	09/24/2019	Renewal - Installment # 9	05/24/2019 \$	814.00
Total Installment Due				\$ 2,452.00

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

Your total amount due is \$3,175.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809-1386

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,452.00**

*Thank you for your business*

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

Policy Number: AXB21586

SNAP FAMILY LLC  
C/O SARKIS KRICHIAN  
232 MILLER RD  
MAHWAH, NJ 07430

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809-1386

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/24/2018	09/24/2019	Installment	06/24/2019	\$ 723.00
Total Future Installments				\$ 723.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB21586  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**  
AXB21630  
CARLOS & THERESA CIFELLI  
110 RAYMOND AVENUE  
NUTLEY, NJ 07110

**PRODUCER 277**  
BROWN & BROWN METRO  
2000 MIDLANTIC DRIVE  
SUITE 440  
MOUNT LAUREL, NJ 08054  
(856) 558-6330

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/30/2018	08/30/2019	Amount is Past Due	02/28/2019	\$ 453.00
08/30/2018	08/30/2019	Renewal - Installment # 8	03/30/2019	\$ 453.00
08/30/2018	08/30/2019	Renewal - Installment # 9	04/30/2019	\$ 443.00
08/30/2018	08/30/2019	Renewal - Installment # 10	05/30/2019	\$ 394.00
Total Installment Due				\$ 1,743.00

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,743.00**

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

*Thank you for your business*

Policy Number: AXB21630

CARLOS & THERESA CIFELLI  
110 RAYMOND AVENUE  
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB21630

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21630  
CARLOS & THERESA CIFELLI  
110 RAYMOND AVENUE  
NUTLEY, NJ 07110

**PRODUCER 277**

BROWN & BROWN METRO  
2000 MIDLANTIC DRIVE  
SUITE 440  
MOUNT LAUREL, NJ 08054  
(856) 558-6330

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/30/2018	08/30/2019	Amount is Past Due	02/28/2019	\$ 453.00
08/30/2018	08/30/2019	Renewal - Installment # 8	03/30/2019	\$ 453.00
08/30/2018	08/30/2019	Renewal - Installment # 9	04/30/2019	\$ 443.00
08/30/2018	08/30/2019	Renewal - Installment # 10	05/30/2019	\$ 394.00
Total Installment Due				\$ 1,743.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,743.00**

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

*Thank you for your business*

Policy Number: AXB21630

CARLOS & THERESA CIFELLI  
110 RAYMOND AVENUE  
NUTLEY, NJ 07110

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.: AXB21630

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**  
AXB21681  
PAUL MONTENEGRO  
PO BOX 8755  
COLLINGSWOOD, NJ 08108

**PRODUCER 228**  
A H MEYERS & COMPANY  
1 WEST MAIN STREET  
MARLTON, NJ 08053  
(856) 596-9555

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/30/2018	08/30/2019	Amount is Past Due	02/28/2019 \$	942.00
08/30/2018	08/30/2019	Renewal - Installment # 4	05/30/2019 \$	570.00
Total Installment Due				\$ 1,512.00

**Mortgagee Information**

SUN NATIONAL BANK  
PO BOX 99  
MOUNT LAUREL, NJ 08054-9860

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,512.00**

*Thank you for your business*

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

Policy Number: AXB21681

PAUL MONTENEGRO  
PO BOX 8755  
COLLINGSWOOD, NJ 08108

**Mortgagee Information**

SUN NATIONAL BANK  
PO BOX 99  
MOUNT LAUREL, NJ 08054-9860

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.: AXB21681

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21681  
PAUL MONTENEGRO  
PO BOX 8755  
COLLINGSWOOD, NJ 08108

**PRODUCER 228**

A H MEYERS & COMPANY  
1 WEST MAIN STREET  
MARLTON, NJ 08053  
(856) 596-9555

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/30/2018	08/30/2019	Amount is Past Due	02/28/2019 \$	942.00
08/30/2018	08/30/2019	Renewal - Installment # 4	05/30/2019 \$	570.00
Total Installment Due				\$ 1,512.00

**Mortgagee Information**

SUN NATIONAL BANK  
PO BOX 99  
MOUNT LAUREL, NJ 08054-9860

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,512.00**

*Thank you for your business*

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

Policy Number: AXB21681

PAUL MONTENEGRO  
PO BOX 8755  
COLLINGSWOOD, NJ 08108

**Mortgagee Information**

SUN NATIONAL BANK  
PO BOX 99  
MOUNT LAUREL, NJ 08054-9860

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.: AXB21681

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP21770  
HOWELL CONSTRUCTION SERVICES, LLC  
421 COMMONWEALTH AVENUE  
TRENTON, NJ 08629

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/28/2018	09/28/2019	Renewal - Installment # 3	03/28/2019 \$	361.00
Total Installment Due				\$ 361.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 361.00**

*Thank you for your business*

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

Policy Number: AXCP21770

HOWELL CONSTRUCTION SERVICES, LLC  
421 COMMONWEALTH AVENUE  
TRENTON, NJ 08629

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.: AXCP21770

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP21770  
HOWELL CONSTRUCTION SERVICES, LLC  
421 COMMONWEALTH AVENUE  
TRENTON, NJ 08629

**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 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/28/2018	09/28/2019	Renewal - Installment # 3	03/28/2019 \$	361.00
Total Installment Due				\$ 361.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 361.00**

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

*Thank you for your business*

Policy Number: AXCP21770

HOWELL CONSTRUCTION SERVICES, LLC  
421 COMMONWEALTH AVENUE  
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21770

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB21775  
DR. EDWARD TINNEY, DDS  
DENTSHORE, LLC  
650 TOWNBANK RD  
NORTH CAPE MAY, NJ 08204

**PRODUCER 263**

MARSH & MCLENNAN AGENCY LLC  
510 BANK STREET COMMONS  
PO BOX 477  
CAPE MAY, NJ 08204  
(609) 884-8431

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Renewal - Installment # 3	04/10/2019	\$ 1,739.00
Total Installment Due				\$ 1,739.00

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

Your total amount due is \$2,776.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

STURDY SAVINGS BANK, SLA  
P.O. BOX 900  
CAPE MAY COUR HOUSE, NJ 08210-7992

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,739.00**

*Thank you for your business*

Policy Number: AXB21775

**Mortgagee Information**

STURDY SAVINGS BANK, SLA  
P.O. BOX 900  
CAPE MAY COUR HOUSE, NJ 08210-7992

DR. EDWARD TINNEY, DDS  
DENTSHORE, LLC  
650 TOWNBANK RD  
NORTH CAPE MAY, NJ 08204

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Installment	07/10/2019	\$ 1,037.00
Total Future Installments				\$ 1,037.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB21775  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21775  
DR. EDWARD TINNEY, DDS  
DENTSHORE, LLC  
650 TOWNBANK RD  
NORTH CAPE MAY, NJ 08204

**PRODUCER 263**

MARSH & MCLENNAN AGENCY LLC  
510 BANK STREET COMMONS  
PO BOX 477  
CAPE MAY, NJ 08204  
(609) 884-8431

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Renewal - Installment # 3	04/10/2019	\$ 1,739.00
Total Installment Due				\$ 1,739.00

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

Your total amount due is \$2,776.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

STURDY SAVINGS BANK, SLA  
P.O. BOX 900  
CAPE MAY COUR HOUSE, NJ 08210-7992

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,739.00**

*Thank you for your business*

Policy Number: AXB21775

**Mortgagee Information**

STURDY SAVINGS BANK, SLA  
P.O. BOX 900  
CAPE MAY COUR HOUSE, NJ 08210-7992

DR. EDWARD TINNEY, DDS  
DENTSHORE, LLC  
650 TOWNBANK RD  
NORTH CAPE MAY, NJ 08204

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Installment	07/10/2019	\$ 1,037.00
Total Future Installments				\$ 1,037.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB21775  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP21780  
INLET PLUMBING LLC &  
JEFFREY R LUDWICK T/A  
INLET PLUMBING & HEATING  
210 NORTH 12TH STREET  
SURF CITY, NJ 08008

**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
09/28/2018	09/28/2019	Renewal - Installment # 3	03/28/2019 \$	532.00
Total Installment Due				\$ 532.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 532.00**

*Thank you for your business*

Policy Number: AXCP21780

INLET PLUMBING LLC &  
JEFFREY R LUDWICK T/A  
INLET PLUMBING & HEATING  
210 NORTH 12TH STREET  
SURF CITY, NJ 08008

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21780

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP21780  
INLET PLUMBING LLC &  
JEFFREY R LUDWICK T/A  
INLET PLUMBING & HEATING  
210 NORTH 12TH STREET  
SURF CITY, NJ 08008

**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
09/28/2018	09/28/2019	Renewal - Installment # 3	03/28/2019 \$	532.00
Total Installment Due				\$ 532.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 532.00**

*Thank you for your business*

Policy Number: AXCP21780

INLET PLUMBING LLC &  
JEFFREY R LUDWICK T/A  
INLET PLUMBING & HEATING  
210 NORTH 12TH STREET  
SURF CITY, NJ 08008

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21780

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP21784  
M & O CAR LLC  
T/A MARVIN'S PLUMBING & HEATING  
142 COLUMBIA AVENUE  
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
09/27/2018	09/27/2019	Renewal - Installment # 3	03/27/2019 \$	549.00
Total Installment Due				\$ 549.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 549.00**

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

*Thank you for your business*

Policy Number: AXCP21784

M & O CAR LLC  
T/A MARVIN'S PLUMBING & HEATING  
142 COLUMBIA AVENUE  
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21784

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP21784  
M & O CAR LLC  
T/A MARVIN'S PLUMBING & HEATING  
142 COLUMBIA AVENUE  
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
09/27/2018	09/27/2019	Renewal - Installment # 3	03/27/2019 \$	549.00
Total Installment Due				\$ 549.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 549.00**

*Thank you for your business*

Policy Number: AXCP21784

M & O CAR LLC  
T/A MARVIN'S PLUMBING & HEATING  
142 COLUMBIA AVENUE  
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCP21784

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB21837  
DR. MARK LERNER  
33 LANGTON DRIVE  
HOLMDEL, NJ 07733

**PRODUCER 712**

MICHAEL J. HOCHRON AGENCY  
317 HARRINGTON AVENUE  
CLOSTER, NJ 07624  
(201) 768-9086

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/06/2018	10/06/2019	Renewal - Installment # 3	04/06/2019 \$	633.00
Total Installment Due				\$ 633.00

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

Your total amount due is \$1,007.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 633.00**

*Thank you for your business*

Policy Number: AXB21837

DR. MARK LERNER  
33 LANGTON DRIVE  
HOLMDEL, NJ 07733

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/06/2018	10/06/2019	Installment	07/06/2019	\$ 374.00
Total Future Installments				\$ 374.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB21837  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21837  
DR. MARK LERNER  
33 LANGTON DRIVE  
HOLMDEL, NJ 07733

**PRODUCER 712**

MICHAEL J. HOCHRON AGENCY  
317 HARRINGTON AVENUE  
CLOSTER, NJ 07624  
(201) 768-9086

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/06/2018	10/06/2019	Renewal - Installment # 3	04/06/2019 \$	633.00
Total Installment Due				\$ 633.00

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

Your total amount due is \$1,007.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 633.00**

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

*Thank you for your business*

Policy Number: AXB21837

DR. MARK LERNER  
33 LANGTON DRIVE  
HOLMDEL, NJ 07733

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	\$ 374.00
Total Future Installments				\$ 374.00

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

**Change of Address**

Policy No.: AXB21837

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP21893  
JWF CONTRACTING SERVICES LLC  
48 SANDHURST STREET  
MANCHESTER, NJ 08759

**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
11/01/2018	11/01/2019	Renewal - Installment # 3	05/01/2019 \$	312.00
Total Installment Due				\$ 312.00

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

Your total amount due is \$494.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 312.00***Thank you for your business*

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

Policy Number: AXCP21893

JWF CONTRACTING SERVICES LLC  
48 SANDHURST STREET  
MANCHESTER, NJ 08759

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	08/01/2019	\$ 182.00
Total Future Installments				\$ 182.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP21893  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP21893  
JWF CONTRACTING SERVICES LLC  
48 SANDHURST STREET  
MANCHESTER, NJ 08759

**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
11/01/2018	11/01/2019	Renewal - Installment # 3	05/01/2019 \$	312.00
Total Installment Due				\$ 312.00

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

Your total amount due is \$494.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 312.00**

*Thank you for your business*

Policy Number: AXCP21893

JWF CONTRACTING SERVICES LLC  
48 SANDHURST STREET  
MANCHESTER, NJ 08759

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	\$ 182.00
Total Future Installments				\$ 182.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP21893  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB21904  
AMMOS INC  
T/A BOULEVARD DRINKS  
48 JOURNAL SQUARE  
JERSEY CITY, NJ 07306

**PRODUCER 702**

SAS INSURANCE AGENCY INC  
233 KEARNY AVENUE  
PO BOX 1009  
KEARNY, NJ 07032  
(201) 997-2360

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/03/2018	11/03/2019	Renewal - Installment # 3	05/03/2019 \$	879.00
Total Installment Due				\$ 879.00

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

Your total amount due is \$1,400.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 879.00**

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

*Thank you for your business*

Policy Number: AXB21904

AMMOS INC  
T/A BOULEVARD DRINKS  
48 JOURNAL SQUARE  
JERSEY CITY, NJ 07306

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/03/2018	11/03/2019	Installment	08/03/2019	\$ 521.00
Total Future Installments				\$ 521.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB21904  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB21904  
AMMOS INC  
T/A BOULEVARD DRINKS  
48 JOURNAL SQUARE  
JERSEY CITY, NJ 07306

**PRODUCER 702**

SAS INSURANCE AGENCY INC  
233 KEARNY AVENUE  
PO BOX 1009  
KEARNY, NJ 07032  
(201) 997-2360

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/03/2018	11/03/2019	Renewal - Installment # 3	05/03/2019 \$	879.00
Total Installment Due				\$ 879.00

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

Your total amount due is \$1,400.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 879.00**

*Thank you for your business*

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

Policy Number: AXB21904

AMMOS INC  
T/A BOULEVARD DRINKS  
48 JOURNAL SQUARE  
JERSEY CITY, NJ 07306

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/03/2018	11/03/2019	Installment	08/03/2019	\$ 521.00
Total Future Installments				\$ 521.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB21904  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**  
AXB21933  
NANCY MAURIELLO  
167 E BEEBETOWN ROAD  
HAMMONTON, NJ 08037

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Amount is Past Due	03/15/2019	\$ 370.00
11/15/2018	11/15/2019	Renewal - Installment # 6	04/15/2019	\$ 370.00
11/15/2018	11/15/2019	Renewal - Installment # 7	05/15/2019	\$ 360.00
Total Installment Due				\$ 1,100.00

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,100.00**

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

*Thank you for your business*

Policy Number: AXB21933

NANCY MAURIELLO  
167 E BEEBETOWN ROAD  
HAMMONTON, NJ 08037

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Installment	06/15/2019	\$ 360.00
11/15/2018	11/15/2019	Installment	07/15/2019	\$ 360.00
11/15/2018	11/15/2019	Installment	08/15/2019	\$ 321.00
Total Future Installments				\$ 1,041.00

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

#### Change of Address

Policy No.: AXB21933

Your New Address is:

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---

Phone No.: 

---

# INVOICE

Home Office Copy

**Insured**

AXB21933  
NANCY MAURIELLO  
167 E BEEBETOWN ROAD  
HAMMONTON, NJ 08037

**PRODUCER 151**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Amount is Past Due	03/15/2019 \$	370.00
11/15/2018	11/15/2019	Renewal - Installment # 6	04/15/2019 \$	370.00
11/15/2018	11/15/2019	Renewal - Installment # 7	05/15/2019 \$	360.00
Total Installment Due				\$ 1,100.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,100.00**

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

*Thank you for your business*

Policy Number: AXB21933

NANCY MAURIELLO  
167 E BEEBETOWN ROAD  
HAMMONTON, NJ 08037

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/15/2018	11/15/2019	Installment	06/15/2019	\$ 360.00
11/15/2018	11/15/2019	Installment	07/15/2019	\$ 360.00
11/15/2018	11/15/2019	Installment	08/15/2019	\$ 321.00
Total Future Installments				\$ 1,041.00

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

#### Change of Address

Policy No.: AXB21933

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP21950  
GAFFNEY'S, INC.  
414 MONROE AVE  
LINWOOD, NJ 08221

**PRODUCER 151**

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

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
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	351.00
Total Installment Due				\$ 351.00

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

Your total amount due is \$556.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 351.00***Thank you for your business*

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

Policy Number: AXCP21950

GAFFNEY'S, INC.  
414 MONROE AVE  
LINWOOD, NJ 08221

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/08/2018	11/08/2019	Installment	08/08/2019	\$ 205.00
Total Future Installments				\$ 205.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP21950  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP21950  
GAFFNEY'S, INC.  
414 MONROE AVE  
LINWOOD, NJ 08221

**PRODUCER 151**

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

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
11/08/2018	11/08/2019	Renewal - Installment # 3	05/08/2019 \$	351.00
Total Installment Due				\$ 351.00

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

Your total amount due is \$556.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 351.00**

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

*Thank you for your business*

Policy Number: AXCP21950

GAFFNEY'S, INC.  
414 MONROE AVE  
LINWOOD, NJ 08221

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	08/08/2019	\$ 205.00
Total Future Installments				\$ 205.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP21950  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP21997  
JACOB VIVAT  
D/B/A COMFORTABLE AIR  
158 W. MADISON AVENUE  
DUMONT, NJ 07628

**PRODUCER 805**

CODA INSURANCE GROUP LLC  
T/A THE INSURANCE PLACE  
18 WEST PASSAIC STREET  
ROCHELLE PARK, NJ 07662  
(201) 384-7000

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
11/03/2018	11/03/2019	Amount is Past Due	03/03/2019	\$ 326.00
11/03/2018	11/03/2019	Renewal - Installment # 6	04/03/2019	\$ 326.00
11/03/2018	11/03/2019	Renewal - Installment # 7	05/03/2019	\$ 316.00
Total Installment Due				\$ 968.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 968.00**

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

*Thank you for your business*

Policy Number: AXCP21997

JACOB VIVAT  
D/B/A COMFORTABLE AIR  
158 W. MADISON AVENUE  
DUMONT, NJ 07628

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/03/2018	11/03/2019	Installment	06/03/2019	\$ 316.00
11/03/2018	11/03/2019	Installment	07/03/2019	\$ 316.00
11/03/2018	11/03/2019	Installment	08/03/2019	\$ 280.00
Total Future Installments				\$ 912.00

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

#### Change of Address

Policy No.: AXCP21997

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP21997  
JACOB VIVAT  
D/B/A COMFORTABLE AIR  
158 W. MADISON AVENUE  
DUMONT, NJ 07628

**PRODUCER 805**

CODA INSURANCE GROUP LLC  
T/A THE INSURANCE PLACE  
18 WEST PASSAIC STREET  
ROCHELLE PARK, NJ 07662  
(201) 384-7000

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
11/03/2018	11/03/2019	Amount is Past Due	03/03/2019 \$	326.00
11/03/2018	11/03/2019	Renewal - Installment # 6	04/03/2019 \$	326.00
11/03/2018	11/03/2019	Renewal - Installment # 7	05/03/2019 \$	316.00
Total Installment Due				\$ 968.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 968.00**

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

*Thank you for your business*

Policy Number: AXCP21997

JACOB VIVAT  
D/B/A COMFORTABLE AIR  
158 W. MADISON AVENUE  
DUMONT, NJ 07628

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/03/2018	11/03/2019	Installment	06/03/2019	\$ 316.00
11/03/2018	11/03/2019	Installment	07/03/2019	\$ 316.00
11/03/2018	11/03/2019	Installment	08/03/2019	\$ 280.00
Total Future Installments				\$ 912.00

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

#### Change of Address

Policy No.: AXCP21997

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP22036  
GERASIMOS ANTONATOS  
T/A ANTONATOS GENERAL HOME IMPROVEMENTS  
73 FIRST AVE  
ATLANTIC HIGHLANDS, NJ 07716

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

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
12/06/2018	12/06/2019	Amount is Past Due	03/06/2019	\$ 132.00
12/06/2018	12/06/2019	Renewal - Installment # 5	04/06/2019	\$ 132.00
12/06/2018	12/06/2019	Renewal - Installment # 6	05/06/2019	\$ 122.00
Total Installment Due				\$ 386.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 386.00**

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

*Thank you for your business*

Policy Number: AXCP22036

GERASIMOS ANTONATOS  
T/A ANTONATOS GENERAL HOME IMPROVEMENTS  
73 FIRST AVE  
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/06/2018	12/06/2019	Installment	06/06/2019	\$ 122.00
12/06/2018	12/06/2019	Installment	07/06/2019	\$ 122.00
12/06/2018	12/06/2019	Installment	08/06/2019	\$ 122.00
12/06/2018	12/06/2019	Installment	09/06/2019	\$ 109.00
Total Future Installments				\$ 475.00

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

#### Change of Address

Policy No.: AXCP22036

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP22036  
GERASIMOS ANTONATOS  
T/A ANTONATOS GENERAL HOME IMPROVEMENTS  
73 FIRST AVE  
ATLANTIC HIGHLANDS, NJ 07716

**PRODUCER 149**

HUNT TRAINA KENNARD INSURANCE  
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLO  
656 SHREWSBURY AVENUE  
SUITE 200  
TINTON FALLS, NJ 07701  
(732) 747-6400

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
12/06/2018	12/06/2019	Amount is Past Due	03/06/2019	\$ 132.00
12/06/2018	12/06/2019	Renewal - Installment # 5	04/06/2019	\$ 132.00
12/06/2018	12/06/2019	Renewal - Installment # 6	05/06/2019	\$ 122.00
Total Installment Due				\$ 386.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 386.00**

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

*Thank you for your business*

Policy Number: AXCP22036

GERASIMOS ANTONATOS  
T/A ANTONATOS GENERAL HOME IMPROVEMENTS  
73 FIRST AVE  
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/06/2018	12/06/2019	Installment	06/06/2019	\$ 122.00
12/06/2018	12/06/2019	Installment	07/06/2019	\$ 122.00
12/06/2018	12/06/2019	Installment	08/06/2019	\$ 122.00
12/06/2018	12/06/2019	Installment	09/06/2019	\$ 109.00
Total Future Installments				\$ 475.00

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

#### Change of Address

Policy No.: AXCP22036

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP22154  
CHAROP, LLC  
C/O CHARLES ROPKA  
8 STEVENS DRIVE  
VOORHEES, NJ 08043

**PRODUCER 151**

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

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
01/12/2019	01/12/2020	Renewal - Installment # 2	04/12/2019 \$	282.00
Total Installment Due				\$ 282.00

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

Your total amount due is \$717.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 282.00**

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

*Thank you for your business*

Policy Number: AXCP22154

CHAROP, LLC  
C/O CHARLES ROPKA  
8 STEVENS DRIVE  
VOORHEES, NJ 08043

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/12/2019	01/12/2020	Installment	07/12/2019	\$ 272.00
01/12/2019	01/12/2020	Installment	10/12/2019	\$ 163.00
Total Future Installments				\$ 435.00

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

**Change of Address**

Policy No.: AXCP22154

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP22154  
CHAROP, LLC  
C/O CHARLES ROPKA  
8 STEVENS DRIVE  
VOORHEES, NJ 08043

**PRODUCER 151**

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

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
01/12/2019	01/12/2020	Renewal - Installment # 2	04/12/2019 \$	282.00
Total Installment Due				\$ 282.00

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

Your total amount due is \$717.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 282.00**

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

*Thank you for your business*

Policy Number: AXCP22154

CHAROP, LLC  
C/O CHARLES ROPKA  
8 STEVENS DRIVE  
VOORHEES, NJ 08043

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/12/2019	01/12/2020	Installment	07/12/2019	\$ 272.00
01/12/2019	01/12/2020	Installment	10/12/2019	\$ 163.00
Total Future Installments				\$ 435.00

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

**Change of Address**

Policy No.: AXCP22154

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB22156  
RELATED STILES LLC  
C/O KREVSky, SILBER & BERGEN  
123 NO UNION AVE SUITE 202  
CRANFORD, NJ 07016

**PRODUCER 229**

STANFORD AGENCY  
788 SHREWSBURY AVENUE  
SUITE 2225  
TINTON FALLS, NJ 07724  
(908) 241-1180

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Amount is Past Due	02/28/2019 \$	1,165.00
12/28/2018	12/28/2019	Renewal - Installment # 4	03/28/2019 \$	1,165.00
12/28/2018	12/28/2019	Renewal - Installment # 5	04/28/2019 \$	1,155.00
12/28/2018	12/28/2019	Renewal - Installment # 6	05/28/2019 \$	1,155.00
Total Installment Due				\$ 4,640.00

**Mortgagee Information**

SANTANDER BANK NA- INSURANCE DEPT  
MAIL STOP 10-6438-C08  
601 PENN STREET  
READING, PA 19601

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,640.00**

*Thank you for your business*

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

Policy Number: AXB22156

RELATED STILES LLC  
C/O KREVSky, SILBER & BERGEN  
123 NO UNION AVE SUITE 202  
CRANFORD, NJ 07016

03/18/2019 - Inv

**Mortgagee Information**

SANTANDER BANK NA- INSURANCE DEPT  
MAIL STOP 10-6438-C08  
601 PENN STREET  
READING, PA 19601

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Installment	06/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Installment	07/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Installment	08/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Installment	09/28/2019	\$ 1,026.00
Total Future Installments				\$ 4,491.00

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

#### Change of Address

Policy No.: AXB22156

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB22156  
RELATED STILES LLC  
C/O KREVSky, SILBER & BERGEN  
123 NO UNION AVE SUITE 202  
CRANFORD, NJ 07016

**PRODUCER 229**

STANFORD AGENCY  
788 SHREWSBURY AVENUE  
SUITE 2225  
TINTON FALLS, NJ 07724  
(908) 241-1180

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Amount is Past Due	02/28/2019	\$ 1,165.00
12/28/2018	12/28/2019	Renewal - Installment # 4	03/28/2019	\$ 1,165.00
12/28/2018	12/28/2019	Renewal - Installment # 5	04/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Renewal - Installment # 6	05/28/2019	\$ 1,155.00
Total Installment Due				\$ 4,640.00

**Mortgagee Information**

SANTANDER BANK NA- INSURANCE DEPT  
MAIL STOP 10-6438-C08  
601 PENN STREET  
READING, PA 19601

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](http://www.ggund.com/axis)**Pay This Amount: \$ 4,640.00***Thank you for your business*

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

Policy Number: AXB22156

RELATED STILES LLC  
C/O KREVSky, SILBER & BERGEN  
123 NO UNION AVE SUITE 202  
CRANFORD, NJ 07016

**Mortgagee Information**

SANTANDER BANK NA- INSURANCE DEPT  
MAIL STOP 10-6438-C08  
601 PENN STREET  
READING, PA 19601

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/28/2018	12/28/2019	Installment	06/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Installment	07/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Installment	08/28/2019	\$ 1,155.00
12/28/2018	12/28/2019	Installment	09/28/2019	\$ 1,026.00
Total Future Installments				\$ 4,491.00

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

#### Change of Address

Policy No.: AXB22156

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB22194  
FRANCIS LEWTHWAITE  
99 WEST CENTRAL AVENUE  
WHARTON, NJ 07885

**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
01/11/2019	01/11/2020	Renewal - Installment # 2	04/11/2019 \$	1,086.00
Total Installment Due				\$ 1,086.00

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

Your total amount due is \$2,162.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,086.00***Thank you for your business*

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

Policy Number: AXB22194

FRANCIS LEWTHWAITE  
99 WEST CENTRAL AVENUE  
WHARTON, NJ 07885

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	\$ 1,076.00
Total Future Installments				\$ 1,076.00

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

**Change of Address**

Policy No.: AXB22194

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB22194  
FRANCIS LEWTHWAITE  
99 WEST CENTRAL AVENUE  
WHARTON, NJ 07885

**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
01/11/2019	01/11/2020	Renewal - Installment # 2	04/11/2019 \$	1,086.00
Total Installment Due				\$ 1,086.00

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

Your total amount due is \$2,162.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,086.00**

*Thank you for your business*

Policy Number: AXB22194

FRANCIS LEWTHWAITE  
99 WEST CENTRAL AVENUE  
WHARTON, NJ 07885

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	\$ 1,076.00
Total Future Installments				\$ 1,076.00

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

**Change of Address**

Policy No.: AXB22194

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB22202  
NIDIA DAVILA-COLON  
338 SECOND STREET  
JERSEY CITY, NJ 07302

**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
01/05/2019	01/05/2020	Amount is Past Due	03/05/2019	\$ 762.00
01/05/2019	01/05/2020	Renewal - Installment # 4	04/05/2019	\$ 762.00
01/05/2019	01/05/2020	Renewal - Installment # 5	05/05/2019	\$ 752.00
Total Installment Due				\$ 2,276.00

**Mortgagee Information**

CAPITAL ONE NA  
ATTN CUSTOMER SERVICE, MORTGAGEE  
P O BOX 100595  
FLORENCE, SC 29502-0595  
LOAN NO.: 76038982

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,276.00**

*Thank you for your business*

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

Policy Number: AXB22202

NIDIA DAVILA-COLON  
338 SECOND STREET  
JERSEY CITY, NJ 07302

**Mortgagee Information**

CAPITAL ONE NA  
ATTN CUSTOMER SERVICE, MORTGAGEE  
P O BOX 100595  
FLORENCE, SC 29502-0595  
LOAN NO.: 76038982

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/05/2019	01/05/2020	Installment	06/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	07/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	08/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	09/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	10/05/2019	\$ 668.00
Total Future Installments				\$ 3,676.00

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

#### Change of Address

Policy No.: AXB22202

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB22202  
NIDIA DAVILA-COLON  
338 SECOND STREET  
JERSEY CITY, NJ 07302

**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
01/05/2019	01/05/2020	Amount is Past Due	03/05/2019	\$ 762.00
01/05/2019	01/05/2020	Renewal - Installment # 4	04/05/2019	\$ 762.00
01/05/2019	01/05/2020	Renewal - Installment # 5	05/05/2019	\$ 752.00
Total Installment Due				\$ 2,276.00

**Mortgagee Information**

CAPITAL ONE NA  
ATTN CUSTOMER SERVICE, MORTGAGEE  
P O BOX 100595  
FLORENCE, SC 29502-0595  
LOAN NO.: 76038982

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,276.00**

*Thank you for your business*

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

Policy Number: AXB22202

NIDIA DAVILA-COLON  
338 SECOND STREET  
JERSEY CITY, NJ 07302

**Mortgagee Information**

CAPITAL ONE NA  
ATTN CUSTOMER SERVICE, MORTGAGEE  
P O BOX 100595  
FLORENCE, SC 29502-0595  
LOAN NO.: 76038982

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/05/2019	01/05/2020	Installment	06/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	07/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	08/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	09/05/2019	\$ 752.00
01/05/2019	01/05/2020	Installment	10/05/2019	\$ 668.00
Total Future Installments				\$ 3,676.00

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

#### Change of Address

Policy No.: AXB22202

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXBR22238  
28 BARBECUE & RESTAURANT LLC  
T/A 28 BBQ  
303 WEST UNION AVENUE  
BOUND BROOK, NJ 08805

**PRODUCER 136**

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

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/21/2019	01/21/2020	Renewal - Installment # 2	04/21/2019 \$	872.00
Total Installment Due				\$ 872.00

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

Your total amount due is \$2,251.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 872.00***Thank you for your business*

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

Policy Number: AXBR22238

28 BARBECUE & RESTAURANT LLC  
T/A 28 BBQ  
303 WEST UNION AVENUE  
BOUND BROOK, NJ 08805

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/21/2019	01/21/2020	Installment	07/21/2019	\$ 862.00
01/21/2019	01/21/2020	Installment	10/21/2019	\$ 517.00
Total Future Installments				\$ 1,379.00

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

#### Change of Address

Policy No.: AXBR22238

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBR22238  
28 BARBECUE & RESTAURANT LLC  
T/A 28 BBQ  
303 WEST UNION AVENUE  
BOUND BROOK, NJ 08805

**PRODUCER 136**

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

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/21/2019	01/21/2020	Renewal - Installment # 2	04/21/2019 \$	872.00
Total Installment Due				\$ 872.00

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

Your total amount due is \$2,251.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 872.00**

*Thank you for your business*

Policy Number: AXBR22238

28 BARBECUE & RESTAURANT LLC  
T/A 28 BBQ  
303 WEST UNION AVENUE  
BOUND BROOK, NJ 08805

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/21/2019	01/21/2020	Installment	07/21/2019	\$ 862.00
01/21/2019	01/21/2020	Installment	10/21/2019	\$ 517.00
Total Future Installments				\$ 1,379.00

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

**Change of Address**

Policy No.: AXBR22238

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB22250  
PETER HARNOS  
302 HOOPER AVENUE  
TOMS RIVER, NJ 08753

**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
01/26/2019	01/26/2020	Renewal - Installment # 2	04/26/2019 \$	387.00
Total Installment Due				\$ 387.00

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

Your total amount due is \$990.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

OCEAN FIRST BANK  
975 HOOPER AVE., POB 2009  
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 387.00**

*Thank you for your business*

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

Policy Number: AXB22250

PETER HARNOS  
302 HOOPER AVENUE  
TOMS RIVER, NJ 08753

**Mortgagee Information**

OCEAN FIRST BANK  
975 HOOPER AVE., POB 2009  
TOMS RIVER, NJ 08754

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/26/2019	01/26/2020	Installment	07/26/2019	\$ 377.00
01/26/2019	01/26/2020	Installment	10/26/2019	\$ 226.00
Total Future Installments				\$ 603.00

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

#### Change of Address

Policy No.: AXB22250

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB22250  
PETER HARNOS  
302 HOOPER AVENUE  
TOMS RIVER, NJ 08753

**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
01/26/2019	01/26/2020	Renewal - Installment # 2	04/26/2019 \$	387.00
Total Installment Due				\$ 387.00

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

Your total amount due is \$990.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

OCEAN FIRST BANK  
975 HOOPER AVE., POB 2009  
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 387.00***Thank you for your business*

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

Policy Number: AXB22250

PETER HARNOS  
302 HOOPER AVENUE  
TOMS RIVER, NJ 08753

**Mortgagee Information**

OCEAN FIRST BANK  
975 HOOPER AVE., POB 2009  
TOMS RIVER, NJ 08754

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/26/2019	01/26/2020	Installment	07/26/2019	\$ 377.00
01/26/2019	01/26/2020	Installment	10/26/2019	\$ 226.00
Total Future Installments				\$ 603.00

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

**Change of Address**

Policy No.: AXB22250

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR22294  
JERSEY DEVIL COUNTRY CLUB INC D/B/A  
LINKS CLUB  
PO BOX 801  
CAPE MAY COURT HOUSE, NJ 08210

**PRODUCER 266**

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

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/04/2019	02/04/2020	Renewal - Installment # 2	05/04/2019 \$	1,124.00
Total Installment Due				\$ 1,124.00

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

Your total amount due is \$2,238.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,124.00**

*Thank you for your business*

Policy Number: AXBR22294

JERSEY DEVIL COUNTRY CLUB INC D/B/A  
LINKS CLUB  
PO BOX 801  
CAPE MAY COURT HOUSE, NJ 08210

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/04/2019	02/04/2020	Installment	08/04/2019	\$ 1,114.00
Total Future Installments				\$ 1,114.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBR22294  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR22294  
JERSEY DEVIL COUNTRY CLUB INC D/B/A  
LINKS CLUB  
PO BOX 801  
CAPE MAY COURT HOUSE, NJ 08210

**PRODUCER 266**

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

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/04/2019	02/04/2020	Renewal - Installment # 2	05/04/2019 \$	1,124.00
Total Installment Due				\$ 1,124.00

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

Your total amount due is \$2,238.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,124.00**

*Thank you for your business*

Policy Number: AXBR22294

JERSEY DEVIL COUNTRY CLUB INC D/B/A  
LINKS CLUB  
PO BOX 801  
CAPE MAY COURT HOUSE, NJ 08210

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/04/2019	02/04/2020	Installment	08/04/2019	\$ 1,114.00
Total Future Installments				\$ 1,114.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXBR22294  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP22358  
ANDREW KOVACS LLC  
D/B/A EUROLINE CARPENTRY  
404 MOORE ROAD  
NEPTUNE, NJ 07753

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

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
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	279.00
Total Installment Due				\$ 279.00

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

Your total amount due is \$709.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 279.00***Thank you for your business*

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

Policy Number: AXCP22358

ANDREW KOVACS LLC  
D/B/A EUROLINE CARPENTRY  
404 MOORE ROAD  
NEPTUNE, NJ 07753

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	\$ 269.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 161.00
Total Future Installments				\$ 430.00

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

**Change of Address**

Policy No.: AXCP22358

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP22358  
ANDREW KOVACS LLC  
D/B/A EUROLINE CARPENTRY  
404 MOORE ROAD  
NEPTUNE, NJ 07753

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

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
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	279.00
Total Installment Due				\$ 279.00

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

Your total amount due is \$709.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 279.00**

*Thank you for your business*

Policy Number: AXCP22358

ANDREW KOVACS LLC  
D/B/A EUROLINE CARPENTRY  
404 MOORE ROAD  
NEPTUNE, NJ 07753

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	\$ 269.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 161.00
Total Future Installments				\$ 430.00

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

**Change of Address**

Policy No.: AXCP22358

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP22511  
SEVEN LAKES CONSTRUCTION  
LLC  
85 TILT STREET  
HALEDON, NJ 07508

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	356.00
Total Installment Due				\$ 356.00

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

Your total amount due is \$910.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 356.00***Thank you for your business*

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

Policy Number: AXCP22511

SEVEN LAKES CONSTRUCTION  
LLC  
85 TILT STREET  
HALEDON, NJ 07508

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	\$ 346.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 208.00
Total Future Installments				\$ 554.00

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

**Change of Address**

Policy No.: AXCP22511

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP22511  
SEVEN LAKES CONSTRUCTION  
LLC  
85 TILT STREET  
HALEDON, NJ 07508

**PRODUCER 146**

HANSON & RYAN INC  
PO BOX 347  
87 LACKAWANNA AVENUE  
TOTOWA, NJ 07511  
(973) 256-6000

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
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	356.00
Total Installment Due				\$ 356.00

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

Your total amount due is \$910.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 356.00**

*Thank you for your business*

Policy Number: AXCP22511

SEVEN LAKES CONSTRUCTION  
LLC  
85 TILT STREET  
HALEDON, NJ 07508

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	\$ 346.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 208.00
Total Future Installments				\$ 554.00

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

**Change of Address**

Policy No.: AXCP22511

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**  
AXB22606  
RIGHTHAND FAMILY HOLDINGS LLC  
691 PALISADES AVENUE  
CLIFFSIDE PARK, NJ 07010

**PRODUCER 132**  
D & G SAYLES INSURANCE SERVICES  
899 LINCOLN AVENUE  
GLEN ROCK, NJ 07452  
(201) 652-0407

Policy Type:  
BUSINESSOWNERS

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	\$ 904.00
03/15/2019	03/15/2020	Renewal - Installment # 2	04/15/2019	\$ 397.00
03/15/2019	03/15/2020	Renewal - Installment # 3	05/15/2019	\$ 387.00
Total Installment Due				\$ 1,688.00

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

Your total amount due is \$4,355.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

TD BANK NORTH NA  
1000 MACARTHUR BOULEVARD  
MAHWAH, NJ 07430

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,688.00**

*Thank you for your business*

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

Policy Number: AXB22606

RIGHTHAND FAMILY HOLDINGS LLC  
691 PALISADES AVENUE  
CLIFFSIDE PARK, NJ 07010

**Mortgagee Information**

TD BANK NORTH NA  
1000 MACARTHUR BOULEVARD  
MAHWAH, NJ 07430

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/15/2019	03/15/2020	Installment	06/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	07/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	09/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	10/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	11/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	12/15/2019	\$ 345.00

Total Future Installments \$ 2,667.00

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

#### Change of Address

Policy No.: AXB22606

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB22606  
RIGHTHAND FAMILY HOLDINGS LLC  
691 PALISADES AVENUE  
CLIFFSIDE PARK, NJ 07010

**PRODUCER 132**

D & G SAYLES INSURANCE SERVICES  
899 LINCOLN AVENUE  
GLEN ROCK, NJ 07452  
(201) 652-0407

Policy Type:

BUSINESSOWNERS

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	\$ 904.00
03/15/2019	03/15/2020	Renewal - Installment # 2	04/15/2019	\$ 397.00
03/15/2019	03/15/2020	Renewal - Installment # 3	05/15/2019	\$ 387.00
Total Installment Due				\$ 1,688.00

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

Your total amount due is \$4,355.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

TD BANK NORTH NA  
1000 MACARTHUR BOULEVARD  
MAHWAH, NJ 07430

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,688.00**

*Thank you for your business*

Policy Number: AXB22606

**Mortgagee Information**

TD BANK NORTH NA  
1000 MACARTHUR BOULEVARD  
MAHWAH, NJ 07430

RIGHTHAND FAMILY HOLDINGS LLC  
691 PALISADES AVENUE  
CLIFFSIDE PARK, NJ 07010

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	\$ 387.00
03/15/2019	03/15/2020	Installment	07/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	08/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	09/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	10/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	11/15/2019	\$ 387.00
03/15/2019	03/15/2020	Installment	12/15/2019	\$ 345.00

Total Future Installments \$ 2,667.00

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

#### Change of Address

Policy No.: AXB22606

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB22775  
SY AND PAT BAGEL CO INC &  
TRIPLE J BAGELS LLC  
210 SOUTH AVE W  
WESTFIELD, NJ 07090

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/30/2019	03/30/2020	Renewal - Installment # 2	04/30/2019 \$	758.00
03/30/2019	03/30/2020	Renewal - Installment # 3	05/30/2019 \$	748.00
Total Installment Due				\$ 1,506.00

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

Your total amount due is \$8,387.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,506.00***Thank you for your business*

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

Policy Number: AXB22775

SY AND PAT BAGEL CO INC &  
TRIPLE J BAGELS LLC  
210 SOUTH AVE W  
WESTFIELD, NJ 07090

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/30/2019	03/30/2020	Installment	06/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	07/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	08/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	09/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	10/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	11/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	12/30/2019	\$ 665.00

Total Future Installments \$ 5,153.00

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

#### Change of Address

Policy No.: AXB22775

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB22775  
SY AND PAT BAGEL CO INC &  
TRIPLE J BAGELS LLC  
210 SOUTH AVE W  
WESTFIELD, NJ 07090

**PRODUCER 268**

ALLIANCE BROKERAGE FIRM  
JOHN MANCINI  
PO BOX 57  
WESTFIELD, NJ 07091  
(908) 447-4517

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/30/2019	03/30/2020	Renewal - Installment # 2	04/30/2019 \$	758.00
03/30/2019	03/30/2020	Renewal - Installment # 3	05/30/2019 \$	748.00
Total Installment Due				\$ 1,506.00

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

Your total amount due is \$8,387.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,506.00**

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

*Thank you for your business*

Policy Number: AXB22775

SY AND PAT BAGEL CO INC &  
TRIPLE J BAGELS LLC  
210 SOUTH AVE W  
WESTFIELD, NJ 07090

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/30/2019	03/30/2020	Installment	06/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	07/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	08/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	09/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	10/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	11/30/2019	\$ 748.00
03/30/2019	03/30/2020	Installment	12/30/2019	\$ 665.00

Total Future Installments \$ 5,153.00

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

#### Change of Address

Policy No.: AXB22775

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM23052  
HAROLD BOBROW  
D/B/A HBRE REALTY  
PO BOX 310  
MAPLEWOOD, NJ 07040

**PRODUCER 201**

SCHECHNER LIFSON CORPORATION  
4 CHATHAM ROAD  
SUMMIT, NJ 07901  
(908) 598-7800

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
07/04/2018	07/04/2019	Renewal - Installment # 10	04/04/2019 \$	3,616.00
Total Installment Due				\$ 3,616.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 3,616.00**

*Thank you for your business*

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

Policy Number: AXCM23052

HAROLD BOBROW  
D/B/A HBRE REALTY  
PO BOX 310  
MAPLEWOOD, NJ 07040

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM23052

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23052  
HAROLD BOBROW  
D/B/A HBRE REALTY  
PO BOX 310  
MAPLEWOOD, NJ 07040

**PRODUCER 201**

SCHECHNER LIFSON CORPORATION  
4 CHATHAM ROAD  
SUMMIT, NJ 07901  
(908) 598-7800

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
07/04/2018	07/04/2019	Renewal - Installment # 10	04/04/2019 \$	3,616.00
Total Installment Due				\$ 3,616.00

**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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,616.00**

*Thank you for your business*

Policy Number: AXCM23052

HAROLD BOBROW  
D/B/A HBRE REALTY  
PO BOX 310  
MAPLEWOOD, NJ 07040

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM23052

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM23053  
LTH, INC  
C/O MICHAEL LANG  
205 DENSTEN ROAD  
SEWELL, NJ 08080

**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
07/01/2018	07/01/2019	Renewal - Installment # 4	04/01/2019	\$ 441.00
Total Installment Due				\$ 441.00

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

**Mortgagee Information**

CARRINGTON MORTGAGE SERVICES LLC  
PO BOX 692408  
SAN ANTONIO, TX 78269

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 441.00***Thank you for your business*

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

Policy Number: AXCM23053

LTH, INC  
C/O MICHAEL LANG  
205 DENSTEN ROAD  
SEWELL, NJ 08080

03/18/2019 - Inv

**Mortgagee Information**

CARRINGTON MORTGAGE SERVICES LLC  
PO BOX 692408  
SAN ANTONIO, TX 78269

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.: AXCM23053

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23053  
LTH, INC  
C/O MICHAEL LANG  
205 DENSTEN ROAD  
SEWELL, NJ 08080

**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
07/01/2018	07/01/2019	Renewal - Installment # 4	04/01/2019 \$	441.00
Total Installment Due				\$ 441.00

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

**Mortgagee Information**

CARRINGTON MORTGAGE SERVICES LLC  
PO BOX 692408  
SAN ANTONIO, TX 78269

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 441.00**

*Thank you for your business*

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

Policy Number: AXCM23053

LTH, INC  
C/O MICHAEL LANG  
205 DENSTEN ROAD  
SEWELL, NJ 08080

03/18/2019 - Inv

**Mortgagee Information**

CARRINGTON MORTGAGE SERVICES LLC  
PO BOX 692408  
SAN ANTONIO, TX 78269

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM23053

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM23060  
TP&S PROPERTIES LLC  
PO BOX 360  
KEYPORT, NJ 07735

**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 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	\$ 737.00
Total Installment Due				\$ 737.00

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

**Mortgagee Information**

SOMERSET HILLS BANK  
155 MORRISTOWN ROAD  
BERNARDSVILLE, NJ 07924  
LOAN NO.: 908509210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 737.00***Thank you for your business*

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

Policy Number: AXCM23060

TP&S PROPERTIES LLC  
PO BOX 360  
KEYPORT, NJ 07735

**Mortgagee Information**

SOMERSET HILLS BANK  
155 MORRISTOWN ROAD  
BERNARDSVILLE, NJ 07924  
LOAN NO.: 908509210

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCM23060

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23060  
TP&S PROPERTIES LLC  
PO BOX 360  
KEYPORT, NJ 07735

**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 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	\$ 737.00
Total Installment Due				\$ 737.00

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

**Mortgagee Information**

SOMERSET HILLS BANK  
155 MORRISTOWN ROAD  
BERNARDSVILLE, NJ 07924  
LOAN NO.: 908509210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 737.00**

*Thank you for your business*

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

Policy Number: AXCM23060

TP&S PROPERTIES LLC  
PO BOX 360  
KEYPORT, NJ 07735

**Mortgagee Information**

SOMERSET HILLS BANK  
155 MORRISTOWN ROAD  
BERNARDSVILLE, NJ 07924  
LOAN NO.: 908509210

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.: AXCM23060

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXGL23064  
STOCKTON ENTERPRISES INC,  
GROETSCH REAL ESTATE PTR &  
GROETSCH PTR II LLC T/A STOCKTON INNS  
809 BEACH DRIVE  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/01/2018	07/01/2019	Renewal - Installment # 10	04/01/2019 \$	579.00
Total Installment Due				\$ 579.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 579.00***Thank you for your business*

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

Policy Number: AXGL23064

STOCKTON ENTERPRISES INC,  
GROETSCH REAL ESTATE PTR &  
GROETSCH PTR II LLC T/A STOCKTON INNS  
809 BEACH DRIVE  
CAPE MAY, NJ 08204

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.: AXGL23064

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL23064  
STOCKTON ENTERPRISES INC,  
GROETSCH REAL ESTATE PTR &  
GROETSCH PTR II LLC T/A STOCKTON INNS  
809 BEACH DRIVE  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/01/2018	07/01/2019	Renewal - Installment # 10	04/01/2019 \$	579.00
Total Installment Due				\$ 579.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 579.00**

*Thank you for your business*

Policy Number: AXGL23064

STOCKTON ENTERPRISES INC,  
GROETSCH REAL ESTATE PTR &  
GROETSCH PTR II LLC T/A STOCKTON INNS  
809 BEACH DRIVE  
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

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

Change of Address

Policy No.: AXGL23064

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM23118  
OXFORD 3 FAMILY, LLC  
76 GREENDELL ROAD  
NEWTON, NJ 07860

**PRODUCER 277**

BROWN & BROWN METRO  
2000 MIDLANTIC DRIVE  
SUITE 440  
MOUNT LAUREL, NJ 08054  
(856) 558-6330

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
10/14/2018	10/14/2019	Renewal - Installment # 3	04/14/2019 \$	369.00
Total Installment Due				\$ 369.00

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

Your total amount due is \$783.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 369.00***Thank you for your business*

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

Policy Number: AXCM23118

OXFORD 3 FAMILY, LLC  
76 GREENDELL ROAD  
NEWTON, NJ 07860

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/14/2018	10/14/2019	Installment	07/14/2019	\$ 414.00
Total Future Installments				\$ 414.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM23118  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23118  
OXFORD 3 FAMILY, LLC  
76 GREENDELL ROAD  
NEWTON, NJ 07860

**PRODUCER 277**

BROWN & BROWN METRO  
2000 MIDLANTIC DRIVE  
SUITE 440  
MOUNT LAUREL, NJ 08054  
(856) 558-6330

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
10/14/2018	10/14/2019	Renewal - Installment # 3	04/14/2019 \$	369.00
Total Installment Due				\$ 369.00

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

Your total amount due is \$783.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 369.00**

*Thank you for your business*

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

Policy Number: AXCM23118

OXFORD 3 FAMILY, LLC  
76 GREENDELL ROAD  
NEWTON, NJ 07860

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/14/2018	10/14/2019	Installment	07/14/2019	\$ 414.00
Total Future Installments				\$ 414.00

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

**Change of Address**

Policy No.: AXCM23118

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM23121  
PETER ENTERPRISES II, LLC  
209-211 HARRISON AVENUE LLC  
232 LINCOLN AVENUE LLC  
139 DOREMUS AVENUE  
RIDGEWOOD, NJ 07450

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

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
10/22/2018	10/22/2019	Renewal - Installment # 3	04/22/2019 \$	3,801.00
Total Installment Due				\$ 3,801.00

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

Your total amount due is \$6,077.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,801.00**

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

*Thank you for your business*

Policy Number: AXCM23121

PETER ENTERPRISES II, LLC  
209-211 HARRISON AVENUE LLC  
232 LINCOLN AVENUE LLC  
139 DOREMUS AVENUE  
RIDGEWOOD, NJ 07450

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/22/2018	10/22/2019	Installment	07/22/2019	\$ 2,276.00
Total Future Installments				\$ 2,276.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM23121  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23121  
PETER ENTERPRISES II, LLC  
209-211 HARRISON AVENUE LLC  
232 LINCOLN AVENUE LLC  
139 DOREMUS AVENUE  
RIDGEWOOD, NJ 07450

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

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
10/22/2018	10/22/2019	Renewal - Installment # 3	04/22/2019 \$	3,801.00
Total Installment Due				\$ 3,801.00

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

Your total amount due is \$6,077.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,801.00**

*Thank you for your business*

Policy Number: AXCM23121

PETER ENTERPRISES II, LLC  
209-211 HARRISON AVENUE LLC  
232 LINCOLN AVENUE LLC  
139 DOREMUS AVENUE  
RIDGEWOOD, NJ 07450

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/22/2018	10/22/2019	Installment	07/22/2019	\$ 2,276.00
Total Future Installments				\$ 2,276.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM23121  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM23126  
DAVID DIAMOND  
& ROCK KEY LLC  
ROCK ROCK LLC  
PO BOX 181  
MEDFORD, NJ 08055

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

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
10/05/2018	10/05/2019	Renewal - Installment # 3	04/05/2019 \$	2,769.00
Total Installment Due				\$ 2,769.00

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

Your total amount due is \$4,425.00  
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  
PO BOX 100564  
FLORENCE, SC 29502  
LOAN NO.: 0045473071

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,769.00**

*Thank you for your business*

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

Policy Number: AXCM23126

DAVID DIAMOND  
& ROCK KEY LLC  
ROCK ROCK LLC  
PO BOX 181  
MEDFORD, NJ 08055

03/18/2019 - Inv

**Mortgagee Information**

JP MORGAN CHASE BANK NA  
PO BOX 100564  
FLORENCE, SC 29502  
LOAN NO.: 0045473071

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/05/2018	10/05/2019	Installment	07/05/2019	\$ 1,656.00
Total Future Installments				\$ 1,656.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM23126  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23126  
DAVID DIAMOND  
& ROCK KEY LLC  
ROCK ROCK LLC  
PO BOX 181  
MEDFORD, NJ 08055

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

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
10/05/2018	10/05/2019	Renewal - Installment # 3	04/05/2019 \$	2,769.00
Total Installment Due				\$ 2,769.00

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

Your total amount due is \$4,425.00  
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  
PO BOX 100564  
FLORENCE, SC 29502  
LOAN NO.: 0045473071

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,769.00**

*Thank you for your business*

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

Policy Number: AXCM23126

DAVID DIAMOND  
& ROCK KEY LLC  
ROCK ROCK LLC  
PO BOX 181  
MEDFORD, NJ 08055

03/18/2019 - Inv

**Mortgagee Information**

JP MORGAN CHASE BANK NA  
PO BOX 100564  
FLORENCE, SC 29502  
LOAN NO.: 0045473071

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/05/2018	10/05/2019	Installment	07/05/2019	\$ 1,656.00
Total Future Installments				\$ 1,656.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCM23126  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM23139  
DON'S UPHOLSTRY & REFINISHING, INC.  
92 REED AVENUE  
TRENTON, NJ 08610

**PRODUCER 200**

SYPEK & SANDFORD  
250 PHILLIPS BOULEVARD  
SUITE 270  
EWING, NJ 08618  
(609) 896-7000

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
11/14/2018	11/14/2019	Renewal - Installment # 3	05/14/2019 \$	525.00
Total Installment Due				\$ 525.00

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

Your total amount due is \$833.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 525.00***Thank you for your business*

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

Policy Number: AXCM23139

DON'S UPHOLSTRY & REFINISHING, INC.  
92 REED AVENUE  
TRENTON, NJ 08610

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/14/2018	11/14/2019	Installment	08/14/2019	\$ 308.00
Total Future Installments				\$ 308.00

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

**Change of Address**

Policy No.: AXCM23139

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23139  
DON'S UPHOLSTRY & REFINISHING, INC.  
92 REED AVENUE  
TRENTON, NJ 08610

**PRODUCER 200**

SYPEK & SANDFORD  
250 PHILLIPS BOULEVARD  
SUITE 270  
EWING, NJ 08618  
(609) 896-7000

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
11/14/2018	11/14/2019	Renewal - Installment # 3	05/14/2019 \$	525.00
Total Installment Due				\$ 525.00

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

Your total amount due is \$833.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 525.00**

*Thank you for your business*

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

Policy Number: AXCM23139

DON'S UPHOLSTRY & REFINISHING, INC.  
92 REED AVENUE  
TRENTON, NJ 08610

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/14/2018	11/14/2019	Installment	08/14/2019	\$ 308.00
Total Future Installments				\$ 308.00

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

**Change of Address**

Policy No.: AXCM23139

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM23177  
TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
12/06/2018	12/06/2019	Amount is Past Due	03/06/2019	\$ 908.00
12/06/2018	12/06/2019	Renewal - Installment # 5	04/06/2019	\$ 908.00
12/06/2018	12/06/2019	Renewal - Installment # 6	05/06/2019	\$ 898.00
Total Installment Due				\$ 2,714.00

**Mortgagee Information**

NATIONSTAR MORTGAGEE LLC  
PO BOX 7729  
SPRINGFIELD, OH 45501-7729

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,714.00**

*Thank you for your business*

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

Policy Number: AXCM23177

**Mortgagee Information**

NATIONSTAR MORTGAGEE LLC  
PO BOX 7729  
SPRINGFIELD, OH 45501-7729

TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/06/2018	12/06/2019	Installment	06/06/2019	\$ 898.00
12/06/2018	12/06/2019	Installment	07/06/2019	\$ 898.00
12/06/2018	12/06/2019	Installment	08/06/2019	\$ 898.00
12/06/2018	12/06/2019	Installment	09/06/2019	\$ 800.00
Total Future Installments				\$ 3,494.00

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

**Change of Address**

Policy No.: AXCM23177

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23177  
TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
12/06/2018	12/06/2019	Amount is Past Due	03/06/2019	\$ 908.00
12/06/2018	12/06/2019	Renewal - Installment # 5	04/06/2019	\$ 908.00
12/06/2018	12/06/2019	Renewal - Installment # 6	05/06/2019	\$ 898.00
Total Installment Due				\$ 2,714.00

**Mortgagee Information**

NATIONSTAR MORTGAGEE LLC  
PO BOX 7729  
SPRINGFIELD, OH 45501-7729

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,714.00**

*Thank you for your business*

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

Policy Number: AXCM23177

**Mortgagee Information**

NATIONSTAR MORTGAGEE LLC  
PO BOX 7729  
SPRINGFIELD, OH 45501-7729

TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/06/2018	12/06/2019	Installment	06/06/2019	\$ 898.00
12/06/2018	12/06/2019	Installment	07/06/2019	\$ 898.00
12/06/2018	12/06/2019	Installment	08/06/2019	\$ 898.00
12/06/2018	12/06/2019	Installment	09/06/2019	\$ 800.00
Total Future Installments				\$ 3,494.00

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

**Change of Address**

Policy No.: AXCM23177

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM23190  
THE CRAB TRAP  
CRAB TRAP LTD  
LRH PARTNERS, LLC  
2 BROADWAY  
SOMERS POINT, NJ 08244

**PRODUCER 709**

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

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
01/31/2019	01/31/2020	Renewal - Installment # 3	03/30/2019 \$	6,111.00
01/31/2019	01/31/2020	Renewal - Installment # 4	04/30/2019 \$	6,101.00
01/31/2019	01/31/2020	Renewal - Installment # 5	05/30/2019 \$	6,101.00
Total Installment Due				\$ 18,313.00

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

Your total amount due is \$48,141.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 18,313.00**

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

*Thank you for your business*

Policy Number: AXCM23190

THE CRAB TRAP  
CRAB TRAP LTD  
LRH PARTNERS, LLC  
2 BROADWAY  
SOMERS POINT, NJ 08244

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	06/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	07/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	08/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	09/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	10/30/2019	\$ 5,424.00
Total Future Installments				\$ 29,828.00

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

#### Change of Address

Policy No.: AXCM23190

Your New Address is:

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---

Phone No.: 

---

# INVOICE

Home Office Copy

**Insured**

AXCM23190  
THE CRAB TRAP  
CRAB TRAP LTD  
LRH PARTNERS, LLC  
2 BROADWAY  
SOMERS POINT, NJ 08244

**PRODUCER 709**

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

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
01/31/2019	01/31/2020	Renewal - Installment # 3	03/30/2019 \$	6,111.00
01/31/2019	01/31/2020	Renewal - Installment # 4	04/30/2019 \$	6,101.00
01/31/2019	01/31/2020	Renewal - Installment # 5	05/30/2019 \$	6,101.00
Total Installment Due				\$ 18,313.00

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

Your total amount due is \$48,141.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 18,313.00**

*Thank you for your business*

Policy Number: AXCM23190

THE CRAB TRAP  
CRAB TRAP LTD  
LRH PARTNERS, LLC  
2 BROADWAY  
SOMERS POINT, NJ 08244

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	06/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	07/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	08/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	09/30/2019	\$ 6,101.00
01/31/2019	01/31/2020	Installment	10/30/2019	\$ 5,424.00
Total Future Installments				\$ 29,828.00

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

#### Change of Address

Policy No.: AXCM23190

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM23205  
GROVELAND MANOR APARTMENTS, LLC  
C/O IRA & SHARI TROCKI  
P.O. BOX 689  
NORTHFIELD, NJ 08225

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Amount is Past Due	02/28/2019	\$ 7,230.00
02/28/2019	02/28/2020	Renewal - Installment # 2	03/31/2019	\$ 3,162.00
02/28/2019	02/28/2020	Renewal - Installment # 3	04/30/2019	\$ 3,152.00
02/28/2019	02/28/2020	Renewal - Installment # 4	05/31/2019	\$ 3,152.00
Total Installment Due				\$ 16,696.00

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

Your total amount due is \$35,258.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

STURDY SAVING BANK  
COMMERCIAL LENDING DIVISION  
506 S MAIN ST  
CAPE MAY COURTHOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 16,696.00***Thank you for your business*

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

Policy Number: AXCM23205

GROVELAND MANOR APARTMENTS, LLC  
C/O IRA & SHARI TROCKI  
P.O. BOX 689  
NORTHFIELD, NJ 08225

**Mortgagee Information**

STURDY SAVING BANK  
COMMERCIAL LENDING DIVISION  
506 S MAIN ST  
CAPE MAY COURTHOUSE, NJ 08210

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	06/30/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	07/31/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	09/30/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	10/31/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 2,802.00
Total Future Installments				\$ 18,562.00

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

#### Change of Address

Policy No.: AXCM23205

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM23205  
GROVELAND MANOR APARTMENTS, LLC  
C/O IRA & SHARI TROCKI  
P.O. BOX 689  
NORTHFIELD, NJ 08225

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Amount is Past Due	02/28/2019	\$ 7,230.00
02/28/2019	02/28/2020	Renewal - Installment # 2	03/31/2019	\$ 3,162.00
02/28/2019	02/28/2020	Renewal - Installment # 3	04/30/2019	\$ 3,152.00
02/28/2019	02/28/2020	Renewal - Installment # 4	05/31/2019	\$ 3,152.00
Total Installment Due				\$ 16,696.00

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

Your total amount due is \$35,258.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

STURDY SAVING BANK  
COMMERCIAL LENDING DIVISION  
506 S MAIN ST  
CAPE MAY COURTHOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 16,696.00**

*Thank you for your business*

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

Policy Number: AXCM23205

GROVELAND MANOR APARTMENTS, LLC  
C/O IRA & SHARI TROCKI  
P.O. BOX 689  
NORTHFIELD, NJ 08225

**Mortgagee Information**

STURDY SAVING BANK  
COMMERCIAL LENDING DIVISION  
506 S MAIN ST  
CAPE MAY COURTHOUSE, NJ 08210

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	06/30/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	07/31/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	08/31/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	09/30/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	10/31/2019	\$ 3,152.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 2,802.00
Total Future Installments				\$ 18,562.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCM23205

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCF23219  
CENTRAL AVENUE APARTMENTS LLC  
C/O JULIAN VEGAS  
634 FAIRVIEW AVENUE  
HAMMONTON, NJ 08037

**PRODUCER 754**

M L RUBERTON AGENCY  
401 12TH STREET  
HAMMONTON, NJ 08037  
(609) 561-1200

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/03/2019	03/03/2020	Amount is Past Due	03/03/2019	\$ 1,520.00
03/03/2019	03/03/2020	Renewal - Installment # 2	04/03/2019	\$ 668.00
03/03/2019	03/03/2020	Renewal - Installment # 3	05/03/2019	\$ 658.00
Total Installment Due				\$ 2,846.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$7,380.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

OCEAN CITY HOME BANK  
PO BOX 388  
LINWOOD, NJ 08221

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,846.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF23219

**Mortgagee Information**

OCEAN CITY HOME BANK  
PO BOX 388  
LINWOOD, NJ 08221

CENTRAL AVENUE APARTMENTS LLC  
C/O JULIAN VEGAS  
634 FAIRVIEW AVENUE  
HAMMONTON, NJ 08037

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/03/2019	03/03/2020	Installment	06/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	07/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	08/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	09/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	10/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	11/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	12/03/2019	\$ 586.00

Total Future Installments \$ 4,534.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCF23219

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCF23219  
CENTRAL AVENUE APARTMENTS LLC  
C/O JULIAN VEGAS  
634 FAIRVIEW AVENUE  
HAMMONTON, NJ 08037

**PRODUCER 754**

M L RUBERTON AGENCY  
401 12TH STREET  
HAMMONTON, NJ 08037  
(609) 561-1200

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/03/2019	03/03/2020	Amount is Past Due	03/03/2019	\$ 1,520.00
03/03/2019	03/03/2020	Renewal - Installment # 2	04/03/2019	\$ 668.00
03/03/2019	03/03/2020	Renewal - Installment # 3	05/03/2019	\$ 658.00
Total Installment Due				\$ 2,846.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$7,380.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

OCEAN CITY HOME BANK  
PO BOX 388  
LINWOOD, NJ 08221

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,846.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF23219

CENTRAL AVENUE APARTMENTS LLC  
C/O JULIAN VEGAS  
634 FAIRVIEW AVENUE  
HAMMONTON, NJ 08037

**Mortgagee Information**

OCEAN CITY HOME BANK  
PO BOX 388  
LINWOOD, NJ 08221

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/03/2019	03/03/2020	Installment	06/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	07/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	08/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	09/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	10/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	11/03/2019	\$ 658.00
03/03/2019	03/03/2020	Installment	12/03/2019	\$ 586.00

Total Future Installments \$ 4,534.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCF23219

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM23230  
DWORKIN REAL ESTATE LLC  
153 VALLEY ROAD, 2ND FLOOR  
MONTCLAIR, NJ 07042

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

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
03/14/2019	03/14/2020	Amount is Past Due	03/14/2019	\$ 2,103.00
03/14/2019	03/14/2020	Renewal - Installment # 2	04/14/2019	\$ 928.00
03/14/2019	03/14/2020	Renewal - Installment # 3	05/14/2019	\$ 918.00
Total Installment Due				\$ 3,949.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$10,272.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

MAGYAR BANK  
P.O. BOX 1365  
NEW BRUNSWICK, NJ 08901

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,949.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCM23230

DWORKIN REAL ESTATE LLC  
153 VALLEY ROAD, 2ND FLOOR  
MONTCLAIR, NJ 07042

**Mortgagee Information**

MAGYAR BANK  
P.O. BOX 1365  
NEW BRUNSWICK, NJ 08901

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/14/2019	03/14/2020	Installment	06/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	07/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	08/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	09/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	10/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	11/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	12/14/2019	\$ 815.00

Total Future Installments \$ 6,323.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCM23230

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM23230  
DWORKIN REAL ESTATE LLC  
153 VALLEY ROAD, 2ND FLOOR  
MONTCLAIR, NJ 07042

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

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
03/14/2019	03/14/2020	Amount is Past Due	03/14/2019	\$ 2,103.00
03/14/2019	03/14/2020	Renewal - Installment # 2	04/14/2019	\$ 928.00
03/14/2019	03/14/2020	Renewal - Installment # 3	05/14/2019	\$ 918.00
Total Installment Due				\$ 3,949.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$10,272.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

MAGYAR BANK  
P.O. BOX 1365  
NEW BRUNSWICK, NJ 08901

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,949.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCM23230

DWORKIN REAL ESTATE LLC  
153 VALLEY ROAD, 2ND FLOOR  
MONTCLAIR, NJ 07042

**Mortgagee Information**

MAGYAR BANK  
P.O. BOX 1365  
NEW BRUNSWICK, NJ 08901

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/14/2019	03/14/2020	Installment	06/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	07/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	08/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	09/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	10/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	11/14/2019	\$ 918.00
03/14/2019	03/14/2020	Installment	12/14/2019	\$ 815.00

Total Future Installments \$ 6,323.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCM23230

Your New Address is:

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---

Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM23238  
JODAN ARMS CONDO ASSOCIATION  
C/O GEM PROPERTY MANAGEMENT  
PO BOX 145  
TOTOWA, NJ 07512

**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
03/11/2019	03/11/2020	Amount is Past Due	03/11/2019 \$	2,299.00
03/11/2019	03/11/2020	Renewal - Installment # 2	04/11/2019 \$	1,008.00
03/11/2019	03/11/2020	Renewal - Installment # 3	05/11/2019 \$	998.00
Total Installment Due				\$ 4,305.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$11,181.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,305.00**

*Thank you for your business*

Policy Number: AXCM23238

JODAN ARMS CONDO ASSOCIATION  
C/O GEM PROPERTY MANAGEMENT  
PO BOX 145  
TOTOWA, NJ 07512

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/11/2019	03/11/2020	Installment	06/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	07/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	08/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	09/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	10/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	11/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	12/11/2019	\$ 888.00

Total Future Installments \$ 6,876.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCM23238

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCM23238  
JODAN ARMS CONDO ASSOCIATION  
C/O GEM PROPERTY MANAGEMENT  
PO BOX 145  
TOTOWA, NJ 07512

**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
03/11/2019	03/11/2020	Amount is Past Due	03/11/2019 \$	2,299.00
03/11/2019	03/11/2020	Renewal - Installment # 2	04/11/2019 \$	1,008.00
03/11/2019	03/11/2020	Renewal - Installment # 3	05/11/2019 \$	998.00
Total Installment Due				\$ 4,305.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$11,181.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 4,305.00**

*Thank you for your business*

Policy Number: AXCM23238

JODAN ARMS CONDO ASSOCIATION  
C/O GEM PROPERTY MANAGEMENT  
PO BOX 145  
TOTOWA, NJ 07512

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/11/2019	03/11/2020	Installment	06/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	07/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	08/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	09/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	10/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	11/11/2019	\$ 998.00
03/11/2019	03/11/2020	Installment	12/11/2019	\$ 888.00

Total Future Installments \$ 6,876.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCM23238

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCM23298  
PEREL PROPERTIES, ALDINE  
INVESTMENTS LLC, DARBY  
ENTERPRISES LLC,  
PO BOX 512  
UNION, NJ 07083

**PRODUCER 106**

LOUIS BECKERMAN & COMPANY  
430 LAKE AVENUE  
COLONIA, NJ 07067  
(732) 499-9200

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
06/30/2018	06/30/2019	Renewal - Installment # 10	03/31/2019 \$	3,344.00
Total Installment Due				\$ 3,344.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,344.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCM23298

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

PEREL PROPERTIES, ALDINE  
INVESTMENTS LLC, DARBY  
ENTERPRISES LLC,  
PO BOX 512  
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23298

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM23298  
PEREL PROPERTIES, ALDINE  
INVESTMENTS LLC, DARBY  
ENTERPRISES LLC,  
PO BOX 512  
UNION, NJ 07083

**PRODUCER 106**

LOUIS BECKERMAN & COMPANY  
430 LAKE AVENUE  
COLONIA, NJ 07067  
(732) 499-9200

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
06/30/2018	06/30/2019	Renewal - Installment # 10	03/31/2019 \$	3,344.00
Total Installment Due				\$ 3,344.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,344.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCM23298

**Mortgagee Information**

REGAL BANK  
570 WEST MT PLEASANT AVENUE  
LIVINGSTON, NJ 07039

PEREL PROPERTIES, ALDINE  
INVESTMENTS LLC, DARBY  
ENTERPRISES LLC,  
PO BOX 512  
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23298

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP23621  
MARK DIEDOLF T/A  
DIEDOLF & SON PLUMBING & HEATING  
532 BURLINGTON STREET  
PARAMUS, NJ 07652

**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 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 \$	212.00
Total Installment Due				\$ 212.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 212.00**

*Thank you for your business*

Policy Number: AXCP23621

MARK DIEDOLF T/A  
DIEDOLF & SON PLUMBING & HEATING  
532 BURLINGTON STREET  
PARAMUS, NJ 07652

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.: AXCP23621

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23621  
MARK DIEDOLF T/A  
DIEDOLF & SON PLUMBING & HEATING  
532 BURLINGTON STREET  
PARAMUS, NJ 07652

**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 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 \$	212.00
Total Installment Due				\$ 212.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 212.00**

*Thank you for your business*

Policy Number: AXCP23621

MARK DIEDOLF T/A  
DIEDOLF & SON PLUMBING & HEATING  
532 BURLINGTON STREET  
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23621

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB23643  
ROSE YOUNG  
225 S. CLINTON AVENUE  
MAPLE SHADE, NJ 08052

**PRODUCER 743**

ABCO INSURANCE AGENCY INC  
403 ROUTE 70 EAST  
SUITE 100  
CHERRY HILL, NJ 08034  
(856) 488-5333

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/20/2018	06/20/2019	Renewal - Installment # 10	03/23/2019 \$	238.00
Total Installment Due				\$ 238.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 238.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB23643

ROSE YOUNG  
225 S. CLINTON AVENUE  
MAPLE SHADE, NJ 08052

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.: AXB23643

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB23643  
ROSE YOUNG  
225 S. CLINTON AVENUE  
MAPLE SHADE, NJ 08052

**PRODUCER 743**

ABCO INSURANCE AGENCY INC  
403 ROUTE 70 EAST  
SUITE 100  
CHERRY HILL, NJ 08034  
(856) 488-5333

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/20/2018	06/20/2019	Renewal - Installment # 10	03/23/2019 \$	238.00
Total Installment Due				\$ 238.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 238.00**

*Thank you for your business*

Policy Number: AXB23643

ROSE YOUNG  
225 S. CLINTON AVENUE  
MAPLE SHADE, NJ 08052

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.: AXB23643

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR23745  
STAIANO FAMILY LLC  
T/A GIUSEPPE RESTAURANT  
5 SICOMAC ROAD  
NORTH HALEDON, NJ 07508

**PRODUCER 755**

THE DE GISE AGENCY, INC  
615 WYCKOFF AVENUE  
WYCKOFF, NJ 07481  
(201) 689-9910

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/24/2018	08/24/2019	Amount is Past Due	02/24/2019 \$	603.00
08/24/2018	08/24/2019	Renewal - Installment # 8	03/24/2019 \$	603.00
Total Installment Due				\$ 1,206.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,206.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXBR23745

STAIANO FAMILY LLC  
T/A GIUSEPPE RESTAURANT  
5 SICOMAC ROAD  
NORTH HALEDON, NJ 07508

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.: AXBR23745

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR23745  
STAIANO FAMILY LLC  
T/A GIUSEPPE RESTAURANT  
5 SICOMAC ROAD  
NORTH HALEDON, NJ 07508

**PRODUCER 755**

THE DE GISE AGENCY, INC  
615 WYCKOFF AVENUE  
WYCKOFF, NJ 07481  
(201) 689-9910

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/24/2018	08/24/2019	Amount is Past Due	02/24/2019 \$	603.00
08/24/2018	08/24/2019	Renewal - Installment # 8	03/24/2019 \$	603.00
Total Installment Due				\$ 1,206.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,206.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXBR23745

STAIANO FAMILY LLC  
T/A GIUSEPPE RESTAURANT  
5 SICOMAC ROAD  
NORTH HALEDON, NJ 07508

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.: AXBR23745

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXBC23777  
PARK AVE CONDO ASSOC  
PO BOX 1221  
HAMMONTON, NJ 08037

**PRODUCER 754**

M L RUBERTON AGENCY  
401 12TH STREET  
HAMMONTON, NJ 08037  
(609) 561-1200

Policy Type:  
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/01/2018	07/01/2019	Amount is Past Due	03/01/2019 \$	1,132.00
07/01/2018	07/01/2019	Renewal - Installment # 10	04/01/2019 \$	1,008.00
Total Installment Due				\$ 2,140.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,140.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXBC23777

PARK AVE CONDO ASSOC  
PO BOX 1221  
HAMMONTON, NJ 08037

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.: AXBC23777

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBC23777  
PARK AVE CONDO ASSOC  
PO BOX 1221  
HAMMONTON, NJ 08037

**PRODUCER 754**

M L RUBERTON AGENCY  
401 12TH STREET  
HAMMONTON, NJ 08037  
(609) 561-1200

Policy Type:  
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/01/2018	07/01/2019	Amount is Past Due	03/01/2019 \$	1,132.00
07/01/2018	07/01/2019	Renewal - Installment # 10	04/01/2019 \$	1,008.00
Total Installment Due				\$ 2,140.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 2,140.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXBC23777

PARK AVE CONDO ASSOC  
PO BOX 1221  
HAMMONTON, NJ 08037

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.: AXBC23777

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP23781  
BPW HOME REPAIRS LLC  
72 CARLTON ROAD  
MILLINGTON, NJ 07946

**PRODUCER 745**

THE FRIEDLANDER GROUP  
56 PAYNE ROAD  
SUITE 2  
LEBANON, NJ 08833  
(908) 730-6443

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
07/09/2018	07/09/2019	Renewal - Installment # 4	04/09/2019 \$	173.00
Total Installment Due				\$ 173.00

**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](http://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: AXCP23781

BPW HOME REPAIRS LLC  
72 CARLTON ROAD  
MILLINGTON, NJ 07946

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.: AXCP23781

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23781  
BPW HOME REPAIRS LLC  
72 CARLTON ROAD  
MILLINGTON, NJ 07946

**PRODUCER 745**

THE FRIEDLANDER GROUP  
56 PAYNE ROAD  
SUITE 2  
LEBANON, NJ 08833  
(908) 730-6443

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
07/09/2018	07/09/2019	Renewal - Installment # 4	04/09/2019 \$	173.00
Total Installment Due				\$ 173.00

**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](http://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: AXCP23781

BPW HOME REPAIRS LLC  
72 CARLTON ROAD  
MILLINGTON, NJ 07946

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.: AXCP23781

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP23796  
THOMAS MORGAN T/A  
TOM MORGAN SIDING  
64 PRINCETON LANE  
WILLINGBORO, NJ 08046

**PRODUCER 166**

EJA CAPACITY INS AGENCY LLC  
217 ROUTE 130  
BORDENTOWN, NJ 08505  
(609) 291-9950

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
07/12/2018	07/12/2019	Renewal - Installment # 4	04/12/2019 \$	188.00
Total Installment Due				\$ 188.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 188.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23796

THOMAS MORGAN T/A  
TOM MORGAN SIDING  
64 PRINCETON LANE  
WILLINGBORO, NJ 08046

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.: AXCP23796

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23796  
THOMAS MORGAN T/A  
TOM MORGAN SIDING  
64 PRINCETON LANE  
WILLINGBORO, NJ 08046

**PRODUCER 166**

EJA CAPACITY INS AGENCY LLC  
217 ROUTE 130  
BORDENTOWN, NJ 08505  
(609) 291-9950

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
07/12/2018	07/12/2019	Renewal - Installment # 4	04/12/2019 \$	188.00
Total Installment Due				\$ 188.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 188.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23796

THOMAS MORGAN T/A  
TOM MORGAN SIDING  
64 PRINCETON LANE  
WILLINGBORO, NJ 08046

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.: AXCP23796

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP23807  
R.A.M. CARPENTRY CONTRACTORS LLC  
10 AVALON DRIVE  
MONTVILLE, NJ 07045

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/22/2018	07/22/2019	Renewal - Installment # 4	04/22/2019 \$	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](http://www.ggund.com/axis)

**Pay This Amount: \$ 200.00**

*Thank you for your business*

Policy Number: AXCP23807

R.A.M. CARPENTRY CONTRACTORS LLC  
10 AVALON DRIVE  
MONTVILLE, NJ 07045

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.: AXCP23807

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23807  
R.A.M. CARPENTRY CONTRACTORS LLC  
10 AVALON DRIVE  
MONTVILLE, NJ 07045

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/22/2018	07/22/2019	Renewal - Installment # 4	04/22/2019 \$	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](http://www.ggund.com/axis)**Pay This Amount: \$ 200.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP23807

R.A.M. CARPENTRY CONTRACTORS LLC  
10 AVALON DRIVE  
MONTVILLE, NJ 07045

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.: AXCP23807

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB23808  
BETTY LOU STYPA  
C/O KATHRYN BEROWITZ  
436 BIRCH PLACE  
WESTFIELD, NJ 07090

**PRODUCER 740**

UNITED COUNTIES INSURANCE GROUP LLC  
281 ROUTE 34  
SUITE 817  
COLTS NECK, NJ 07722  
(732) 548-3445

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/20/2018	07/20/2019	Renewal - Installment # 10	04/20/2019 \$	758.00
Total Installment Due				\$ 758.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 758.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB23808

BETTY LOU STYPA  
C/O KATHRYN BEROWITZ  
436 BIRCH PLACE  
WESTFIELD, NJ 07090

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.: AXB23808

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB23808  
BETTY LOU STYPA  
C/O KATHRYN BEROWITZ  
436 BIRCH PLACE  
WESTFIELD, NJ 07090

**PRODUCER 740**

UNITED COUNTIES INSURANCE GROUP LLC  
281 ROUTE 34  
SUITE 817  
COLTS NECK, NJ 07722  
(732) 548-3445

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/20/2018	07/20/2019	Renewal - Installment # 10	04/20/2019 \$	758.00
Total Installment Due				\$ 758.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 758.00**

*Thank you for your business*

Policy Number: AXB23808

BETTY LOU STYPA  
C/O KATHRYN BEROWITZ  
436 BIRCH PLACE  
WESTFIELD, NJ 07090

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23808

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP23812  
KARL BAKER CONSTRUCTION LLC  
25 NORTHFIELD PLAZA  
NORTHFIELD, NJ 08225

**PRODUCER 124**

CHRIS FERRY INSURANCE AGENCY  
PO BOX 356  
LINWOOD, NJ 08221  
(609) 653-6600

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
07/12/2018	07/12/2019	Renewal - Installment # 4	04/12/2019 \$	176.00
Total Installment Due				\$ 176.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 176.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23812

KARL BAKER CONSTRUCTION LLC  
25 NORTHFIELD PLAZA  
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.: AXCP23812

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23812  
KARL BAKER CONSTRUCTION LLC  
25 NORTHFIELD PLAZA  
NORTHFIELD, NJ 08225

**PRODUCER 124**

CHRIS FERRY INSURANCE AGENCY  
PO BOX 356  
LINWOOD, NJ 08221  
(609) 653-6600

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
07/12/2018	07/12/2019	Renewal - Installment # 4	04/12/2019 \$	176.00
Total Installment Due				\$ 176.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 176.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23812

KARL BAKER CONSTRUCTION LLC  
25 NORTHFIELD PLAZA  
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.: AXCP23812

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB23881  
RICHARD LEONARD  
12 FERNWOOD AVENUE  
ROSELAND, NJ 07068

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/25/2018	07/25/2019	Renewal - Installment # 4	04/25/2019 \$	958.00
Total Installment Due				\$ 958.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

BCB COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 958.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB23881

RICHARD LEONARD  
12 FERNWOOD AVENUE  
ROSELAND, NJ 07068

**Mortgagee Information**

BCB COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

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.: AXB23881

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB23881  
RICHARD LEONARD  
12 FERNWOOD AVENUE  
ROSELAND, NJ 07068

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/25/2018	07/25/2019	Renewal - Installment # 4	04/25/2019 \$	958.00
Total Installment Due				\$ 958.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

BCB COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 958.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB23881

RICHARD LEONARD  
12 FERNWOOD AVENUE  
ROSELAND, NJ 07068

**Mortgagee Information**

BCB COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

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.: AXB23881

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP23946  
ERIC GENERAL CONSTRUCTION, LLC  
27 EAST CLAY AVE.  
ROSELLE PARK, NJ 07204

**PRODUCER 273**

ABBOTT/MILANO INSURANCE AGENCY  
235 BLOOMFIELD AVENUE  
BLOOMFIELD, NJ 07003  
(973) 566-6666

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
08/06/2018	08/06/2019	Renewal - Installment # 4	05/06/2019 \$	351.00
Total Installment Due				\$ 351.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 351.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23946

ERIC GENERAL CONSTRUCTION, LLC  
27 EAST CLAY AVE.  
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.: AXCP23946

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23946  
ERIC GENERAL CONSTRUCTION, LLC  
27 EAST CLAY AVE.  
ROSELLE PARK, NJ 07204

**PRODUCER 273**

ABBOTT/MILANO INSURANCE AGENCY  
235 BLOOMFIELD AVENUE  
BLOOMFIELD, NJ 07003  
(973) 566-6666

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
08/06/2018	08/06/2019	Renewal - Installment # 4	05/06/2019 \$	351.00
Total Installment Due				\$ 351.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 351.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23946

ERIC GENERAL CONSTRUCTION, LLC  
27 EAST CLAY AVE.  
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23946

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP23951  
PRIMAVERA ELECTRIC LLC  
121 51ST STREET  
SEA ISLE CITY, NJ 08243

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
08/01/2018	08/01/2019	Renewal - Installment # 4	05/01/2019 \$	135.00
Total Installment Due				\$ 135.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 135.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23951

PRIMAVERA ELECTRIC LLC  
121 51ST STREET  
SEA ISLE CITY, NJ 08243

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.: AXCP23951

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23951  
PRIMAVERA ELECTRIC LLC  
121 51ST STREET  
SEA ISLE CITY, NJ 08243

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
08/01/2018	08/01/2019	Renewal - Installment # 4	05/01/2019 \$	135.00
Total Installment Due				\$ 135.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 135.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP23951

PRIMAVERA ELECTRIC LLC  
121 51ST STREET  
SEA ISLE CITY, NJ 08243

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.: AXCP23951

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP23999  
KEITH ESPOSITO  
T/A ESPOSITO ELECTRIC  
3 MALSBUURY STREET  
ROBBINSVILLE, NJ 08691

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/23/2018	09/23/2019	Renewal - Installment # 3	03/23/2019 \$	163.00
Total Installment Due				\$ 163.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$264.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 163.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP23999

KEITH ESPOSITO  
T/A ESPOSITO ELECTRIC  
3 MALSBUURY STREET  
ROBBINSVILLE, NJ 08691

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/23/2018	09/23/2019	Installment	06/23/2019	\$ 101.00
Total Future Installments				\$ 101.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP23999  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP23999  
KEITH ESPOSITO  
T/A ESPOSITO ELECTRIC  
3 MALSBURY STREET  
ROBBINSVILLE, NJ 08691

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/23/2018	09/23/2019	Renewal - Installment # 3	03/23/2019 \$	163.00
Total Installment Due				\$ 163.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$264.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 163.00**

*Thank you for your business*

Policy Number: AXCP23999

KEITH ESPOSITO  
T/A ESPOSITO ELECTRIC  
3 MALSBURY STREET  
ROBBINSVILLE, NJ 08691

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/23/2018	09/23/2019	Installment	06/23/2019	\$ 101.00
Total Future Installments				\$ 101.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP23999  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP24065  
KEVORK KHACHERIAN  
DBA: GK SIMON  
127 SEMINARY STREET  
BERGENFIELD, NJ 07621

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
09/23/2018	09/23/2019	Renewal - Installment # 3	03/23/2019 \$	309.00
Total Installment Due				\$ 309.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 309.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24065

KEVORK KHACHERIAN  
DBA: GK SIMON  
127 SEMINARY STREET  
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24065

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24065  
KEVORK KHACHERIAN  
DBA: GK SIMON  
127 SEMINARY STREET  
BERGENFIELD, NJ 07621

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
09/23/2018	09/23/2019	Renewal - Installment # 3	03/23/2019 \$	309.00
Total Installment Due				\$ 309.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 309.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24065

KEVORK KHACHERIAN  
DBA: GK SIMON  
127 SEMINARY STREET  
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.: AXCP24065

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24127  
BOB SOBKA ELECTRICAL CONTRACTOR  
38 BAY CREEK LANE  
TOMS RIVER, NJ 08753

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/10/2018	11/10/2019	Renewal - Installment # 3	05/10/2019 \$	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 \$231.00  
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](http://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: AXCP24127

BOB SOBKA ELECTRICAL CONTRACTOR  
38 BAY CREEK LANE  
TOMS RIVER, NJ 08753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/10/2018	11/10/2019	Installment	08/10/2019	\$ 83.00
Total Future Installments				\$ 83.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24127

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24127  
BOB SOBKA ELECTRICAL CONTRACTOR  
38 BAY CREEK LANE  
TOMS RIVER, NJ 08753

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/10/2018	11/10/2019	Renewal - Installment # 3	05/10/2019 \$	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 \$231.00  
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](http://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: AXCP24127

BOB SOBKA ELECTRICAL CONTRACTOR  
38 BAY CREEK LANE  
TOMS RIVER, NJ 08753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/10/2018	11/10/2019	Installment	08/10/2019	\$ 83.00
Total Future Installments				\$ 83.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24127

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB24139  
JACK DICRISTOFALO & JOSE A FREIJE  
272 WALKER STREET  
FAIRVIEW, NJ 07022

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/24/2018	09/24/2019	Renewal - Installment # 3	03/24/2019 \$	817.00
Total Installment Due				\$ 817.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,301.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

TD BANK 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](http://www.ggund.com/axis)**Pay This Amount: \$ 817.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24139

JACK DICRISTOFALO & JOSE A FREIJE  
272 WALKER STREET  
FAIRVIEW, NJ 07022

**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
09/24/2018	09/24/2019	Installment	06/24/2019	\$ 484.00
Total Future Installments				\$ 484.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB24139  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB24139  
JACK DICRISTOFALO & JOSE A FREIJE  
272 WALKER STREET  
FAIRVIEW, NJ 07022

**PRODUCER 717**

WILLIAM P SMART ASSOCIATES, INC  
75 LANE ROAD  
SUITE 407  
FAIRFIELD, NJ 07004  
(973) 830-3111

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/24/2018	09/24/2019	Renewal - Installment # 3	03/24/2019 \$	817.00
Total Installment Due				\$ 817.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,301.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

TD BANK N.A.  
2059 SPRINGDALE ROAD  
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 817.00**

*Thank you for your business*

Policy Number: AXB24139

JACK DICRISTOFALO & JOSE A FREIJE  
272 WALKER STREET  
FAIRVIEW, NJ 07022

**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
09/24/2018	09/24/2019	Installment	06/24/2019	\$ 484.00
Total Future Installments				\$ 484.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB24139  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24180  
MATTHEW STOKES  
T/A MJ STOKES HOME RENOVATIONS  
7 LOWELL AVENUE  
SUMMIT, NJ 07901

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
10/09/2018	10/09/2019	Renewal - Installment # 3	04/09/2019 \$	303.00
Total Installment Due				\$ 303.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$479.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 303.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24180

MATTHEW STOKES  
T/A MJ STOKES HOME RENOVATIONS  
7 LOWELL AVENUE  
SUMMIT, NJ 07901

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/09/2018	10/09/2019	Installment	07/09/2019	\$ 176.00
Total Future Installments				\$ 176.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24180

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24180  
MATTHEW STOKES  
T/A MJ STOKES HOME RENOVATIONS  
7 LOWELL AVENUE  
SUMMIT, NJ 07901

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
10/09/2018	10/09/2019	Renewal - Installment # 3	04/09/2019 \$	303.00
Total Installment Due				\$ 303.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$479.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 303.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24180

MATTHEW STOKES  
T/A MJ STOKES HOME RENOVATIONS  
7 LOWELL AVENUE  
SUMMIT, NJ 07901

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/09/2018	10/09/2019	Installment	07/09/2019	\$ 176.00
Total Future Installments				\$ 176.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24180  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP24181  
EMILCO CONSTRUCTION LLC  
C/O EMIL SDRAK  
31 BROAD AVENUE  
PARAMUS, NJ 07652

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
10/24/2018	10/24/2019	Renewal - Installment # 3	04/24/2019 \$	557.00
Total Installment Due				\$ 557.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 557.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24181

EMILCO CONSTRUCTION LLC  
C/O EMIL SDRAK  
31 BROAD AVENUE  
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24181

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24181  
EMILCO CONSTRUCTION LLC  
C/O EMIL SDRAK  
31 BROAD AVENUE  
PARAMUS, NJ 07652

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
10/24/2018	10/24/2019	Renewal - Installment # 3	04/24/2019 \$	557.00
Total Installment Due				\$ 557.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 557.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24181

EMILCO CONSTRUCTION LLC  
C/O EMIL SDRAK  
31 BROAD AVENUE  
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24181

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR24204  
CARINI'S PIZZA & RESTAURANT  
9854 PACIFIC AVENUE  
WILDWOOD CREST, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
10/30/2018	10/30/2019	Amount is Past Due	02/28/2019	\$ 874.00
10/30/2018	10/30/2019	Renewal - Installment # 6	03/30/2019	\$ 874.00
10/30/2018	10/30/2019	Renewal - Installment # 7	04/30/2019	\$ 864.00
10/30/2018	10/30/2019	Renewal - Installment # 8	05/30/2019	\$ 864.00
Total Installment Due				\$ 3,476.00

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,476.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXBR24204

CARINI'S PIZZA & RESTAURANT  
9854 PACIFIC AVENUE  
WILDWOOD CREST, NJ 08260

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/30/2018	10/30/2019	Installment	06/30/2019	\$ 864.00
10/30/2018	10/30/2019	Installment	07/30/2019	\$ 768.00
Total Future Installments				\$ 1,632.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXBR24204

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXBR24204  
CARINI'S PIZZA & RESTAURANT  
9854 PACIFIC AVENUE  
WILDWOOD CREST, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
10/30/2018	10/30/2019	Amount is Past Due	02/28/2019	\$ 874.00
10/30/2018	10/30/2019	Renewal - Installment # 6	03/30/2019	\$ 874.00
10/30/2018	10/30/2019	Renewal - Installment # 7	04/30/2019	\$ 864.00
10/30/2018	10/30/2019	Renewal - Installment # 8	05/30/2019	\$ 864.00
Total Installment Due				\$ 3,476.00

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 3,476.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXBR24204

CARINI'S PIZZA & RESTAURANT  
9854 PACIFIC AVENUE  
WILDWOOD CREST, NJ 08260

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/30/2018	10/30/2019	Installment	06/30/2019	\$ 864.00
10/30/2018	10/30/2019	Installment	07/30/2019	\$ 768.00
Total Future Installments				\$ 1,632.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXBR24204

Your New Address is:

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Phone No.: 

---



# INVOICE

Payor's Copy

**Insured**

AXCP24211  
SQUARE VOLTAIC ELECTRIC LLC  
1921 NORTH 5TH STREET  
STROUDSBURG, PA 18360

**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
10/22/2018	10/22/2019	Renewal - Installment # 3	04/22/2019 \$	226.00
Total Installment Due				\$ 226.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 226.00**

*Thank you for your business*

Policy Number: AXCP24211

SQUARE VOLTAIC ELECTRIC LLC  
1921 NORTH 5TH STREET  
STROUDSBURG, PA 18360

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24211

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24211  
SQUARE VOLTAIC ELECTRIC LLC  
1921 NORTH 5TH STREET  
STROUDSBURG, PA 18360

**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
10/22/2018	10/22/2019	Renewal - Installment # 3	04/22/2019 \$	226.00
Total Installment Due				\$ 226.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 226.00**

*Thank you for your business*

Policy Number: AXCP24211

SQUARE VOLTAIC ELECTRIC LLC  
1921 NORTH 5TH STREET  
STROUDSBURG, PA 18360

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24211

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24221  
A2Z MAINTENANCE AND REPAIR, LLC  
5 HEMLOCK ROAD  
HOWELL, NJ 07731

**PRODUCER 720**

FIVE STAR INSURANCE AGENCY, LLC  
446A NEW BRUNSWICK AVENUE  
FORDS, NJ 08863  
(732) 738-5755

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
10/10/2018	10/10/2019	Renewal - Installment # 3	04/10/2019 \$	371.00
Total Installment Due				\$ 371.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$588.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 371.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24221

A2Z MAINTENANCE AND REPAIR, LLC  
5 HEMLOCK ROAD  
HOWELL, NJ 07731

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Installment	07/10/2019	\$ 217.00
Total Future Installments				\$ 217.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24221  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24221  
A2Z MAINTENANCE AND REPAIR, LLC  
5 HEMLOCK ROAD  
HOWELL, NJ 07731

**PRODUCER 720**

FIVE STAR INSURANCE AGENCY, LLC  
446A NEW BRUNSWICK AVENUE  
FORDS, NJ 08863  
(732) 738-5755

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
10/10/2018	10/10/2019	Renewal - Installment # 3	04/10/2019 \$	371.00
Total Installment Due				\$ 371.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

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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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 371.00**

*Thank you for your business*

Policy Number: AXCP24221

A2Z MAINTENANCE AND REPAIR, LLC  
5 HEMLOCK ROAD  
HOWELL, NJ 07731

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/10/2018	10/10/2019	Installment	07/10/2019	\$ 217.00
Total Future Installments				\$ 217.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24221  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP24255  
BUDGET BLINDS OF  
OCEAN COUNTY, LLC  
1800 RIVIERA PARKWAY  
POINT PLEASANT, NJ 08742

**PRODUCER 742**

COE-BROOKE INSURANCE AGENCY  
2801 BRIDGE AVENUE  
POINT PLEASANT, NJ 08742  
(732) 899-6800

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
10/18/2018	10/18/2019	Renewal - Installment # 3	04/18/2019 \$	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.

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 280.00**

*Thank you for your business*

Policy Number: AXCP24255

BUDGET BLINDS OF  
OCEAN COUNTY, LLC  
1800 RIVIERA PARKWAY  
POINT PLEASANT, NJ 08742

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24255

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24255  
BUDGET BLINDS OF  
OCEAN COUNTY, LLC  
1800 RIVIERA PARKWAY  
POINT PLEASANT, NJ 08742

**PRODUCER 742**

COE-BROOKE INSURANCE AGENCY  
2801 BRIDGE AVENUE  
POINT PLEASANT, NJ 08742  
(732) 899-6800

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
10/18/2018	10/18/2019	Renewal - Installment # 3	04/18/2019 \$	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](http://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: AXCP24255

BUDGET BLINDS OF  
OCEAN COUNTY, LLC  
1800 RIVIERA PARKWAY  
POINT PLEASANT, NJ 08742

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24255

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24256  
MARK SCHOMBER  
T/A SCHOMBER ELECTRIC  
978 LAKEHURST AVE  
JACKSON, NJ 08527

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/17/2018	10/17/2019	Renewal - Installment # 3	04/17/2019 \$	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 \$231.00  
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](http://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: AXCP24256

MARK SCHOMBER  
T/A SCHOMBER ELECTRIC  
978 LAKEHURST AVE  
JACKSON, NJ 08527

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	07/17/2019	\$ 83.00
Total Future Installments				\$ 83.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24256  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24256  
MARK SCHOMBER  
T/A SCHOMBER ELECTRIC  
978 LAKEHURST AVE  
JACKSON, NJ 08527

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/17/2018	10/17/2019	Renewal - Installment # 3	04/17/2019 \$	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 \$231.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 148.00**

*Thank you for your business*

Policy Number: AXCP24256

MARK SCHOMBER  
T/A SCHOMBER ELECTRIC  
978 LAKEHURST AVE  
JACKSON, NJ 08527

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	07/17/2019	\$ 83.00
Total Future Installments				\$ 83.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24256  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM24274  
DAVID DIAMOND  
& ROCK KEY LLC  
PO BOX 181  
MEDFORD, NJ 08055

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

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
10/05/2018	10/05/2019	Renewal - Installment # 3	04/05/2019 \$	424.00
Total Installment Due				\$ 424.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$673.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 424.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXUM24274

DAVID DIAMOND  
& ROCK KEY LLC  
PO BOX 181  
MEDFORD, NJ 08055

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/05/2018	10/05/2019	Installment	07/05/2019	\$ 249.00
Total Future Installments				\$ 249.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXUM24274

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM24274  
DAVID DIAMOND  
& ROCK KEY LLC  
PO BOX 181  
MEDFORD, NJ 08055

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

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
10/05/2018	10/05/2019	Renewal - Installment # 3	04/05/2019 \$	424.00
Total Installment Due				\$ 424.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$673.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 424.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXUM24274

DAVID DIAMOND  
& ROCK KEY LLC  
PO BOX 181  
MEDFORD, NJ 08055

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/05/2018	10/05/2019	Installment	07/05/2019	\$ 249.00
Total Future Installments				\$ 249.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXUM24274

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**  
AXB24293  
ADELE CHRISTENSEN  
T/A ADELE'S JEWELLED TREASURES  
PO BOX 222  
VILLAS, NJ 08251

**PRODUCER 128**  
J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/05/2018	11/05/2019	Amount is Past Due	03/05/2019	\$ 273.00
11/05/2018	11/05/2019	Renewal - Installment # 6	04/05/2019	\$ 273.00
11/05/2018	11/05/2019	Renewal - Installment # 7	05/05/2019	\$ 263.00
Total Installment Due				\$ 809.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 809.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXB24293

ADELE CHRISTENSEN  
T/A ADELE'S JEWELLED TREASURES  
PO BOX 222  
VILLAS, NJ 08251

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/05/2018	11/05/2019	Installment	06/05/2019	\$ 263.00
11/05/2018	11/05/2019	Installment	07/05/2019	\$ 263.00
11/05/2018	11/05/2019	Installment	08/05/2019	\$ 235.00
Total Future Installments				\$ 761.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24293

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB24293  
ADELE CHRISTENSEN  
T/A ADELE'S JEWELLED TREASURES  
PO BOX 222  
VILLAS, NJ 08251

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/05/2018	11/05/2019	Amount is Past Due	03/05/2019 \$	273.00
11/05/2018	11/05/2019	Renewal - Installment # 6	04/05/2019 \$	273.00
11/05/2018	11/05/2019	Renewal - Installment # 7	05/05/2019 \$	263.00
Total Installment Due				\$ 809.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 809.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXB24293

ADELE CHRISTENSEN  
T/A ADELE'S JEWELLED TREASURES  
PO BOX 222  
VILLAS, NJ 08251

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/05/2018	11/05/2019	Installment	06/05/2019	\$ 263.00
11/05/2018	11/05/2019	Installment	07/05/2019	\$ 263.00
11/05/2018	11/05/2019	Installment	08/05/2019	\$ 235.00
Total Future Installments				\$ 761.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24293

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB24297  
I.J.J.INC & Z & A MANAGEMENT LLC  
D/B/A STOP N SHOP, EAST COAST  
CATERING  
769 AVENUE A  
BAYONNE, NJ 07002

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/12/2018	11/12/2019	Amount is Past Due	03/17/2019	\$ 995.00
11/12/2018	11/12/2019	Renewal - Installment # 6	04/17/2019	\$ 995.00
11/12/2018	11/12/2019	Renewal - Installment # 7	05/17/2019	\$ 985.00
Total Installment Due				\$ 2,975.00

**Mortgagee Information**

BAYONNE COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,975.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24297

**Mortgagee Information**

BAYONNE COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

I.J.J.INC & Z & A MANAGEMENT LLC  
D/B/A STOP N SHOP, EAST COAST  
CATERING  
769 AVENUE A  
BAYONNE, NJ 07002

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/12/2018	11/12/2019	Installment	06/17/2019	\$ 985.00
11/12/2018	11/12/2019	Installment	07/17/2019	\$ 985.00
11/12/2018	11/12/2019	Installment	08/17/2019	\$ 875.00
Total Future Installments				\$ 2,845.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24297

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB24297  
I.J.J.INC & Z & A MANAGEMENT LLC  
D/B/A STOP N SHOP, EAST COAST  
CATERING  
769 AVENUE A  
BAYONNE, NJ 07002

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/12/2018	11/12/2019	Amount is Past Due	03/17/2019	\$ 995.00
11/12/2018	11/12/2019	Renewal - Installment # 6	04/17/2019	\$ 995.00
11/12/2018	11/12/2019	Renewal - Installment # 7	05/17/2019	\$ 985.00
Total Installment Due				\$ 2,975.00

**Mortgagee Information**

BAYONNE COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,975.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24297

**Mortgagee Information**

BAYONNE COMMUNITY BANK  
104-110 AVENUE C  
BAYONNE, NJ 07002

I.J.J.INC & Z & A MANAGEMENT LLC  
D/B/A STOP N SHOP, EAST COAST  
CATERING  
769 AVENUE A  
BAYONNE, NJ 07002

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/12/2018	11/12/2019	Installment	06/17/2019	\$ 985.00
11/12/2018	11/12/2019	Installment	07/17/2019	\$ 985.00
11/12/2018	11/12/2019	Installment	08/17/2019	\$ 875.00
Total Future Installments				\$ 2,845.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24297

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**  
AXB24316  
GEORGE F. SCHMID, M.D.  
714 SOUTH WHITE HORSE PIKE  
AUDUBON, NJ 08106

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Renewal - Installment # 3	04/30/2019 \$	496.00
Total Installment Due				\$ 496.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$788.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 496.00**

*Thank you for your business*

Policy Number: AXB24316

GEORGE F. SCHMID, M.D.  
714 SOUTH WHITE HORSE PIKE  
AUDUBON, NJ 08106

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Installment	07/31/2019	\$ 292.00
Total Future Installments				\$ 292.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24316

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB24316  
GEORGE F. SCHMID, M.D.  
714 SOUTH WHITE HORSE PIKE  
AUDUBON, NJ 08106

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Renewal - Installment # 3	04/30/2019 \$	496.00
Total Installment Due				\$ 496.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$788.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 496.00**

*Thank you for your business*

Policy Number: AXB24316

GEORGE F. SCHMID, M.D.  
714 SOUTH WHITE HORSE PIKE  
AUDUBON, NJ 08106

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/31/2018	10/31/2019	Installment	07/31/2019	\$ 292.00
Total Future Installments				\$ 292.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24316

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB24372  
MAINSTREAM 57, LLC  
57 WEST MAIN STREET  
FREEHOLD, NJ 07728

**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
11/01/2018	11/01/2019	Amount is Past Due	03/12/2019	\$ 478.00
11/01/2018	11/01/2019	Renewal - Installment # 6	04/12/2019	\$ 478.00
11/01/2018	11/01/2019	Renewal - Installment # 7	05/12/2019	\$ 468.00
Total Installment Due				\$ 1,424.00

**Mortgagee Information**

SUN NATIONAL BANK  
CONSUMER LOAN DEPT  
PO BOX 99  
MT LAUREL, NJ 08055  
LOAN NO.: 70014745

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,424.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24372

MAINSTREAM 57, LLC  
57 WEST MAIN STREET  
FREEHOLD, NJ 07728

**Mortgagee Information**

SUN NATIONAL BANK  
CONSUMER LOAN DEPT  
PO BOX 99  
MT LAUREL, NJ 08055  
LOAN NO.: 70014745

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	06/12/2019	\$ 468.00
11/01/2018	11/01/2019	Installment	07/12/2019	\$ 468.00
11/01/2018	11/01/2019	Installment	08/12/2019	\$ 416.00
Total Future Installments				\$ 1,352.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24372

Your New Address is:

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Phone No.: 

---

# INVOICE

Home Office Copy

**Insured**

AXB24372  
MAINSTREAM 57, LLC  
57 WEST MAIN STREET  
FREEHOLD, NJ 07728

**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
11/01/2018	11/01/2019	Amount is Past Due	03/12/2019	\$ 478.00
11/01/2018	11/01/2019	Renewal - Installment # 6	04/12/2019	\$ 478.00
11/01/2018	11/01/2019	Renewal - Installment # 7	05/12/2019	\$ 468.00
Total Installment Due				\$ 1,424.00

**Mortgagee Information**

SUN NATIONAL BANK  
CONSUMER LOAN DEPT  
PO BOX 99  
MT LAUREL, NJ 08055  
LOAN NO.: 70014745

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,424.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24372

MAINSTREAM 57, LLC  
57 WEST MAIN STREET  
FREEHOLD, NJ 07728

**Mortgagee Information**

SUN NATIONAL BANK  
CONSUMER LOAN DEPT  
PO BOX 99  
MT LAUREL, NJ 08055  
LOAN NO.: 70014745

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Installment	06/12/2019	\$ 468.00
11/01/2018	11/01/2019	Installment	07/12/2019	\$ 468.00
11/01/2018	11/01/2019	Installment	08/12/2019	\$ 416.00
Total Future Installments				\$ 1,352.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24372

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP24387  
TODD ZAFONTE  
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT  
13 VAN BLARCOM AVE  
MIDLAND PARK, NJ 07432

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Renewal - Installment # 3	05/24/2019 \$	366.00
Total Installment Due				\$ 366.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$580.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 366.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24387

TODD ZAFONTE  
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT  
13 VAN BLARCOM AVE  
MIDLAND PARK, NJ 07432

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Installment	08/24/2019	\$ 214.00
Total Future Installments				\$ 214.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24387

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24387  
TODD ZAFONTE  
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT  
13 VAN BLARCOM AVE  
MIDLAND PARK, NJ 07432

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Renewal - Installment # 3	05/24/2019 \$	366.00
Total Installment Due				\$ 366.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$580.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 366.00**

*Thank you for your business*

Policy Number: AXCP24387

TODD ZAFONTE  
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT  
13 VAN BLARCOM AVE  
MIDLAND PARK, NJ 07432

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Installment	08/24/2019	\$ 214.00
Total Future Installments				\$ 214.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24387

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB24471  
YOUNG & CHONG SHIN  
T/A DELI PLUS  
3001 EAST STATE STREET EXTENSION  
HAMILTON, NJ 08619

**PRODUCER 700**

CHEN & ASSOCIATES INC  
750 ROUTE 73 SOUTH  
UNIT 309B  
MARLTON, NJ 08053  
(856) 988-1830

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Renewal - Installment # 2	03/24/2019	\$ 969.00
Total Installment Due				\$ 969.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$2,504.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK, N A  
BUSINESS BANKING  
TWO- TOWER CENTER BOULEVARD  
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 969.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24471

YOUNG & CHONG SHIN  
T/A DELI PLUS  
3001 EAST STATE STREET EXTENSION  
HAMILTON, NJ 08619

**Mortgagee Information**

PNC BANK, N A  
BUSINESS BANKING  
TWO- TOWER CENTER BOULEVARD  
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Installment	06/24/2019	\$ 959.00
12/24/2018	12/24/2019	Installment	09/24/2019	\$ 576.00
Total Future Installments				\$ 1,535.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24471

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB24471  
YOUNG & CHONG SHIN  
T/A DELI PLUS  
3001 EAST STATE STREET EXTENSION  
HAMILTON, NJ 08619

**PRODUCER 700**

CHEN & ASSOCIATES INC  
750 ROUTE 73 SOUTH  
UNIT 309B  
MARLTON, NJ 08053  
(856) 988-1830

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Renewal - Installment # 2	03/24/2019	\$ 969.00
Total Installment Due				\$ 969.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$2,504.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

PNC BANK, N A  
BUSINESS BANKING  
TWO- TOWER CENTER BOULEVARD  
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)**Pay This Amount: \$ 969.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24471

YOUNG & CHONG SHIN  
T/A DELI PLUS  
3001 EAST STATE STREET EXTENSION  
HAMILTON, NJ 08619

**Mortgagee Information**

PNC BANK, N A  
BUSINESS BANKING  
TWO- TOWER CENTER BOULEVARD  
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/24/2018	12/24/2019	Installment	06/24/2019	\$ 959.00
12/24/2018	12/24/2019	Installment	09/24/2019	\$ 576.00
Total Future Installments				\$ 1,535.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24471

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB24501  
CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

**PRODUCER 760**

SANFORD INSURANCE GROUP LLC  
210 BELLEVUE AVENUE  
UPPER MONTCLAIR, NJ 07043  
(973) 783-6600

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Renewal - Installment # 2	03/29/2019 \$	2,848.00
Total Installment Due				\$ 2,848.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$5,686.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,848.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXB24501

CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Installment	06/29/2019	\$ 2,838.00
Total Future Installments				\$ 2,838.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24501

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB24501  
CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

**PRODUCER 760**

SANFORD INSURANCE GROUP LLC  
210 BELLEVUE AVENUE  
UPPER MONTCLAIR, NJ 07043  
(973) 783-6600

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Renewal - Installment # 2	03/29/2019 \$	2,848.00
Total Installment Due				\$ 2,848.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$5,686.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,848.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXB24501

CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Installment	06/29/2019	\$ 2,838.00
Total Future Installments				\$ 2,838.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24501

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXUM24502  
CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

**PRODUCER 760**

SANFORD INSURANCE GROUP LLC  
210 BELLEVUE AVENUE  
UPPER MONTCLAIR, NJ 07043  
(973) 783-6600

Policy Type:  
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Renewal - Installment # 2	03/29/2019 \$	180.00
Total Installment Due				\$ 180.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$350.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 180.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXUM24502

CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Installment	06/29/2019	\$ 170.00
Total Future Installments				\$ 170.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXUM24502

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM24502  
CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

**PRODUCER 760**

SANFORD INSURANCE GROUP LLC  
210 BELLEVUE AVENUE  
UPPER MONTCLAIR, NJ 07043  
(973) 783-6600

Policy Type:  
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Renewal - Installment # 2	03/29/2019 \$	180.00
Total Installment Due				\$ 180.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$350.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 180.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXUM24502

CARMELA DE SIMONE  
T/A FRANKLIN CENTER  
205 FRANKLIN AVENUE  
APT 1  
NUTLEY, NJ 07110

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/29/2018	12/29/2019	Installment	06/29/2019	\$ 170.00
Total Future Installments				\$ 170.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXUM24502

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB24537  
GILCHRIST OFFSHORE LLC  
& GILCHRIST ENTERPRISES INC  
406 E HIGHLANDS AVENUE  
GALLOWAY, NJ 08205

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/08/2019	01/08/2020	Renewal - Installment # 2	04/08/2019 \$	397.00
Total Installment Due				\$ 397.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,033.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 397.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24537

GILCHRIST OFFSHORE LLC  
& GILCHRIST ENTERPRISES INC  
406 E HIGHLANDS AVENUE  
GALLOWAY, NJ 08205

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	\$ 397.00
01/08/2019	01/08/2020	Installment	10/08/2019	\$ 239.00
Total Future Installments				\$ 636.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24537

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB24537  
GILCHRIST OFFSHORE LLC  
& GILCHRIST ENTERPRISES INC  
406 E HIGHLANDS AVENUE  
GALLOWAY, NJ 08205

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/08/2019	01/08/2020	Renewal - Installment # 2	04/08/2019 \$	397.00
Total Installment Due				\$ 397.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,033.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 397.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24537

GILCHRIST OFFSHORE LLC  
& GILCHRIST ENTERPRISES INC  
406 E HIGHLANDS AVENUE  
GALLOWAY, NJ 08205

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	\$ 397.00
01/08/2019	01/08/2020	Installment	10/08/2019	\$ 239.00
Total Future Installments				\$ 636.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB24537

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXUM24577  
TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
12/06/2018	12/06/2019	Amount is Past Due	03/06/2019 \$	110.00
12/06/2018	12/06/2019	Renewal - Installment # 5	04/06/2019 \$	110.00
12/06/2018	12/06/2019	Renewal - Installment # 6	05/06/2019 \$	100.00
Total Installment Due				\$ 320.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 320.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXUM24577

TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/06/2018	12/06/2019	Installment	06/06/2019	\$ 100.00
12/06/2018	12/06/2019	Installment	07/06/2019	\$ 100.00
12/06/2018	12/06/2019	Installment	08/06/2019	\$ 100.00
12/06/2018	12/06/2019	Installment	09/06/2019	\$ 88.00
Total Future Installments				\$ 388.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXUM24577

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXUM24577  
TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

**PRODUCER 112**

STANTON INSURANCE AGENCY  
60 HADDONFIELD-BERLIN ROAD  
CHERRY HILL, NJ 08034  
(856) 795-7500

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
12/06/2018	12/06/2019	Amount is Past Due	03/06/2019 \$	110.00
12/06/2018	12/06/2019	Renewal - Installment # 5	04/06/2019 \$	110.00
12/06/2018	12/06/2019	Renewal - Installment # 6	05/06/2019 \$	100.00
Total Installment Due				\$ 320.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 320.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXUM24577

TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC  
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN  
46 MAIN STREET  
NEW EGYPT, NJ 08533

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/06/2018	12/06/2019	Installment	06/06/2019	\$ 100.00
12/06/2018	12/06/2019	Installment	07/06/2019	\$ 100.00
12/06/2018	12/06/2019	Installment	08/06/2019	\$ 100.00
12/06/2018	12/06/2019	Installment	09/06/2019	\$ 88.00
Total Future Installments				\$ 388.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXUM24577

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP24583  
JOHN SOWAKINAS  
201 BAY COURT  
BAYVILLE, NJ 08721

**PRODUCER 195**

RLM AGENCY  
23 COLFAX AVENUE REAR  
POMPTON LAKES, NJ 07442  
(973) 835-6171

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
01/11/2019	01/11/2020	Renewal - Installment # 2	04/11/2019 \$	406.00
Total Installment Due				\$ 406.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$809.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 406.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24583

JOHN SOWAKINAS  
201 BAY COURT  
BAYVILLE, NJ 08721

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/11/2019	01/11/2020	Installment	07/11/2019	\$ 403.00
Total Future Installments				\$ 403.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24583  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24583  
JOHN SOWAKINAS  
201 BAY COURT  
BAYVILLE, NJ 08721

**PRODUCER 195**

RLM AGENCY  
23 COLFAX AVENUE REAR  
POMPTON LAKES, NJ 07442  
(973) 835-6171

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
01/11/2019	01/11/2020	Renewal - Installment # 2	04/11/2019 \$	406.00
Total Installment Due				\$ 406.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$809.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 406.00**

*Thank you for your business*

Policy Number: AXCP24583

JOHN SOWAKINAS  
201 BAY COURT  
BAYVILLE, NJ 08721

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	\$ 403.00
Total Future Installments				\$ 403.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24583  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB24641  
611 MAIN STREET, LLC  
P.O. BOX 4806  
TOMS RIVER, NJ 08754

**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
01/16/2019	01/16/2020	Renewal - Installment # 2	04/16/2019 \$	1,026.00
Total Installment Due				\$ 1,026.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$2,652.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

OCEAN FIRST BANK NA  
975 HOOPER AVE.  
P.O. BOX 2009  
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,026.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24641

611 MAIN STREET, LLC  
P.O. BOX 4806  
TOMS RIVER, NJ 08754

**Mortgagee Information**

OCEAN FIRST BANK NA  
975 HOOPER AVE.  
P.O. BOX 2009  
TOMS RIVER, NJ 08754

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/16/2019	01/16/2020	Installment	07/16/2019	\$ 1,016.00
01/16/2019	01/16/2020	Installment	10/16/2019	\$ 610.00
Total Future Installments				\$ 1,626.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24641

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB24641  
611 MAIN STREET, LLC  
P.O. BOX 4806  
TOMS RIVER, NJ 08754

**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
01/16/2019	01/16/2020	Renewal - Installment # 2	04/16/2019 \$	1,026.00
Total Installment Due				\$ 1,026.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$2,652.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

OCEAN FIRST BANK NA  
975 HOOPER AVE.  
P.O. BOX 2009  
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,026.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24641

611 MAIN STREET, LLC  
P.O. BOX 4806  
TOMS RIVER, NJ 08754

**Mortgagee Information**

OCEAN FIRST BANK NA  
975 HOOPER AVE.  
P.O. BOX 2009  
TOMS RIVER, NJ 08754

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/16/2019	01/16/2020	Installment	07/16/2019	\$ 1,016.00
01/16/2019	01/16/2020	Installment	10/16/2019	\$ 610.00
Total Future Installments				\$ 1,626.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24641

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24675  
ECLIPSE HEATING & AIR CONDITIONING, LLC  
420 LAURITA STREET  
LINDEN, NJ 07036

**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 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 \$	447.00
Total Installment Due				\$ 447.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,145.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 447.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24675

ECLIPSE HEATING & AIR CONDITIONING, LLC  
420 LAURITA STREET  
LINDEN, NJ 07036

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	\$ 437.00
02/24/2019	02/24/2020	Installment	11/24/2019	\$ 261.00
Total Future Installments				\$ 698.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24675

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24675  
ECLIPSE HEATING & AIR CONDITIONING, LLC  
420 LAURITA STREET  
LINDEN, NJ 07036

**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 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 \$	447.00
Total Installment Due				\$ 447.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,145.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 447.00**

*Thank you for your business*

Policy Number: AXCP24675

ECLIPSE HEATING & AIR CONDITIONING, LLC  
420 LAURITA STREET  
LINDEN, NJ 07036

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	\$ 437.00
02/24/2019	02/24/2020	Installment	11/24/2019	\$ 261.00
Total Future Installments				\$ 698.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24675

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP24681  
INSETTA ELECTRICAL CONTRACTORS LLC  
1204 73RD ST  
NORTH BERGEN, NJ 07047

**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
01/16/2019	01/16/2020	Renewal - Installment # 2	04/16/2019 \$	256.00
Total Installment Due				\$ 256.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$502.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 256.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24681

INSETTA ELECTRICAL CONTRACTORS LLC  
1204 73RD ST  
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/16/2019	01/16/2020	Installment	07/16/2019	\$ 246.00
Total Future Installments				\$ 246.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24681

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24681  
INSETTA ELECTRICAL CONTRACTORS LLC  
1204 73RD ST  
NORTH BERGEN, NJ 07047

**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
01/16/2019	01/16/2020	Renewal - Installment # 2	04/16/2019 \$	256.00
Total Installment Due				\$ 256.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$502.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 256.00**

*Thank you for your business*

Policy Number: AXCP24681

INSETTA ELECTRICAL CONTRACTORS LLC  
1204 73RD ST  
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/16/2019	01/16/2020	Installment	07/16/2019	\$ 246.00
Total Future Installments				\$ 246.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24681

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24754  
STEVE TANK & CO., INC  
327 CLARKSTOWN ROAD  
MAYS LANDING, NJ 08330

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
02/25/2019	02/25/2020	Amount is Past Due	02/25/2019 \$	753.00
02/25/2019	02/25/2020	Renewal - Installment # 2	05/25/2019 \$	561.00
Total Installment Due				\$ 1,314.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,865.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,314.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24754

STEVE TANK & CO., INC  
327 CLARKSTOWN ROAD  
MAYS LANDING, NJ 08330

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/25/2019	02/25/2020	Installment	08/25/2019	\$ 551.00
Total Future Installments				\$ 551.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24754  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24754  
STEVE TANK & CO., INC  
327 CLARKSTOWN ROAD  
MAYS LANDING, NJ 08330

**PRODUCER 133**

DAVIES AND ASSOCIATES  
80 FLORAL AVENUE  
MURRAY HILL SQUARE  
MURRAY HILL, NJ 07974  
(908) 464-6100

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
02/25/2019	02/25/2020	Amount is Past Due	02/25/2019 \$	753.00
02/25/2019	02/25/2020	Renewal - Installment # 2	05/25/2019 \$	561.00
Total Installment Due				\$ 1,314.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

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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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,314.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24754

STEVE TANK & CO., INC  
327 CLARKSTOWN ROAD  
MAYS LANDING, NJ 08330

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/25/2019	02/25/2020	Installment	08/25/2019	\$ 551.00
Total Future Installments				\$ 551.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24754  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP24766  
COMMERCIAL AND INDUSTRIAL INSULATORS INC  
1418 CHESTNUT AVENUE  
VOORHEES, NJ 08043

**PRODUCER 142**

EHLY-COSENZA INSURANCE  
151 EAST EVESHAM ROAD  
PO BOX 318  
RUNNEMEDE, NJ 08078  
(856) 939-1313

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
02/14/2019	02/14/2020	Renewal - Installment # 3	04/14/2019 \$	131.00
02/14/2019	02/14/2020	Renewal - Installment # 4	05/14/2019 \$	121.00
Total Installment Due				\$ 252.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$965.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 252.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24766

COMMERCIAL AND INDUSTRIAL INSULATORS INC  
1418 CHESTNUT AVENUE  
VOORHEES, NJ 08043

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	02/14/2020	Installment	06/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	07/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	08/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	09/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	10/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	11/14/2019	\$ 108.00
Total Future Installments				\$ 713.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCP24766

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP24766  
COMMERCIAL AND INDUSTRIAL INSULATORS INC  
1418 CHESTNUT AVENUE  
VOORHEES, NJ 08043

**PRODUCER 142**

EHLY-COSENZA INSURANCE  
151 EAST EVESHAM ROAD  
PO BOX 318  
RUNNEMEDE, NJ 08078  
(856) 939-1313

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
02/14/2019	02/14/2020	Renewal - Installment # 3	04/14/2019 \$	131.00
02/14/2019	02/14/2020	Renewal - Installment # 4	05/14/2019 \$	121.00
Total Installment Due				\$ 252.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$965.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 252.00**

*Thank you for your business*

Policy Number: AXCP24766

COMMERCIAL AND INDUSTRIAL INSULATORS INC  
1418 CHESTNUT AVENUE  
VOORHEES, NJ 08043

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	02/14/2020	Installment	06/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	07/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	08/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	09/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	10/14/2019	\$ 121.00
02/14/2019	02/14/2020	Installment	11/14/2019	\$ 108.00
Total Future Installments				\$ 713.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCP24766

Your New Address is:

---

---

---

---

---

---

Phone No.: 

---

# INVOICE

Payor's Copy

**Insured**

AXCP24775  
LARRY COLONNA  
T/A LARRY COLONNA PLUMBING  
5 ARDSLEY COURT  
HOLMDEL, NJ 07733

**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
02/05/2019	02/05/2020	Renewal - Installment # 2	05/05/2019 \$	491.00
Total Installment Due				\$ 491.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$972.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 491.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24775

LARRY COLONNA  
T/A LARRY COLONNA PLUMBING  
5 ARDSLEY COURT  
HOLMDEL, NJ 07733

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/05/2019	02/05/2020	Installment	08/05/2019	\$ 481.00
Total Future Installments				\$ 481.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24775  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24775  
LARRY COLONNA  
T/A LARRY COLONNA PLUMBING  
5 ARDSLEY COURT  
HOLMDEL, NJ 07733

**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
02/05/2019	02/05/2020	Renewal - Installment # 2	05/05/2019 \$	491.00
Total Installment Due				\$ 491.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$972.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 491.00**

*Thank you for your business*

Policy Number: AXCP24775

LARRY COLONNA  
T/A LARRY COLONNA PLUMBING  
5 ARDSLEY COURT  
HOLMDEL, NJ 07733

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/05/2019	02/05/2020	Installment	08/05/2019	\$ 481.00
Total Future Installments				\$ 481.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCP24775  
Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB24782  
HAMMONTON DISCOUNT LIQUOR &  
BAR INC T/A RAILROAD BAR & GRILL  
250 MIDDLE ROAD  
HAMMONTON, NJ 08037

**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 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 \$	1,774.00
Total Installment Due				\$ 1,774.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$3,538.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

INVESTORS BANK  
101 WOOD AVE SOUTH  
ISELIN, NJ 08830

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,774.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24782

**Mortgagee Information**

INVESTORS BANK  
101 WOOD AVE SOUTH  
ISELIN, NJ 08830

HAMMONTON DISCOUNT LIQUOR &  
BAR INC T/A RAILROAD BAR & GRILL  
250 MIDDLE ROAD  
HAMMONTON, NJ 08037

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	\$ 1,764.00
Total Future Installments				\$ 1,764.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB24782  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB24782  
HAMMONTON DISCOUNT LIQUOR &  
BAR INC T/A RAILROAD BAR & GRILL  
250 MIDDLE ROAD  
HAMMONTON, NJ 08037

**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 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 \$	1,774.00
Total Installment Due				\$ 1,774.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$3,538.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

INVESTORS BANK  
101 WOOD AVE SOUTH  
ISELIN, NJ 08830

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,774.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24782

HAMMONTON DISCOUNT LIQUOR &  
BAR INC T/A RAILROAD BAR & GRILL  
250 MIDDLE ROAD  
HAMMONTON, NJ 08037

**Mortgagee Information**

INVESTORS BANK  
101 WOOD AVE SOUTH  
ISELIN, NJ 08830

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	\$ 1,764.00
Total Future Installments				\$ 1,764.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB24782  
Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP24842  
MATT BARRON INC  
3 GLENWOOD DRIVE  
MONTVILLE, NJ 07045

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	02/14/2020	Renewal - Installment # 2	05/14/2019 \$	326.00
Total Installment Due				\$ 326.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$832.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 326.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCP24842

MATT BARRON INC  
3 GLENWOOD DRIVE  
MONTVILLE, NJ 07045

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	02/14/2020	Installment	08/14/2019	\$ 316.00
02/14/2019	02/14/2020	Installment	11/14/2019	\$ 190.00
Total Future Installments				\$ 506.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCP24842

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP24842  
MATT BARRON INC  
3 GLENWOOD DRIVE  
MONTVILLE, NJ 07045

**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 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	02/14/2020	Renewal - Installment # 2	05/14/2019 \$	326.00
Total Installment Due				\$ 326.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$832.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 326.00**

*Thank you for your business*

Policy Number: AXCP24842

MATT BARRON INC  
3 GLENWOOD DRIVE  
MONTVILLE, NJ 07045

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	02/14/2020	Installment	08/14/2019	\$ 316.00
02/14/2019	02/14/2020	Installment	11/14/2019	\$ 190.00
Total Future Installments				\$ 506.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCP24842

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**  
AXB24865  
MONGE CORP.  
C/O EDGARDO MONGE  
478 VALLEY RD  
CLIFTON, NJ 07013

**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
02/14/2019	01/10/2020	Renewal - Installment # 2	04/10/2019 \$	6,210.00
Total Installment Due				\$ 6,210.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$12,410.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 6,210.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24865

MONGE CORP.  
C/O EDGARDO MONGE  
478 VALLEY RD  
CLIFTON, NJ 07013

03/18/2019 - Inv

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	01/10/2020	Installment	07/10/2019	\$ 6,200.00
Total Future Installments				\$ 6,200.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24865

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB24865  
MONGE CORP.  
C/O EDGARDO MONGE  
478 VALLEY RD  
CLIFTON, NJ 07013

**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
02/14/2019	01/10/2020	Renewal - Installment # 2	04/10/2019 \$	6,210.00
Total Installment Due				\$ 6,210.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$12,410.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 6,210.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB24865

MONGE CORP.  
C/O EDGARDO MONGE  
478 VALLEY RD  
CLIFTON, NJ 07013

**Mortgagee Information**

UNITY BANK  
64 OLD HIGHWAY 22  
CLINTON, NJ 08809

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/14/2019	01/10/2020	Installment	07/10/2019	\$ 6,200.00
Total Future Installments				\$ 6,200.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB24865

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXBR24901  
THE DOC'S PLACE LLC  
DBA THE DOC'S PLACE AT HARBOUR COVE  
AND MUGRUG, LLC  
638-646 BAY AVENUE  
SOMERS POINT, NJ 08244

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

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	Amount is Past Due	03/01/2019	\$ 2,427.00
08/01/2018	08/01/2019	Renewal - Installment # 9	04/01/2019	\$ 2,427.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/01/2019	\$ 2,148.00
Total Installment Due				\$ 7,002.00

**Mortgagee Information**

UNIVEST BANK AND TRUST CO  
PO BOX 376  
SODERTON, PA 18964

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 7,002.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXBR24901

**Mortgagee Information**

UNIVEST BANK AND TRUST CO  
PO BOX 376  
SODERTON, PA 18964

THE DOC'S PLACE LLC  
DBA THE DOC'S PLACE AT HARBOUR COVE  
AND MUGRUG, LLC  
638-646 BAY AVENUE  
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR24901

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXBR24901  
THE DOC'S PLACE LLC  
DBA THE DOC'S PLACE AT HARBOUR COVE  
AND MUGRUG, LLC  
638-646 BAY AVENUE  
SOMERS POINT, NJ 08244

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

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	Amount is Past Due	03/01/2019 \$	2,427.00
08/01/2018	08/01/2019	Renewal - Installment # 9	04/01/2019 \$	2,427.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/01/2019 \$	2,148.00
Total Installment Due				\$ 7,002.00

**Mortgagee Information**

UNIVEST BANK AND TRUST CO  
PO BOX 376  
SOUDERTON, PA 18964

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 7,002.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXBR24901

**Mortgagee Information**

UNIVEST BANK AND TRUST CO  
PO BOX 376  
SOUDERTON, PA 18964

THE DOC'S PLACE LLC  
DBA THE DOC'S PLACE AT HARBOUR COVE  
AND MUGRUG, LLC  
638-646 BAY AVENUE  
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR24901

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCP24998  
DANTE SCATTOLINI T/A  
SCATTOLINI BROS & DAN THE HANDYMAN  
611 N WILDWOOD BLVD  
CAPE MAY COURTHOUSE, NJ 08210

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
03/27/2019	03/27/2020	Renewal - Installment # 2	04/27/2019 \$	680.00
03/27/2019	03/27/2020	Renewal - Installment # 3	05/27/2019 \$	670.00
Total Installment Due				\$ 1,350.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$7,521.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,350.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24998

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

DANTE SCATTOLINI T/A  
SCATTOLINI BROS & DAN THE HANDYMAN  
611 N WILDWOOD BLVD  
CAPE MAY COURTHOUSE, NJ 08210

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/27/2019	03/27/2020	Installment	06/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	07/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	08/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	09/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	10/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	11/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	12/27/2019	\$ 597.00

Total Future Installments \$ 4,617.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCP24998

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCP24998  
DANTE SCATTOLINI T/A  
SCATTOLINI BROS & DAN THE HANDYMAN  
611 N WILDWOOD BLVD  
CAPE MAY COURTHOUSE, NJ 08210

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

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
03/27/2019	03/27/2020	Renewal - Installment # 2	04/27/2019 \$	680.00
03/27/2019	03/27/2020	Renewal - Installment # 3	05/27/2019 \$	670.00
Total Installment Due				\$ 1,350.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$7,521.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,350.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCP24998

**Mortgagee Information**

CAPE BANK  
225 NORTH MAIN STREET  
CAPE MAY COURT HOUSE, NJ 08210

DANTE SCATTOLINI T/A  
SCATTOLINI BROS & DAN THE HANDYMAN  
611 N WILDWOOD BLVD  
CAPE MAY COURTHOUSE, NJ 08210

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/27/2019	03/27/2020	Installment	06/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	07/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	08/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	09/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	10/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	11/27/2019	\$ 670.00
03/27/2019	03/27/2020	Installment	12/27/2019	\$ 597.00

Total Future Installments \$ 4,617.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCP24998

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB25043  
CASTLE HARBOR DRIVE-IN, INC  
59 ST. MIHIEL DRIVE  
DELRAN, NJ 08075

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/13/2019	03/13/2020	Amount is Past Due	03/13/2019 \$	740.00
03/13/2019	03/13/2020	Renewal - Installment # 2	04/13/2019 \$	332.00
03/13/2019	03/13/2020	Renewal - Installment # 3	05/13/2019 \$	322.00
Total Installment Due				\$ 1,394.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$3,611.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,394.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB25043

CASTLE HARBOR DRIVE-IN, INC  
59 ST. MIHIEL DRIVE  
DELRAN, NJ 08075

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/13/2019	03/13/2020	Installment	06/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	07/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	08/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	09/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	10/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	11/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	12/13/2019	\$ 285.00

Total Future Installments \$ 2,217.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB25043

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB25043  
CASTLE HARBOR DRIVE-IN, INC  
59 ST. MIHIEL DRIVE  
DELRAN, NJ 08075

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/13/2019	03/13/2020	Amount is Past Due	03/13/2019 \$	740.00
03/13/2019	03/13/2020	Renewal - Installment # 2	04/13/2019 \$	332.00
03/13/2019	03/13/2020	Renewal - Installment # 3	05/13/2019 \$	322.00
Total Installment Due				\$ 1,394.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

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FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,394.00**

*Thank you for your business*

Policy Number: AXB25043

CASTLE HARBOR DRIVE-IN, INC  
59 ST. MIHIEL DRIVE  
DELRAN, NJ 08075

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/13/2019	03/13/2020	Installment	06/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	07/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	08/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	09/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	10/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	11/13/2019	\$ 322.00
03/13/2019	03/13/2020	Installment	12/13/2019	\$ 285.00

Total Future Installments \$ 2,217.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB25043

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXB25094  
JACK TROCKI DEVELOPMENT, LLC  
PO BOX 689  
NORTHFIELD, NJ 08225

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
04/04/2019	04/04/2020	Renewal - Installment # 2	05/04/2019 \$	936.00
Total Installment Due				\$ 936.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$10,357.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 936.00**

*Thank you for your business*

Policy Number: AXB25094

JACK TROCKI DEVELOPMENT, LLC  
PO BOX 689  
NORTHFIELD, NJ 08225

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
04/04/2019	04/04/2020	Installment	06/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	07/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	08/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	09/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	10/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	11/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	12/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	01/04/2020	\$ 823.00
Total Future Installments				\$ 7,305.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB25094

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXB25094  
JACK TROCKI DEVELOPMENT, LLC  
PO BOX 689  
NORTHFIELD, NJ 08225

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
04/04/2019	04/04/2020	Renewal - Installment # 2	05/04/2019 \$	936.00
Total Installment Due				\$ 936.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

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can pay in installments with a \$10.00  
per payment charge.

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AXIS Insurance Company

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AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)

**Pay This Amount: \$ 936.00**

*Thank you for your business*

Policy Number: AXB25094

JACK TROCKI DEVELOPMENT, LLC  
PO BOX 689  
NORTHFIELD, NJ 08225

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
04/04/2019	04/04/2020	Installment	06/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	07/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	08/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	09/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	10/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	11/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	12/04/2019	\$ 926.00
04/04/2019	04/04/2020	Installment	01/04/2020	\$ 823.00
Total Future Installments				\$ 7,305.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXB25094

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCP25394  
CLIFFORD BREECE T/A  
BREECE TILE  
60 BURTIS AVENUE  
HAMILTON SQUARE, NJ 08690

**PRODUCER 751**

BEATTY & ASSOCIATES, LLC  
460 ROUTE 22 WEST  
BUILDING 1, SUITE 106  
WHITEHOUSE STATION, NJ 08889  
(908) 923-4291

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
06/23/2018	06/23/2019	Renewal - Installment # 4	03/23/2019 \$	134.00
Total Installment Due				\$ 134.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 134.00**

*Thank you for your business*

Policy Number: AXCP25394

CLIFFORD BREECE T/A  
BREECE TILE  
60 BURTIS AVENUE  
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP25394

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP25394  
CLIFFORD BREECE T/A  
BREECE TILE  
60 BURTIS AVENUE  
HAMILTON SQUARE, NJ 08690

**PRODUCER 751**

BEATTY & ASSOCIATES, LLC  
460 ROUTE 22 WEST  
BUILDING 1, SUITE 106  
WHITEHOUSE STATION, NJ 08889  
(908) 923-4291

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
06/23/2018	06/23/2019	Renewal - Installment # 4	03/23/2019 \$	134.00
Total Installment Due				\$ 134.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 134.00**

*Thank you for your business*

Policy Number: AXCP25394

CLIFFORD BREECE T/A  
BREECE TILE  
60 BURTIS AVENUE  
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP25394

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCF110000013  
MANZI HEAVY EQUIPMENT MAINTENANCE, INC.  
KEVIN & BARBARA MANZI (BUILDING OWNER)  
90 HARKINS DRIVE  
BURLINGTON, NJ 08016

**PRODUCER 773**

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.  
300 1/2 BROAD STREET  
FLORENCE, NJ 08518  
(609) 499-0533

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/09/2018	10/09/2019	Amount is Past Due	03/09/2019	\$ 343.00
10/09/2018	10/09/2019	Renewal - Installment # 7	04/09/2019	\$ 363.00
10/09/2018	10/09/2019	Renewal - Installment # 8	05/09/2019	\$ 353.00
Total Installment Due				\$ 1,059.00

**Mortgagee Information**

BENEFICIAL BANK  
1818 MARKET STREET  
PHILADELPHIA, PA 19103  
LOAN NO.: 2800601562

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,059.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF110000013

MANZI HEAVY EQUIPMENT MAINTENANCE, INC.  
KEVIN & BARBARA MANZI (BUILDING OWNER)  
90 HARKINS DRIVE  
BURLINGTON, NJ 08016

**Mortgagee Information**

BENEFICIAL BANK  
1818 MARKET STREET  
PHILADELPHIA, PA 19103  
LOAN NO.: 2800601562

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110000013

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF110000013  
MANZI HEAVY EQUIPMENT MAINTENANCE, INC.  
KEVIN & BARBARA MANZI (BUILDING OWNER)  
90 HARKINS DRIVE  
BURLINGTON, NJ 08016

**PRODUCER 773**

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.  
300 1/2 BROAD STREET  
FLORENCE, NJ 08518  
(609) 499-0533

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/09/2018	10/09/2019	Amount is Past Due	03/09/2019	\$ 343.00
10/09/2018	10/09/2019	Renewal - Installment # 7	04/09/2019	\$ 363.00
10/09/2018	10/09/2019	Renewal - Installment # 8	05/09/2019	\$ 353.00
Total Installment Due				\$ 1,059.00

**Mortgagee Information**

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1818 MARKET STREET  
PHILADELPHIA, PA 19103  
LOAN NO.: 2800601562

Please Make Checks Payable to:

AXIS Insurance Company

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To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,059.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF110000013

MANZI HEAVY EQUIPMENT MAINTENANCE, INC.  
KEVIN & BARBARA MANZI (BUILDING OWNER)  
90 HARKINS DRIVE  
BURLINGTON, NJ 08016

**Mortgagee Information**

BENEFICIAL BANK  
1818 MARKET STREET  
PHILADELPHIA, PA 19103  
LOAN NO.: 2800601562

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110000013

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCF110000016  
EFFECTIVE ALARM SYSTEMS, INC  
PO BOX 456  
KEARNY, NJ 07032

**PRODUCER 702**

SAS INSURANCE AGENCY INC  
233 KEARNY AVENUE  
PO BOX 1009  
KEARNY, NJ 07032  
(201) 997-2360

Policy Type:  
COMMERCIAL FIRE

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 \$	1,159.00
Total Installment Due				\$ 1,159.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$2,997.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,159.00**

*Thank you for your business*

Policy Number: AXCF110000016

EFFECTIVE ALARM SYSTEMS, INC  
PO BOX 456  
KEARNY, NJ 07032

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	\$ 1,149.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 689.00
Total Future Installments				\$ 1,838.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCF110000016

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF110000016  
EFFECTIVE ALARM SYSTEMS, INC  
PO BOX 456  
KEARNY, NJ 07032

**PRODUCER 702**

SAS INSURANCE AGENCY INC  
233 KEARNY AVENUE  
PO BOX 1009  
KEARNY, NJ 07032  
(201) 997-2360

Policy Type:  
COMMERCIAL FIRE

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 \$	1,159.00
Total Installment Due				\$ 1,159.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

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411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,159.00**

*Thank you for your business*

Policy Number: AXCF110000016

EFFECTIVE ALARM SYSTEMS, INC  
PO BOX 456  
KEARNY, NJ 07032

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	\$ 1,149.00
02/28/2019	02/28/2020	Installment	11/30/2019	\$ 689.00
Total Future Installments				\$ 1,838.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXCF110000016

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCF110001010  
AH KNOETTNER & SONS INC  
T/A AUDUBON PLUMBING SUPPLY  
515 THIRD AVENUE  
AUDUBON, NJ 08106

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/12/2018	08/12/2019	Amount is Past Due	03/12/2019	\$ 412.00
08/12/2018	08/12/2019	Renewal - Installment # 9	04/12/2019	\$ 412.00
08/12/2018	08/12/2019	Renewal - Installment # 10	05/12/2019	\$ 359.00
Total Installment Due				\$ 1,183.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,183.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCF110001010

AH KNOETTNER & SONS INC  
T/A AUDUBON PLUMBING SUPPLY  
515 THIRD AVENUE  
AUDUBON, NJ 08106

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001010

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF110001010  
AH KNOETTNER & SONS INC  
T/A AUDUBON PLUMBING SUPPLY  
515 THIRD AVENUE  
AUDUBON, NJ 08106

**PRODUCER 167**

LAUREL COE & ASSOCIATES  
PO BOX 986  
VOORHEES, NJ 08043  
(856) 346-2300

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/12/2018	08/12/2019	Amount is Past Due	03/12/2019	\$ 412.00
08/12/2018	08/12/2019	Renewal - Installment # 9	04/12/2019	\$ 412.00
08/12/2018	08/12/2019	Renewal - Installment # 10	05/12/2019	\$ 359.00
Total Installment Due				\$ 1,183.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,183.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCF110001010

AH KNOETTNER & SONS INC  
T/A AUDUBON PLUMBING SUPPLY  
515 THIRD AVENUE  
AUDUBON, NJ 08106

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001010

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCF110001012  
COVERED BRIDGE SPORTPLEX CORP  
3010 BORDENTOWN AVE  
SUITE 1  
PARLIN, NJ 08859

**PRODUCER 154**

PAVESE MCCORMICK COMPANIES  
AN ANE, AGENCY NETWORK EXCHANGE, LLC MEMBER  
3759 US HIGHWAY 1  
MONMOUTH JUNCTION, NJ 08852  
(732) 247-9800

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Amount is Past Due	03/10/2019	\$ 792.00
12/10/2018	12/10/2019	Renewal - Installment # 5	04/10/2019	\$ 801.00
12/10/2018	12/10/2019	Renewal - Installment # 6	05/10/2019	\$ 791.00
Total Installment Due				\$ 2,384.00

**Mortgagee Information**

AMBOY BANK  
3590 US HIGHWAY 9  
OLD BRIDGE, NJ 08857

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,384.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001012

**Mortgagee Information**

AMBOY BANK  
3590 US HIGHWAY 9  
OLD BRIDGE, NJ 08857

COVERED BRIDGE SPORTPLEX CORP  
3010 BORDENTOWN AVE  
SUITE 1  
PARLIN, NJ 08859

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Installment	06/10/2019	\$ 791.00
12/10/2018	12/10/2019	Installment	07/10/2019	\$ 791.00
12/10/2018	12/10/2019	Installment	08/10/2019	\$ 791.00
12/10/2018	12/10/2019	Installment	09/10/2019	\$ 703.00
Total Future Installments				\$ 3,076.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCF110001012

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCF110001012  
COVERED BRIDGE SPORTPLEX CORP  
3010 BORDENTOWN AVE  
SUITE 1  
PARLIN, NJ 08859

**PRODUCER 154**

PAVESE MCCORMICK COMPANIES  
AN ANE, AGENCY NETWORK EXCHANGE, LLC MEMBER  
3759 US HIGHWAY 1  
MONMOUTH JUNCTION, NJ 08852  
(732) 247-9800

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Amount is Past Due	03/10/2019	\$ 792.00
12/10/2018	12/10/2019	Renewal - Installment # 5	04/10/2019	\$ 801.00
12/10/2018	12/10/2019	Renewal - Installment # 6	05/10/2019	\$ 791.00
Total Installment Due				\$ 2,384.00

**Mortgagee Information**

AMBOY BANK  
3590 US HIGHWAY 9  
OLD BRIDGE, NJ 08857

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,384.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001012

**Mortgagee Information**

AMBOY BANK  
3590 US HIGHWAY 9  
OLD BRIDGE, NJ 08857

COVERED BRIDGE SPORTPLEX CORP  
3010 BORDENTOWN AVE  
SUITE 1  
PARLIN, NJ 08859

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/10/2018	12/10/2019	Installment	06/10/2019	\$ 791.00
12/10/2018	12/10/2019	Installment	07/10/2019	\$ 791.00
12/10/2018	12/10/2019	Installment	08/10/2019	\$ 791.00
12/10/2018	12/10/2019	Installment	09/10/2019	\$ 703.00
Total Future Installments				\$ 3,076.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCF110001012

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXCF110001132  
MIL WALL LLC & MIL POINT LLC  
DBA: WALL CAR WASH &  
PT. PLEASANT CAR WASH  
155 LAWRENCE BLVD.  
BRICK, NJ 08723

**PRODUCER 742**

COE-BROOKE INSURANCE AGENCY  
2801 BRIDGE AVENUE  
POINT PLEASANT, NJ 08742  
(732) 899-6800

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/25/2018	08/25/2019	Renewal - Installment # 4	05/25/2019 \$	733.00
Total Installment Due				\$ 733.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

HARMONY BANK  
2120 WEST COUNTY LINE ROAD  
JACKSON, NJ 08527

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 733.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001132

**Mortgagee Information**

HARMONY BANK  
2120 WEST COUNTY LINE ROAD  
JACKSON, NJ 08527

MIL WALL LLC & MIL POINT LLC  
DBA: WALL CAR WASH &  
PT. PLEASANT CAR WASH  
155 LAWRENCE BLVD.  
BRICK, NJ 08723

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001132

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF110001132  
MIL WALL LLC & MIL POINT LLC  
DBA: WALL CAR WASH &  
PT. PLEASANT CAR WASH  
155 LAWRENCE BLVD.  
BRICK, NJ 08723

**PRODUCER 742**

COE-BROOKE INSURANCE AGENCY  
2801 BRIDGE AVENUE  
POINT PLEASANT, NJ 08742  
(732) 899-6800

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/25/2018	08/25/2019	Renewal - Installment # 4	05/25/2019 \$	733.00
Total Installment Due				\$ 733.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

HARMONY BANK  
2120 WEST COUNTY LINE ROAD  
JACKSON, NJ 08527

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 733.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001132

**Mortgagee Information**

HARMONY BANK  
2120 WEST COUNTY LINE ROAD  
JACKSON, NJ 08527

MIL WALL LLC & MIL POINT LLC  
DBA: WALL CAR WASH &  
PT. PLEASANT CAR WASH  
155 LAWRENCE BLVD.  
BRICK, NJ 08723

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001132

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCF110001143  
CHOTEE INC  
T/A THE INN AT MILLRACE POND  
P.O. BOX 146  
HOPE, NJ 07844

**PRODUCER 136**

INSURANCE CENTER  
PO BOX 1868  
CRANFORD, NJ 07016  
(732) 574-8000

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/10/2018	09/10/2019	Amount is Past Due	03/07/2019	\$ 2,943.00
09/10/2018	09/10/2019	New Policy - Installment # 8	04/07/2019	\$ 2,943.00
09/10/2018	09/10/2019	New Policy - Installment # 9	05/07/2019	\$ 2,933.00
Total Installment Due				\$ 8,819.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 8,819.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCF110001143

CHOTEE INC  
T/A THE INN AT MILLRACE POND  
P.O. BOX 146  
HOPE, NJ 07844

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/10/2018	09/10/2019	Installment	06/07/2019	\$ 2,608.00
Total Future Installments				\$ 2,608.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCF110001143

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCF110001143  
CHOTEE INC  
T/A THE INN AT MILLRACE POND  
P.O. BOX 146  
HOPE, NJ 07844

**PRODUCER 136**

INSURANCE CENTER  
PO BOX 1868  
CRANFORD, NJ 07016  
(732) 574-8000

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/10/2018	09/10/2019	Amount is Past Due	03/07/2019	\$ 2,943.00
09/10/2018	09/10/2019	New Policy - Installment # 8	04/07/2019	\$ 2,943.00
09/10/2018	09/10/2019	New Policy - Installment # 9	05/07/2019	\$ 2,933.00
Total Installment Due				\$ 8,819.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 8,819.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCF110001143

CHOTEE INC  
T/A THE INN AT MILLRACE POND  
P.O. BOX 146  
HOPE, NJ 07844

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/10/2018	09/10/2019	Installment	06/07/2019	\$ 2,608.00
Total Future Installments				\$ 2,608.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXCF110001143

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCF110001145  
RENTQUEST  
594 BROADWAY SUITE 1107  
NEW YORK, NY 10012

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Amount is Past Due	03/01/2019 \$	8,073.00
02/01/2019	02/01/2020	New Policy - Installment # 3	04/01/2019 \$	2,462.00
02/01/2019	02/01/2020	New Policy - Installment # 4	05/01/2019 \$	2,452.00
Total Installment Due				\$ 12,987.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$27,426.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 12,987.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXCF110001145

RENTQUEST  
594 BROADWAY SUITE 1107  
NEW YORK, NY 10012

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Installment	06/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	07/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	09/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	10/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 2,179.00
Total Future Installments				\$ 14,439.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCF110001145

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXCF110001145  
RENTQUEST  
594 BROADWAY SUITE 1107  
NEW YORK, NY 10012

**PRODUCER 151**

INSURANCE AGENCIES INC  
1601 NEW ROAD SUITE 100  
PO BOX 225  
NORTHFIELD, NJ 08225  
(609) 646-1000

Policy Type:  
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Amount is Past Due	03/01/2019 \$	8,073.00
02/01/2019	02/01/2020	New Policy - Installment # 3	04/01/2019 \$	2,462.00
02/01/2019	02/01/2020	New Policy - Installment # 4	05/01/2019 \$	2,452.00
Total Installment Due				\$ 12,987.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$27,426.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 12,987.00**

*Thank you for your business*

Policy Number: AXCF110001145

RENTQUEST  
594 BROADWAY SUITE 1107  
NEW YORK, NY 10012

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	06/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	07/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	08/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	09/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	10/01/2019	\$ 2,452.00
02/01/2019	02/01/2020	Installment	11/01/2019	\$ 2,179.00
Total Future Installments				\$ 14,439.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXCF110001145

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120000031  
3 BROTHERS INC  
T/A NEMO'S  
9815 THIRD AVENUE  
STONE HARBOR, NJ 08247

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/22/2019	03/22/2020	Renewal - Installment # 2	04/22/2019 \$	364.00
03/22/2019	03/22/2020	Renewal - Installment # 3	05/22/2019 \$	354.00
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 \$3,978.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 718.00**

*Thank you for your business*

Policy Number: AXGL120000031

3 BROTHERS INC  
T/A NEMO'S  
9815 THIRD AVENUE  
STONE HARBOR, NJ 08247

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/22/2019	03/22/2020	Installment	06/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	07/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	08/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	09/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	10/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	11/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	12/22/2019	\$ 315.00

Total Future Installments \$ 2,439.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120000031

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXGL120000031  
3 BROTHERS INC  
T/A NEMO'S  
9815 THIRD AVENUE  
STONE HARBOR, NJ 08247

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/22/2019	03/22/2020	Renewal - Installment # 2	04/22/2019 \$	364.00
03/22/2019	03/22/2020	Renewal - Installment # 3	05/22/2019 \$	354.00
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 \$3,978.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 718.00**

*Thank you for your business*

Policy Number: AXGL120000031

3 BROTHERS INC  
T/A NEMO'S  
9815 THIRD AVENUE  
STONE HARBOR, NJ 08247

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/22/2019	03/22/2020	Installment	06/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	07/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	08/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	09/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	10/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	11/22/2019	\$ 354.00
03/22/2019	03/22/2020	Installment	12/22/2019	\$ 315.00

Total Future Installments \$ 2,439.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120000031

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120000079  
CLYDE BOISTON  
2054 ROUTE 130 N  
BURLINGTON, NJ 08016

**PRODUCER 773**

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.  
300 1/2 BROAD STREET  
FLORENCE, NJ 08518  
(609) 499-0533

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/05/2019	01/05/2020	Amount is Past Due	03/05/2019	\$ 138.00
01/05/2019	01/05/2020	Renewal - Installment # 4	04/05/2019	\$ 138.00
01/05/2019	01/05/2020	Renewal - Installment # 5	05/05/2019	\$ 128.00
Total Installment Due				\$ 404.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 404.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000079

CLYDE BOISTON  
2054 ROUTE 130 N  
BURLINGTON, NJ 08016

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/05/2019	01/05/2020	Installment	06/05/2019	\$ 128.00
01/05/2019	01/05/2020	Installment	07/05/2019	\$ 128.00
01/05/2019	01/05/2020	Installment	08/05/2019	\$ 128.00
Total Future Installments				\$ 384.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120000079

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXGL120000079  
CLYDE BOISTON  
2054 ROUTE 130 N  
BURLINGTON, NJ 08016

**PRODUCER 773**

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.  
300 1/2 BROAD STREET  
FLORENCE, NJ 08518  
(609) 499-0533

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/05/2019	01/05/2020	Amount is Past Due	03/05/2019	\$ 138.00
01/05/2019	01/05/2020	Renewal - Installment # 4	04/05/2019	\$ 138.00
01/05/2019	01/05/2020	Renewal - Installment # 5	05/05/2019	\$ 128.00
Total Installment Due				\$ 404.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 404.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000079

CLYDE BOISTON  
2054 ROUTE 130 N  
BURLINGTON, NJ 08016

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/05/2019	01/05/2020	Installment	06/05/2019	\$ 128.00
01/05/2019	01/05/2020	Installment	07/05/2019	\$ 128.00
01/05/2019	01/05/2020	Installment	08/05/2019	\$ 128.00
Total Future Installments				\$ 384.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120000079

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120000081  
TODD JOHNSON T/A  
TODD JOHNSON ELECTRICAL  
305 COLLINS AVENUE  
MOORESTOWN, NJ 08057

**PRODUCER 773**

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.  
300 1/2 BROAD STREET  
FLORENCE, NJ 08518  
(609) 499-0533

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Amount is Past Due	03/03/2019 \$	64.00
02/03/2019	02/03/2020	Renewal - Installment # 3	04/03/2019 \$	64.00
02/03/2019	02/03/2020	Renewal - Installment # 4	05/03/2019 \$	54.00
Total Installment Due				\$ 182.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 182.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000081

TODD JOHNSON T/A  
TODD JOHNSON ELECTRICAL  
305 COLLINS AVENUE  
MOORESTOWN, NJ 08057

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	06/03/2019	\$ 54.00
02/03/2019	02/03/2020	Installment	07/03/2019	\$ 54.00
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 54.00
02/03/2019	02/03/2020	Installment	09/03/2019	\$ 54.00
Total Future Installments				\$ 216.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120000081

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXGL120000081  
TODD JOHNSON T/A  
TODD JOHNSON ELECTRICAL  
305 COLLINS AVENUE  
MOORESTOWN, NJ 08057

**PRODUCER 773**

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.  
300 1/2 BROAD STREET  
FLORENCE, NJ 08518  
(609) 499-0533

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Amount is Past Due	03/03/2019 \$	64.00
02/03/2019	02/03/2020	Renewal - Installment # 3	04/03/2019 \$	64.00
02/03/2019	02/03/2020	Renewal - Installment # 4	05/03/2019 \$	54.00
Total Installment Due				\$ 182.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 182.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000081

TODD JOHNSON T/A  
TODD JOHNSON ELECTRICAL  
305 COLLINS AVENUE  
MOORESTOWN, NJ 08057

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/03/2019	02/03/2020	Installment	06/03/2019	\$ 54.00
02/03/2019	02/03/2020	Installment	07/03/2019	\$ 54.00
02/03/2019	02/03/2020	Installment	08/03/2019	\$ 54.00
02/03/2019	02/03/2020	Installment	09/03/2019	\$ 54.00
Total Future Installments				\$ 216.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120000081

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120000112  
JPR ENTERPRISES INC  
T/A CAPRI MOTOR LODGE  
1033 BEACH DRIVE  
CAPE MAY, NJ 08204

**PRODUCER 102**

AHART, FRINZI, & SMITH  
2250 BELVIDERE ROAD  
PO BOX 31  
PHILLIPSBURG, NJ 08865  
(908) 454-4170

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/25/2018	06/25/2019	Amount is Past Due	02/25/2019 \$	703.00
06/25/2018	06/25/2019	Renewal - Installment # 10	03/25/2019 \$	626.00
Total Installment Due				\$ 1,329.00

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,329.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000112

JPR ENTERPRISES INC  
T/A CAPRI MOTOR LODGE  
1033 BEACH DRIVE  
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000112

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120000112  
JPR ENTERPRISES INC  
T/A CAPRI MOTOR LODGE  
1033 BEACH DRIVE  
CAPE MAY, NJ 08204

**PRODUCER 102**

AHART, FRINZI, & SMITH  
2250 BELVIDERE ROAD  
PO BOX 31  
PHILLIPSBURG, NJ 08865  
(908) 454-4170

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/25/2018	06/25/2019	Amount is Past Due	02/25/2019 \$	703.00
06/25/2018	06/25/2019	Renewal - Installment # 10	03/25/2019 \$	626.00
Total Installment Due				\$ 1,329.00

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,329.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000112

JPR ENTERPRISES INC  
T/A CAPRI MOTOR LODGE  
1033 BEACH DRIVE  
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000112

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXGL120000125  
AUDOMA LLC  
T/A WAIKIKI OCEANFRONT INN  
6211 OCEAN AVENUE  
WILDWOOD CREST, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

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 \$	1,069.00
09/14/2018	09/14/2019	Renewal - Installment # 8	04/14/2019 \$	1,069.00
09/14/2018	09/14/2019	Renewal - Installment # 9	05/14/2019 \$	1,059.00
Total Installment Due				\$ 3,197.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,197.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120000125

AUDOMA LLC  
T/A WAIKIKI OCEANFRONT INN  
6211 OCEAN AVENUE  
WILDWOOD CREST, NJ 08260

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	\$ 941.00
Total Future Installments				\$ 941.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120000125

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120000125  
AUDOMA LLC  
T/A WAIKIKI OCEANFRONT INN  
6211 OCEAN AVENUE  
WILDWOOD CREST, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

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 \$	1,069.00
09/14/2018	09/14/2019	Renewal - Installment # 8	04/14/2019 \$	1,069.00
09/14/2018	09/14/2019	Renewal - Installment # 9	05/14/2019 \$	1,059.00
Total Installment Due				\$ 3,197.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,197.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120000125

AUDOMA LLC  
T/A WAIKIKI OCEANFRONT INN  
6211 OCEAN AVENUE  
WILDWOOD CREST, NJ 08260

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	\$ 941.00
Total Future Installments				\$ 941.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120000125

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120000128  
UNLIMITED VARIETY  
637 DAVE MARION ROAD  
TOMS RIVER, NJ 08753

**PRODUCER 111**

BROUWER & IZDEBSKI INSURANCE  
240 MAIN STREET  
PO BOX 5018  
TOMS RIVER, NJ 08753  
(732) 349-2300

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Renewal - Installment # 3	05/24/2019 \$	135.00
Total Installment Due				\$ 135.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$210.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 135.00**

*Thank you for your business*

Policy Number: AXGL120000128

UNLIMITED VARIETY  
637 DAVE MARION ROAD  
TOMS RIVER, NJ 08753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Installment	08/24/2019	\$ 75.00
Total Future Installments				\$ 75.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120000128

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120000128  
UNLIMITED VARIETY  
637 DAVE MARION ROAD  
TOMS RIVER, NJ 08753

**PRODUCER 111**

BROUWER & IZDEBSKI INSURANCE  
240 MAIN STREET  
PO BOX 5018  
TOMS RIVER, NJ 08753  
(732) 349-2300

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Renewal - Installment # 3	05/24/2019 \$	135.00
Total Installment Due				\$ 135.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$210.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 135.00**

*Thank you for your business*

Policy Number: AXGL120000128

UNLIMITED VARIETY  
637 DAVE MARION ROAD  
TOMS RIVER, NJ 08753

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/24/2018	11/24/2019	Installment	08/24/2019	\$ 75.00
Total Future Installments				\$ 75.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120000128

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXGL120001024  
32 BELMONT AVENUE REALTY LLC  
91 MAIN STREET REALTY LLC  
60 HAYWARD PLACE REALTY LLC  
C/O THE RADIATOR STORE INC  
136 US HWY 46E  
LODI, NJ 07544

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/07/2018	09/07/2019	Amount is Past Due	03/07/2019 \$	515.00
09/07/2018	09/07/2019	Renewal - Installment # 8	04/07/2019 \$	525.00
Total Installment Due				\$ 1,040.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,040.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001024

32 BELMONT AVENUE REALTY LLC  
91 MAIN STREET REALTY LLC  
60 HAYWARD PLACE REALTY LLC  
C/O THE RADIATOR STORE INC  
136 US HWY 46E  
LODI, NJ 07544

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001024

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001024  
32 BELMONT AVENUE REALTY LLC  
91 MAIN STREET REALTY LLC  
60 HAYWARD PLACE REALTY LLC  
C/O THE RADIATOR STORE INC  
136 US HWY 46E  
LODI, NJ 07544

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/07/2018	09/07/2019	Amount is Past Due	03/07/2019 \$	515.00
09/07/2018	09/07/2019	Renewal - Installment # 8	04/07/2019 \$	525.00
Total Installment Due				\$ 1,040.00

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](http://www.ggund.com/axis)

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

**Pay This Amount: \$ 1,040.00**

*Thank you for your business*

Policy Number: AXGL120001024

03/18/2019 - Inv  
32 BELMONT AVENUE REALTY LLC  
91 MAIN STREET REALTY LLC  
60 HAYWARD PLACE REALTY LLC  
C/O THE RADIATOR STORE INC  
136 US HWY 46E  
LODI, NJ 07544

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001024

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120001027  
FOUR WINDS CONDOMINIUM  
C/O TOM POLO  
15 MULBERRY ROAD  
TURNERSVILLE, NJ 08012

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/05/2018	12/05/2019	Renewal - Installment # 5	04/05/2019 \$	1,330.00
12/05/2018	12/05/2019	Renewal - Installment # 6	05/05/2019 \$	1,320.00
Total Installment Due				\$ 2,650.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$7,783.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,650.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001027

FOUR WINDS CONDOMINIUM  
C/O TOM POLO  
15 MULBERRY ROAD  
TURNERSVILLE, NJ 08012

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	\$ 1,320.00
12/05/2018	12/05/2019	Installment	07/05/2019	\$ 1,320.00
12/05/2018	12/05/2019	Installment	08/05/2019	\$ 1,320.00
12/05/2018	12/05/2019	Installment	09/05/2019	\$ 1,173.00
Total Future Installments				\$ 5,133.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120001027

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001027  
FOUR WINDS CONDOMINIUM  
C/O TOM POLO  
15 MULBERRY ROAD  
TURNERSVILLE, NJ 08012

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/05/2018	12/05/2019	Renewal - Installment # 5	04/05/2019 \$	1,330.00
12/05/2018	12/05/2019	Renewal - Installment # 6	05/05/2019 \$	1,320.00
Total Installment Due				\$ 2,650.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$7,783.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,650.00**

*Thank you for your business*

Policy Number: AXGL120001027

FOUR WINDS CONDOMINIUM  
C/O TOM POLO  
15 MULBERRY ROAD  
TURNERSVILLE, NJ 08012

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	\$ 1,320.00
12/05/2018	12/05/2019	Installment	07/05/2019	\$ 1,320.00
12/05/2018	12/05/2019	Installment	08/05/2019	\$ 1,320.00
12/05/2018	12/05/2019	Installment	09/05/2019	\$ 1,173.00
Total Future Installments				\$ 5,133.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001027

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120001050  
MAGTON INC T/A  
BEACH CLUB HOTEL  
P O BOX 929  
OCEAN CITY, NJ 08226

**PRODUCER 710**

THOMAS H. HEIST INSURANCE AGENCY  
700 WEST AVENUE  
PO BOX 480  
OCEAN CITY, NJ 08226  
(609) 399-0655

Policy Type:  
GENERAL LIABILITY

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 \$	8,698.00
Total Installment Due				\$ 8,698.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$17,386.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 8,698.00**

*Thank you for your business*

Policy Number: AXGL120001050

MAGTON INC T/A  
BEACH CLUB HOTEL  
P O BOX 929  
OCEAN CITY, NJ 08226

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	\$ 8,688.00
Total Future Installments				\$ 8,688.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120001050

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001050  
MAGTON INC T/A  
BEACH CLUB HOTEL  
P O BOX 929  
OCEAN CITY, NJ 08226

**PRODUCER 710**

THOMAS H. HEIST INSURANCE AGENCY  
700 WEST AVENUE  
PO BOX 480  
OCEAN CITY, NJ 08226  
(609) 399-0655

Policy Type:  
GENERAL LIABILITY

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 \$	8,698.00
Total Installment Due				\$ 8,698.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$17,386.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 8,698.00**

*Thank you for your business*

Policy Number: AXGL120001050

MAGTON INC T/A  
BEACH CLUB HOTEL  
P O BOX 929  
OCEAN CITY, NJ 08226

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	\$ 8,688.00
Total Future Installments				\$ 8,688.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120001050

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120001052  
MAGTON INC  
P O BOX 929  
OCEAN CITY, NJ 08226

**PRODUCER 710**

THOMAS H. HEIST INSURANCE AGENCY  
700 WEST AVENUE  
PO BOX 480  
OCEAN CITY, NJ 08226  
(609) 399-0655

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Renewal - Installment # 2	04/01/2019 \$	1,664.00
Total Installment Due				\$ 1,664.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$4,310.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,664.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001052

MAGTON INC  
P O BOX 929  
OCEAN CITY, NJ 08226

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	\$ 1,654.00
01/01/2019	01/01/2020	Installment	10/01/2019	\$ 992.00
Total Future Installments				\$ 2,646.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120001052

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001052  
MAGTON INC  
P O BOX 929  
OCEAN CITY, NJ 08226

**PRODUCER 710**

THOMAS H. HEIST INSURANCE AGENCY  
700 WEST AVENUE  
PO BOX 480  
OCEAN CITY, NJ 08226  
(609) 399-0655

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
01/01/2019	01/01/2020	Renewal - Installment # 2	04/01/2019 \$	1,664.00
Total Installment Due				\$ 1,664.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$4,310.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,664.00**

*Thank you for your business*

Policy Number: AXGL120001052

MAGTON INC  
P O BOX 929  
OCEAN CITY, NJ 08226

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	\$ 1,654.00
01/01/2019	01/01/2020	Installment	10/01/2019	\$ 992.00
Total Future Installments				\$ 2,646.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120001052

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXGL120001083  
MILLY'S RESTAURANT  
602 E CHESTNUT AVENUE  
VINELAND, NJ 08360

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/27/2018	08/27/2019	Amount is Past Due	02/27/2019 \$	462.00
08/27/2018	08/27/2019	Renewal - Installment # 4	05/27/2019 \$	282.00
Total Installment Due				\$ 744.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 744.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001083

MILLY'S RESTAURANT  
602 E CHESTNUT AVENUE  
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001083

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001083  
MILLY'S RESTAURANT  
602 E CHESTNUT AVENUE  
VINELAND, NJ 08360

**PRODUCER 265**

BIONDI INSURANCE AGENCY, INC  
525 ELMER STREET  
PO BOX 1418  
VINELAND, NJ 08362  
(856) 696-0700

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/27/2018	08/27/2019	Amount is Past Due	02/27/2019 \$	462.00
08/27/2018	08/27/2019	Renewal - Installment # 4	05/27/2019 \$	282.00
Total Installment Due				\$ 744.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 744.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001083

MILLY'S RESTAURANT  
602 E CHESTNUT AVENUE  
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001083

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120001189  
THE TASTY LADY LLC  
T/A THE WILD FOX CAFE  
PO BOX 2605  
WILDWOOD, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/11/2019	03/11/2020	Amount is Past Due	03/11/2019 \$	357.00
03/11/2019	03/11/2020	Renewal - Installment # 2	04/11/2019 \$	159.00
03/11/2019	03/11/2020	Renewal - Installment # 3	05/11/2019 \$	149.00
Total Installment Due				\$ 665.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,692.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 665.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001189

THE TASTY LADY LLC  
T/A THE WILD FOX CAFE  
PO BOX 2605  
WILDWOOD, NJ 08260

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/11/2019	03/11/2020	Installment	06/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	07/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	08/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	09/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	10/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	11/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	12/11/2019	\$ 133.00

Total Future Installments \$ 1,027.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001189

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXGL120001189  
THE TASTY LADY LLC  
T/A THE WILD FOX CAFE  
PO BOX 2605  
WILDWOOD, NJ 08260

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/11/2019	03/11/2020	Amount is Past Due	03/11/2019 \$	357.00
03/11/2019	03/11/2020	Renewal - Installment # 2	04/11/2019 \$	159.00
03/11/2019	03/11/2020	Renewal - Installment # 3	05/11/2019 \$	149.00
Total Installment Due				\$ 665.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,692.00  
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](http://www.ggund.com/axis)

**Pay This Amount: \$ 665.00**

*Thank you for your business*

Policy Number: AXGL120001189

THE TASTY LADY LLC  
T/A THE WILD FOX CAFE  
PO BOX 2605  
WILDWOOD, NJ 08260

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/11/2019	03/11/2020	Installment	06/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	07/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	08/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	09/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	10/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	11/11/2019	\$ 149.00
03/11/2019	03/11/2020	Installment	12/11/2019	\$ 133.00

Total Future Installments \$ 1,027.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001189

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120001204  
WILL-BERT CORP  
T/A GODMOTHERS  
2976 BYBROOK DRIVE  
VILLAS, NJ 08251

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

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 \$	793.00
Total Installment Due				\$ 793.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,262.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 793.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001204

WILL-BERT CORP  
T/A GODMOTHERS  
2976 BYBROOK DRIVE  
VILLAS, NJ 08251

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	\$ 469.00
Total Future Installments				\$ 469.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120001204

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001204  
WILL-BERT CORP  
T/A GODMOTHERS  
2976 BYBROOK DRIVE  
VILLAS, NJ 08251

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

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 \$	793.00
Total Installment Due				\$ 793.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,262.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 793.00**

*Thank you for your business*

Policy Number: AXGL120001204

WILL-BERT CORP  
T/A GODMOTHERS  
2976 BYBROOK DRIVE  
VILLAS, NJ 08251

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	\$ 469.00
Total Future Installments				\$ 469.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120001204

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120001220  
LOVEGRACEPEACE, LLC  
DBA COLTS NECK INN HOTEL  
191 ROUTE 537  
COLTS NECK, NJ 07722

**PRODUCER 180**

E & K AGENCY  
613 HOPE ROAD  
VICTORIA COMMONS  
EATONTOWN, NJ 07724  
(732) 389-6000

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/30/2018	06/30/2019	Renewal - Installment # 10	03/31/2019 \$	721.00
Total Installment Due				\$ 721.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 721.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001220

LOVEGRACEPEACE, LLC  
DBA COLTS NECK INN HOTEL  
191 ROUTE 537  
COLTS NECK, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001220

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001220  
LOVEGRACEPEACE, LLC  
DBA COLTS NECK INN HOTEL  
191 ROUTE 537  
COLTS NECK, NJ 07722

**PRODUCER 180**

E & K AGENCY  
613 HOPE ROAD  
VICTORIA COMMONS  
EATONTOWN, NJ 07724  
(732) 389-6000

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/30/2018	06/30/2019	Renewal - Installment # 10	03/31/2019 \$	721.00
Total Installment Due				\$ 721.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 721.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001220

LOVEGRACEPEACE, LLC  
DBA COLTS NECK INN HOTEL  
191 ROUTE 537  
COLTS NECK, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001220

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXGL120001223  
SAMINSKI PROPERTIES LLC  
56 ST PAULS AVE LLC  
63 ST PAULS AVE JC LLC  
10 WEST 46TH STREET  
SUITE 4B  
NEW YORK, NY 10036

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

Policy Type:  
GENERAL LIABILITY

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 \$	1,848.00
07/13/2018	07/13/2019	Renewal - Installment # 10	04/13/2019 \$	1,643.00
Total Installment Due				\$ 3,491.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,491.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001223

SAMINSKI PROPERTIES LLC  
56 ST PAULS AVE LLC  
63 ST PAULS AVE JC LLC  
10 WEST 46TH STREET  
SUITE 4B  
NEW YORK, NY 10036

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001223

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001223  
SAMINSKI PROPERTIES LLC  
56 ST PAULS AVE LLC  
63 ST PAULS AVE JC LLC  
10 WEST 46TH STREET  
SUITE 4B  
NEW YORK, NY 10036

**PRODUCER 262**

INSURANCE OFFICE OF AMERICA, INC.  
15A MELANIE LANE  
SUITE 1  
EAST HANOVER, NJ 07936  
(973) 599-9600

Policy Type:  
GENERAL LIABILITY

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 \$	1,848.00
07/13/2018	07/13/2019	Renewal - Installment # 10	04/13/2019 \$	1,643.00
Total Installment Due				\$ 3,491.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 3,491.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001223

SAMINSKI PROPERTIES LLC  
56 ST PAULS AVE LLC  
63 ST PAULS AVE JC LLC  
10 WEST 46TH STREET  
SUITE 4B  
NEW YORK, NY 10036

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001223

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120001225  
PANICOS BISTRO CORP  
DBA PANICOS PIZZA & BISTRO  
2 EAGLE COURT  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/29/2018	10/29/2019	Amount is Past Due	02/28/2019	\$ 438.00
10/29/2018	10/29/2019	Renewal - Installment # 6	03/29/2019	\$ 438.00
10/29/2018	10/29/2019	Renewal - Installment # 7	04/29/2019	\$ 428.00
10/29/2018	10/29/2019	Renewal - Installment # 8	05/29/2019	\$ 428.00
Total Installment Due				\$ 1,732.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,732.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001225

PANICOS BISTRO CORP  
DBA PANICOS PIZZA & BISTRO  
2 EAGLE COURT  
CAPE MAY, NJ 08204

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/29/2018	10/29/2019	Installment	06/29/2019	\$ 428.00
10/29/2018	10/29/2019	Installment	07/29/2019	\$ 381.00
Total Future Installments				\$ 809.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001225

Your New Address is:

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Phone No.: 

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# INVOICE

Home Office Copy

**Insured**

AXGL120001225  
PANICOS BISTRO CORP  
DBA PANICOS PIZZA & BISTRO  
2 EAGLE COURT  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/29/2018	10/29/2019	Amount is Past Due	02/28/2019	\$ 438.00
10/29/2018	10/29/2019	Renewal - Installment # 6	03/29/2019	\$ 438.00
10/29/2018	10/29/2019	Renewal - Installment # 7	04/29/2019	\$ 428.00
10/29/2018	10/29/2019	Renewal - Installment # 8	05/29/2019	\$ 428.00
Total Installment Due				\$ 1,732.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,732.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001225

PANICOS BISTRO CORP  
DBA PANICOS PIZZA & BISTRO  
2 EAGLE COURT  
CAPE MAY, NJ 08204

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/29/2018	10/29/2019	Installment	06/29/2019	\$ 428.00
10/29/2018	10/29/2019	Installment	07/29/2019	\$ 381.00
Total Future Installments				\$ 809.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001225

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120001240  
165 THOUSAND OAKS DRIVE LLC  
520 U.S. HIGHWAY 22  
P.O. BOX 6872  
BRIDGEWATER, NJ 08807

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/12/2018	07/12/2019	Amount is Past Due	03/03/2019 \$	5,807.00
07/12/2018	07/12/2019	New Policy - Installment # 10	04/03/2019 \$	5,481.00
Total Installment Due				\$ 11,288.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 11,288.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001240

165 THOUSAND OAKS DRIVE LLC  
520 U.S. HIGHWAY 22  
P.O. BOX 6872  
BRIDGEWATER, NJ 08807

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001240

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001240  
165 THOUSAND OAKS DRIVE LLC  
520 U.S. HIGHWAY 22  
P.O. BOX 6872  
BRIDGEWATER, NJ 08807

**PRODUCER 140**

FELDMAN AGENCY INC  
487 PLEASANT VALLEY WAY  
SUITE 210  
WEST ORANGE, NJ 07052  
(973) 324-1888

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/12/2018	07/12/2019	Amount is Past Due	03/03/2019 \$	5,807.00
07/12/2018	07/12/2019	New Policy - Installment # 10	04/03/2019 \$	5,481.00
Total Installment Due				\$ 11,288.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 11,288.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001240

165 THOUSAND OAKS DRIVE LLC  
520 U.S. HIGHWAY 22  
P.O. BOX 6872  
BRIDGEWATER, NJ 08807

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001240

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXGL120001245  
KEATING'S BLUE ROSE LLC  
T/A BLUE ROSE INN & RESTAURANT  
653 WASHINGTON STREET  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/06/2018	09/06/2019	Amount is Past Due	03/06/2019	\$ 429.00
09/06/2018	09/06/2019	New Policy - Installment # 8	04/06/2019	\$ 429.00
09/06/2018	09/06/2019	New Policy - Installment # 9	05/06/2019	\$ 419.00
Total Installment Due				\$ 1,277.00

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](http://www.ggund.com/axis)**Pay This Amount: \$ 1,277.00**

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

*Thank you for your business*

Policy Number: AXGL120001245

KEATING'S BLUE ROSE LLC  
T/A BLUE ROSE INN & RESTAURANT  
653 WASHINGTON STREET  
CAPE MAY, NJ 08204

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/06/2018	09/06/2019	Installment	06/06/2019	\$ 372.00
Total Future Installments				\$ 372.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120001245

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001245  
KEATING'S BLUE ROSE LLC  
T/A BLUE ROSE INN & RESTAURANT  
653 WASHINGTON STREET  
CAPE MAY, NJ 08204

**PRODUCER 128**

J BYRNE AGENCY INC  
5200 NEW JERSEY AVENUE  
PO BOX 1409  
WILDWOOD, NJ 08260  
(609) 522-3406

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/06/2018	09/06/2019	Amount is Past Due	03/06/2019	\$ 429.00
09/06/2018	09/06/2019	New Policy - Installment # 8	04/06/2019	\$ 429.00
09/06/2018	09/06/2019	New Policy - Installment # 9	05/06/2019	\$ 419.00
Total Installment Due				\$ 1,277.00

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](http://www.ggund.com/axis)

**Pay This Amount: \$ 1,277.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001245

KEATING'S BLUE ROSE LLC  
T/A BLUE ROSE INN & RESTAURANT  
653 WASHINGTON STREET  
CAPE MAY, NJ 08204

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/06/2018	09/06/2019	Installment	06/06/2019	\$ 372.00
Total Future Installments				\$ 372.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXGL120001245

Your New Address is:

Phone No.:

# INVOICE

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**Insured**

AXGL120001249  
TAG INVESTMENTS LLC  
HORIZON PLACE LLC  
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC  
PO BOX 2419  
GARFILED, NJ 07026

**PRODUCER 792**

ALLEN JAMES ASSOC, LLC  
266 ROUTE 34  
MATAWAN, NJ 07747  
(732) 536-0462

Policy Type:  
GENERAL LIABILITY

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	03/02/2019 \$	4,739.00
10/01/2018	10/01/2019	New Policy - Installment # 7	04/02/2019 \$	4,739.00
10/01/2018	10/01/2019	New Policy - Installment # 8	05/02/2019 \$	4,729.00
Total Installment Due				\$ 14,207.00

**Mortgagee Information**

NORTHFIELD BANK  
PO BOX 390706  
MINNEAPOLIS, MN 55439  
LOAN NO.: 8010013617

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 14,207.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001249

**Mortgagee Information**

NORTHFIELD BANK  
PO BOX 390706  
MINNEAPOLIS, MN 55439  
LOAN NO.: 8010013617

TAG INVESTMENTS LLC  
HORIZON PLACE LLC  
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC  
PO BOX 2419  
GARFILED, NJ 07026

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/01/2018	10/01/2019	Installment	06/02/2019	\$ 4,729.00
10/01/2018	10/01/2019	Installment	07/02/2019	\$ 4,204.00
Total Future Installments				\$ 8,933.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001249

Your New Address is:

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Phone No.: 

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# INVOICE

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**Insured**

AXGL120001249  
TAG INVESTMENTS LLC  
HORIZON PLACE LLC  
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC  
PO BOX 2419  
GARFILED, NJ 07026

**PRODUCER 792**

ALLEN JAMES ASSOC, LLC  
266 ROUTE 34  
MATAWAN, NJ 07747  
(732) 536-0462

Policy Type:  
GENERAL LIABILITY

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	03/02/2019 \$	4,739.00
10/01/2018	10/01/2019	New Policy - Installment # 7	04/02/2019 \$	4,739.00
10/01/2018	10/01/2019	New Policy - Installment # 8	05/02/2019 \$	4,729.00
Total Installment Due				\$ 14,207.00

**Mortgagee Information**

NORTHFIELD BANK  
PO BOX 390706  
MINNEAPOLIS, MN 55439  
LOAN NO.: 8010013617

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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 14,207.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001249

**Mortgagee Information**

NORTHFIELD BANK  
PO BOX 390706  
MINNEAPOLIS, MN 55439  
LOAN NO.: 8010013617

TAG INVESTMENTS LLC  
HORIZON PLACE LLC  
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC  
PO BOX 2419  
GARFILED, NJ 07026

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/01/2018	10/01/2019	Installment	06/02/2019	\$ 4,729.00
10/01/2018	10/01/2019	Installment	07/02/2019	\$ 4,204.00
Total Future Installments				\$ 8,933.00

The above future installments do not reflect the \$10.00 Per Installment Charge

#### Change of Address

Policy No.: AXGL120001249

Your New Address is:

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Phone No.: 

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# INVOICE

Payor's Copy

**Insured**

AXGL120001250  
324 HOPE ST LLC  
PO BOX 626  
TALLMAN, NY 10982

**PRODUCER 800**

THE WILHELM AGENCY  
699 CROSS STREET  
SUITE 1  
LAKEWOOD, NJ 08701  
(732) 961-1551

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/22/2018	10/22/2019	New Policy - Installment # 3	04/22/2019 \$	519.00
Total Installment Due				\$ 519.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$825.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 519.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001250

324 HOPE ST LLC  
PO BOX 626  
TALLMAN, NY 10982

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/22/2018	10/22/2019	Installment	07/22/2019	\$ 306.00
Total Future Installments				\$ 306.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120001250

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXGL120001250  
324 HOPE ST LLC  
PO BOX 626  
TALLMAN, NY 10982

**PRODUCER 800**

THE WILHELM AGENCY  
699 CROSS STREET  
SUITE 1  
LAKEWOOD, NJ 08701  
(732) 961-1551

Policy Type:  
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/22/2018	10/22/2019	New Policy - Installment # 3	04/22/2019 \$	519.00
Total Installment Due				\$ 519.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$825.00  
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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 519.00**

*Thank you for your business*

Policy Number: AXGL120001250

324 HOPE ST LLC  
PO BOX 626  
TALLMAN, NY 10982

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/22/2018	10/22/2019	Installment	07/22/2019	\$ 306.00
Total Future Installments				\$ 306.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXGL120001250

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB500000012  
T/A GARDEN STATE NEWS & VIDEO  
JARMAI MA INC.  
750 WASHINGTON AVENUE  
BELLEVILLE, NJ 07109

**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
08/01/2018	08/01/2019	Renewal - Installment # 4	05/01/2019 \$	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](http://www.ggund.com/axis)

**Pay This Amount: \$ 222.00**

*Thank you for your business*

Policy Number: AXB500000012

T/A GARDEN STATE NEWS & VIDEO  
JARMAI MA INC.  
750 WASHINGTON AVENUE  
BELLEVILLE, NJ 07109

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000012

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB500000012  
T/A GARDEN STATE NEWS & VIDEO  
JARMAI MA INC.  
750 WASHINGTON AVENUE  
BELLEVILLE, NJ 07109

**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
08/01/2018	08/01/2019	Renewal - Installment # 4	05/01/2019 \$	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](http://www.ggund.com/axis)

**Pay This Amount: \$ 222.00**

*Thank you for your business*

Policy Number: AXB500000012

T/A GARDEN STATE NEWS & VIDEO  
JARMAI MA INC.  
750 WASHINGTON AVENUE  
BELLEVILLE, NJ 07109

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000012

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB500000031  
VT SUMMIT AVE LLC  
9 AYRES COURT  
BAYONNE, NJ 07002

**PRODUCER 733**

ADP STATEWIDE INSURANCE AGENCIES  
325 COLUMBIA TURNPIKE  
SUITE 106  
FLORHAM PARK, NJ 07932  
(973) 538-6300

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/19/2018	07/19/2019	Renewal - Installment # 4	04/19/2019 \$	451.00
Total Installment Due				\$ 451.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

RSI BANK  
1500 IRVING STREET  
RAHWAY, NJ 07065

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 451.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000031

VT SUMMIT AVE LLC  
9 AYRES COURT  
BAYONNE, NJ 07002

**Mortgagee Information**

RSI BANK  
1500 IRVING STREET  
RAHWAY, NJ 07065

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000031

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB500000031  
VT SUMMIT AVE LLC  
9 AYRES COURT  
BAYONNE, NJ 07002

**PRODUCER 733**

ADP STATEWIDE INSURANCE AGENCIES  
325 COLUMBIA TURNPIKE  
SUITE 106  
FLORHAM PARK, NJ 07932  
(973) 538-6300

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/19/2018	07/19/2019	Renewal - Installment # 4	04/19/2019 \$	451.00
Total Installment Due				\$ 451.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

**Mortgagee Information**

RSI BANK  
1500 IRVING STREET  
RAHWAY, NJ 07065

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)

**Pay This Amount: \$ 451.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000031

VT SUMMIT AVE LLC  
9 AYRES COURT  
BAYONNE, NJ 07002

**Mortgagee Information**

RSI BANK  
1500 IRVING STREET  
RAHWAY, NJ 07065

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000031

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB500000046  
ROBIN YVONNE & ZEEV PACHTER  
C/O RENET PROPERTIES  
34 WEST MONTGOMERY AVENUE  
SUITE 34  
ARDMORE, PA 19003

**PRODUCER 743**

ABCO INSURANCE AGENCY INC  
403 ROUTE 70 EAST  
SUITE 100  
CHERRY HILL, NJ 08034  
(856) 488-5333

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/29/2018	07/29/2019	Renewal - Installment # 4	04/29/2019 \$	873.00
Total Installment Due				\$ 873.00

**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](http://www.ggund.com/axis)**Pay This Amount: \$ 873.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000046

ROBIN YVONNE & ZEEV PACHTER  
C/O RENET PROPERTIES  
34 WEST MONTGOMERY AVENUE  
SUITE 34  
ARDMORE, PA 19003

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000046

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB500000046  
ROBIN YVONNE & ZEEV PACHTER  
C/O RENET PROPERTIES  
34 WEST MONTGOMERY AVENUE  
SUITE 34  
ARDMORE, PA 19003

**PRODUCER 743**

ABCO INSURANCE AGENCY INC  
403 ROUTE 70 EAST  
SUITE 100  
CHERRY HILL, NJ 08034  
(856) 488-5333

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/29/2018	07/29/2019	Renewal - Installment # 4	04/29/2019 \$	873.00
Total Installment Due				\$ 873.00

**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](http://www.ggund.com/axis)

**Pay This Amount: \$ 873.00**

*Thank you for your business*

Policy Number: AXB500000046

ROBIN YVONNE & ZEEV PACHTER  
C/O RENET PROPERTIES  
34 WEST MONTGOMERY AVENUE  
SUITE 34  
ARDMORE, PA 19003

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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Total Future Installments \$ .00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000046

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB500000063  
NORMAN KAUFMAN TRUSTEE  
10686 BOCA WOODS LANE  
BOCA RATON, FL 33428

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/01/2018	09/01/2019	Renewal - Installment # 9	05/01/2019 \$	325.00
Total Installment Due				\$ 325.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,948.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 325.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000063

NORMAN KAUFMAN TRUSTEE  
10686 BOCA WOODS LANE  
BOCA RATON, FL 33428

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/01/2018	09/01/2019	Installment	06/01/2019	\$ 1,623.00
Total Future Installments				\$ 1,623.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB500000063

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB500000063  
NORMAN KAUFMAN TRUSTEE  
10686 BOCA WOODS LANE  
BOCA RATON, FL 33428

**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 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/01/2018	09/01/2019	Renewal - Installment # 9	05/01/2019 \$	325.00
Total Installment Due				\$ 325.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,948.00  
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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](http://www.ggund.com/axis)

**Pay This Amount: \$ 325.00**

*Thank you for your business*

Policy Number: AXB500000063

NORMAN KAUFMAN TRUSTEE  
10686 BOCA WOODS LANE  
BOCA RATON, FL 33428

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	\$ 1,623.00
Total Future Installments				\$ 1,623.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB500000063

Your New Address is:

Phone No.:

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Payor's Copy

**Insured**

AXB500000089  
JENL LLC  
729 32ND STREET  
UNION CITY, NJ 07087

**PRODUCER 707**

THE VAN DYK GROUP  
12800 LONG BEACH BLVD  
BEACH HAVEN TERRACE, NJ 08008  
(609) 492-1511

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Renewal - Installment # 7	03/29/2019 \$	438.00
09/29/2018	09/29/2019	Renewal - Installment # 8	04/29/2019 \$	428.00
09/29/2018	09/29/2019	Renewal - Installment # 9	05/29/2019 \$	428.00
Total Installment Due				\$ 1,294.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,678.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

NEW YORK COMMUNITY BANK OR  
NEW YORK COMMERCIAL BANK  
PO BOX 5070  
TROY, MI 48007

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,294.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000089

JENL LLC  
729 32ND STREET  
UNION CITY, NJ 07087

**Mortgagee Information**

NEW YORK COMMUNITY BANK OR  
NEW YORK COMMERCIAL BANK  
PO BOX 5070  
TROY, MI 48007

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Installment	06/29/2019	\$ 384.00
Total Future Installments				\$ 384.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB500000089

Your New Address is:

Phone No.:

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**Insured**

AXB500000089  
JENL LLC  
729 32ND STREET  
UNION CITY, NJ 07087

**PRODUCER 707**

THE VAN DYK GROUP  
12800 LONG BEACH BLVD  
BEACH HAVEN TERRACE, NJ 08008  
(609) 492-1511

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Renewal - Installment # 7	03/29/2019 \$	438.00
09/29/2018	09/29/2019	Renewal - Installment # 8	04/29/2019 \$	428.00
09/29/2018	09/29/2019	Renewal - Installment # 9	05/29/2019 \$	428.00
Total Installment Due				\$ 1,294.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$1,678.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

NEW YORK COMMUNITY BANK OR  
NEW YORK COMMERCIAL BANK  
PO BOX 5070  
TROY, MI 48007

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY 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](http://www.ggund.com/axis)  
**Pay This Amount: \$ 1,294.00**

*Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000089

JENL LLC  
729 32ND STREET  
UNION CITY, NJ 07087

**Mortgagee Information**

NEW YORK COMMUNITY BANK OR  
NEW YORK COMMERCIAL BANK  
PO BOX 5070  
TROY, MI 48007

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/29/2018	09/29/2019	Installment	06/29/2019	\$ 384.00
Total Future Installments				\$ 384.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB500000089

Your New Address is:

Phone No.:



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**Insured**

AXB500000100  
L M & M LLC  
T/A UNION PLAZA BAR & LIQUORS  
1616 UNION AVE  
HAZLET, NJ 07730

**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
10/11/2018	10/11/2019	Renewal - Installment # 3	04/11/2019 \$	534.00
Total Installment Due				\$ 534.00

**Please refer to the reverse side of this invoice for your future installments, if any.**

Your total amount due is \$850.00  
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](http://www.ggund.com/axis)**Pay This Amount: \$ 534.00***Thank you for your business*

AXIS INSURANCE COMPANY  
411 SOUTH STATE STREET  
NEWTOWN, PA 18940-0000

Policy Number: AXB500000100

L M & M LLC  
T/A UNION PLAZA BAR & LIQUORS  
1616 UNION AVE  
HAZLET, NJ 07730

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/11/2018	10/11/2019	Installment	07/11/2019	\$ 316.00
Total Future Installments				\$ 316.00

The above future installments do not reflect the \$10.00 Per Installment Charge

**Change of Address**

Policy No.: AXB500000100

Your New Address is:

Phone No.: