

# 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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*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

Payor's Copy

**Insured**

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

**PRODUCER 142**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/24/2019	02/24/2020	Renewal - Installment # 2	05/24/2019 \$	730.00
Total Installment Due				\$ 730.00

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

*Thank you for your business*

Policy Number: AXB61

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

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

**Change of Address**

Policy No.: AXB61

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

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

**PRODUCER 142**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/24/2019	02/24/2020	Renewal - Installment # 2	05/24/2019 \$	730.00
Total Installment Due				\$ 730.00

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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: \$ 730.00**

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

*Thank you for your business*

Policy Number: AXB61

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

03/18/2019 - Inv

### Future Installments for Your Policy

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

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

#### Change of Address

Policy No.: AXB61

Your New Address is:

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Phone No.: 

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# 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**

*Thank you for your business*

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

Policy Number: AXBR102

CAHOOTS INC  
624 LINCOLN BLVD  
MIDDLESEX, NJ 08846

**Mortgagee Information**

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

### 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  
You may pay the total amount or you  
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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.

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*

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

Policy Number: AXBR102

CAHOOTS INC  
624 LINCOLN BLVD  
MIDDLESEX, NJ 08846

**Mortgagee Information**

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

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
03/18/2019	03/18/2020	Installment	06/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	07/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	08/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	09/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	10/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	11/18/2019	\$ 1,489.00
03/18/2019	03/18/2020	Installment	12/18/2019	\$ 1,324.00

Total Future Installments \$ 10,258.00

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

#### Change of Address

Policy No.: AXBR102

Your New Address is:

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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.

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: \$ 240.00**

*Thank you for your business*

Policy Number: AXCP507

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

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

**Change of Address**

Policy No.: AXCP507

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

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

**PRODUCER 173**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

Your total amount due is \$470.00  
You may pay the total amount or you  
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Please detach the invoice and 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: \$ 240.00**

*Thank you for your business*

Policy Number: AXCP507

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

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

**Change of Address**

Policy No.: AXCP507

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

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

**PRODUCER 173**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/07/2019	02/07/2020	Renewal - Installment # 2	05/07/2019 \$	237.00
Total Installment Due				\$ 237.00

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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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

**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**

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

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.

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

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:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

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

**PRODUCER 147**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/17/2018	10/17/2019	Amount is Past Due	03/17/2019 \$	416.00
10/17/2018	10/17/2019	Renewal - Installment # 7	04/17/2019 \$	416.00
10/17/2018	10/17/2019	Renewal - Installment # 8	05/17/2019 \$	406.00
Total Installment Due				\$ 1,238.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Phone No.:



# INVOICE

Payor's Copy

**Insured**

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

**PRODUCER 147**

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

Policy Type:  
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
09/14/2018	09/14/2019	Amount is Past Due	03/14/2019	\$ 687.00
09/14/2018	09/14/2019	Renewal - Installment # 8	04/14/2019	\$ 687.00
09/14/2018	09/14/2019	Renewal - Installment # 9	05/14/2019	\$ 677.00
Total Installment Due				\$ 2,051.00

**Mortgagee Information**

MANASQUAN SAVINGS BANK  
2221 LANDMARK PLACE  
WALL, NJ 08736

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

**Pay This Amount: \$ 926.00***Thank you for your business*

Policy Number: AXCP1821

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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***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.: 

---

# 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.

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: \$ 446.00**

*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.: 

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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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 307.00**

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

*Thank you for your business*

Policy Number: AXCP2034

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

**Change of Address**

Policy No.: AXCP2034  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

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

**PRODUCER 173**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

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

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.

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

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.

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

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.

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:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP2704  
ROGER STEPIEN  
27 DAVENPORT ROAD  
OAK RIDGE, NJ 07438

**PRODUCER 150**

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

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/21/2018	11/21/2019	Renewal - Installment # 3	05/21/2019 \$	217.00
Total Installment Due				\$ 217.00

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Home Office Copy

**Insured**

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

**PRODUCER 754**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/01/2018	12/01/2019	Amount is Past Due	03/15/2019	\$ 412.00
12/01/2018	12/01/2019	Renewal - Installment # 5	04/15/2019	\$ 412.00
12/01/2018	12/01/2019	Renewal - Installment # 6	05/15/2019	\$ 402.00
Total Installment Due				\$ 1,226.00

**Mortgagee Information**

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 1,565.00**

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

*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***Thank you for your business*

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

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:

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Phone No.: 

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# 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:

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Phone No.: 

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# INVOICE

Payor's Copy

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

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

*Thank you for your business*

Policy Number: AXB3143

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

**Change of Address**

Policy No.: AXB3143

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

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

**PRODUCER 127**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

*Thank you for your business*

Policy Number: AXB3143

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

**Change of Address**

Policy No.: AXB3143

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

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

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

Policy Type:  
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/01/2019	02/01/2020	Renewal - Installment # 2	05/01/2019 \$	1,986.00
Total Installment Due				\$ 1,986.00

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 1,986.00***Thank you for your business*

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

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.

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

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**

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

*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

Home Office Copy

**Insured**

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

**PRODUCER 709**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/31/2018	07/31/2019	Renewal - Installment # 4	04/30/2019 \$	141.00
Total Installment Due				\$ 141.00

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

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

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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: \$ 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.

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: \$ 267.00**

*Thank you for your business*

Policy Number: AXBR5149

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

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  
C/O D. SNYDER  
304 NAVESINK AVENUE  
ATLANTIC HIGHLANDS, NJ 07716

**PRODUCER 180**

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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

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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)

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*Thank you for your business*

Policy Number: AXBR5149

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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

Please detach 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

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.**

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 104.00**

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

*Thank you for your business*

Policy Number: AXUM5425

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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.: AXUM5425

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

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

**PRODUCER 100**

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

Policy Type:  
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
08/01/2018	08/01/2019	Renewal - Installment # 9	04/09/2019 \$	60.00
08/01/2018	08/01/2019	Renewal - Installment # 10	05/09/2019 \$	44.00
Total Installment Due				\$ 104.00

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

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

**Pay This Amount: \$ 429.00**

*Thank you for your business*

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

Policy Number: AXB5890

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

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

**Change of Address**

Policy No.: AXB5890

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

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

**PRODUCER 106**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/31/2018	12/31/2019	Renewal - Installment # 2	03/31/2019 \$	2,816.00
Total Installment Due				\$ 2,816.00

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

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# 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.

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

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***Thank you for your business*

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

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:

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Phone No.: 

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# 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:

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Phone No.: 

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# 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:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCM6539  
ARTHUR MILLER  
T/A 720 ASSOCIATES  
724 SOUTH SPRINGFIELD AVENUE  
SPRINGFIELD, NJ 07081

**PRODUCER 165**

JAMES A CONNORS ASSOC INC  
225 MADISON AVENUE  
PO BOX 336  
MORRISTOWN, NJ 07963  
(973) 539-9300

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/30/2018	12/30/2019	Renewal - Installment # 2	03/30/2019	\$ 1,670.00
Total Installment Due				\$ 1,670.00

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

Your total amount due is \$4,325.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXCM6614  
JOSEPH CHACON  
136 BARRACUDA ROAD  
MANAHAWKIN, NJ 08050

**PRODUCER 147**

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

Policy Type:  
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

Your total amount due is \$1,703.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

FIRST STATE BANK  
ISAOA  
2002 BROADWAY  
SCOTTSBLUFF, NE 69361

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCM6755  
J&E ASSOCIATES & 87 ELM INC  
C/O JOSEPH & EUGENIA ANISKO  
1 GLENVIEW DRIVE  
WARREN, NJ 07059

**PRODUCER 136**

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

Policy Type:  
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/13/2018	07/13/2019	Amount is Past Due	03/13/2019 \$	7,472.00
07/13/2018	07/13/2019	Renewal - Installment # 10	04/13/2019 \$	6,654.00
Total Installment Due				\$ 14,126.00

**Mortgagee Information**

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: [www.ggund.com/axis](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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per payment charge.

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HOPEWELL VALLEY COMMUNITY BANK  
4 ROUTE 31  
PENNINGTON, NJ 08534

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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: \$ 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.

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

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:

Phone No.:

# INVOICE

Home Office Copy

**Insured**  
AXB7018  
MECO SALES CORP.  
373 RT 46 WEST, BUILDING E  
FAIRFIELD, NJ 07004

**PRODUCER 130**  
HUB INTERNATIONAL  
1805 LOUCKS ROAD  
SUITE 300  
YORK, PA 17408  
(800) 933-2478

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

Your total amount due is \$2,026.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 785.00**

*Thank you for your business*

Policy Number: AXB7018

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

03/18/2019 - Inv

### Future Installments for Your Policy

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

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

#### Change of Address

Policy No.: AXB7018

Your New Address is:

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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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Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and 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***Thank you for your business*

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

Policy Number: AXB7638

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

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

**Change of Address**

Policy No.: AXB7638

Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB7638  
1085 BLACK HORSE PIKE, LLC  
C/O KATY ETTIN  
905 KINGS HWY N.  
CHERRY HILL, NJ 08034

**PRODUCER 213**

BROWN AND BROWN OF NJ, LLC  
PO BOX 1187  
MARMORA, NJ 08223  
(856) 881-2862

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/28/2019	02/28/2020	Renewal - Installment # 2	05/31/2019 \$	950.00
Total Installment Due				\$ 950.00

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

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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.

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:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

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

**PRODUCER 212**

COSTELLO & ASSOCIATES INSURANCE GROUP  
265 UNION STREET  
LODI, NJ 07644  
(973) 777-8333

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
07/10/2018	07/10/2019	Renewal - Installment # 4	04/10/2019 \$	202.00
Total Installment Due				\$ 202.00

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

**Pay This Amount: \$ 202.00**

*Thank you for your business*

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

Policy Number: AXB8700

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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.

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

**Pay This Amount: \$ 202.00**

*Thank you for your business*

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

Policy Number: AXB8700

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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.

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

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**

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
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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.: 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
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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.: 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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AXIS Insurance Company

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

**Pay This Amount: \$ 90.00**

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

*Thank you for your business*

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.

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

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
-----------	-----------	-------------	----------	------------

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.**

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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
-----------	-----------	-------------	----------	------------

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
-----------	-----------	-------------	----------	------------

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
-----------	-----------	-------------	----------	------------

Total Future Installments \$ .00

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

Change of Address

Policy No.: AXB9520

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXB9651  
CARIBBEAN CUISINE INC  
T/A THE ORIGINAL CARIBBEAN CUISINE  
5 WINANS STREET  
EAST ORANGE, NJ 07017

**PRODUCER 146**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
11/01/2018	11/01/2019	Renewal - Installment # 3	05/01/2019 \$	613.00
Total Installment Due				\$ 613.00

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

Your total amount due is \$976.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

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
-----------	-----------	-------------	----------	------------

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:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXUM9911  
JOYCE M HIXSON &/OR TED HIXSON  
1301 STREET ROAD  
NEW HOPE, PA 18938

**PRODUCER 107**

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

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/01/2018	12/01/2019	Renewal - Installment # 5	04/01/2019 \$	60.00
12/01/2018	12/01/2019	Renewal - Installment # 6	05/01/2019 \$	50.00
Total Installment Due				\$ 110.00

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

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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.

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

03/18/2019 - Inv

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/01/2018	12/01/2019	Installment	06/01/2019	\$ 50.00
12/01/2018	12/01/2019	Installment	07/01/2019	\$ 50.00
12/01/2018	12/01/2019	Installment	08/01/2019	\$ 50.00
12/01/2018	12/01/2019	Installment	09/01/2019	\$ 44.00
Total Future Installments				\$ 194.00

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

**Change of Address**

Policy No.: AXUM9911

Your New Address is:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

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

**PRODUCER 224**

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

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
12/14/2018	12/14/2019	Amount is Past Due	03/14/2019 \$	227.00
12/14/2018	12/14/2019	Renewal - Installment # 5	04/14/2019 \$	227.00
12/14/2018	12/14/2019	Renewal - Installment # 6	05/14/2019 \$	217.00
Total Installment Due				\$ 671.00

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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# 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**

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.: 

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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:

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Phone No.: 

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# 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:

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP10427  
VITO S PALUMBO  
T/A PALUMBO ELECTRIC  
929 STAFFORD DR  
TOMS RIVER, NJ 08753

**PRODUCER 173**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

Your total amount due is \$434.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 222.00**

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

*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

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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)  
**Pay This Amount: \$ 2,555.00**

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

*Thank you for your business*

Policy Number: AXCP10431

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

03/18/2019 - Inv

**Future Installments for Your Policy**

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

**Change of Address**

Policy No.: AXCP10431  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXCP10431  
CARMEN PIZZUTO PLUMBING & HEATING INC  
19 PULASKI ROAD  
WHITE HOUSE STATION, NJ 08889

**PRODUCER 173**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

Your total amount due is \$5,100.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Phone No.:

# INVOICE

Payor's Copy

**Insured**

AXCP10606  
ALL PHASE PLUMBING & DRAIN CLEANING INC  
20 DARWIN ROAD  
OLD BRIDGE, NJ 08857

**PRODUCER 173**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/27/2019	02/27/2020	Amount is Past Due	02/27/2019 \$	1,293.00
02/27/2019	02/27/2020	Renewal - Installment # 2	03/27/2019 \$	572.00
02/27/2019	02/27/2020	Renewal - Installment # 3	04/27/2019 \$	562.00
02/27/2019	02/27/2020	Renewal - Installment # 4	05/27/2019 \$	562.00
Total Installment Due				\$ 2,989.00

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

Your total amount due is \$6,298.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 2,989.00**

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

*Thank you for your business*

Policy Number: AXCP10606

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

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/27/2019	02/27/2020	Installment	06/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	07/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	08/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	09/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	10/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	11/27/2019	\$ 499.00
Total Future Installments				\$ 3,309.00

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

#### Change of Address

Policy No.: AXCP10606

Your New Address is:

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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.

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: \$ 2,989.00**

*Thank you for your business*

Policy Number: AXCP10606

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

03/18/2019 - Inv

### Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
02/27/2019	02/27/2020	Installment	06/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	07/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	08/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	09/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	10/27/2019	\$ 562.00
02/27/2019	02/27/2020	Installment	11/27/2019	\$ 499.00
Total Future Installments				\$ 3,309.00

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

#### Change of Address

Policy No.: AXCP10606

Your New Address is:

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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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 229.00**

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

*Thank you for your business*

Policy Number: AXCP10607

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

03/18/2019 - Inv

### Future Installments for Your Policy

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

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

#### Change of Address

Policy No.: AXCP10607

Your New Address is:

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Phone No.: 

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# 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:

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Phone No.: 

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# 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:

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Phone No.: 

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# 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.: 

---

# INVOICE

Payor's Copy

**Insured**

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

**PRODUCER 106**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/27/2018	06/27/2019	Renewal - Installment # 4	03/27/2019 \$	227.00
Total Installment Due				\$ 227.00

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Home Office Copy

**Insured**

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

**PRODUCER 106**

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

Policy Type:  
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

Trans Eff	Trans Exp	Description	Due Date	Amount Due
06/27/2018	06/27/2019	Renewal - Installment # 4	03/27/2019 \$	227.00
Total Installment Due				\$ 227.00

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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***Thank you for your business*

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

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.

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

**Pay This Amount: \$ 275.00**

*Thank you for your business*

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

Policy Number: AXB12175

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

03/18/2019 - Inv

Future Installments for Your Policy

Trans Eff	Trans Exp	Description	Due Date	Amount Due
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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

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.: 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
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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.: 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.

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: 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.

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

**Pay This Amount: \$ 276.00**

*Thank you for your business*

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

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
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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

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**

*Thank you for your business*

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

Policy Number: AXB12528

FRANCES MANTONE  
14 PROSPECT STREET  
MADISON, NJ 07940

**Future Installments for Your Policy**

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/19/2018	10/19/2019	Installment	07/19/2019	\$ 515.00
Total Future Installments				\$ 515.00
The above future installments do not reflect the \$10.00 Per Installment Charge				

**Change of Address**

Policy No.: AXB12528  
Your New Address is:

Phone No.:

# INVOICE

Home Office Copy

**Insured**

AXB12528  
FRANCES MANTONE  
14 PROSPECT STREET  
MADISON, NJ 07940

**PRODUCER 165**

JAMES A CONNORS ASSOC INC  
225 MADISON AVENUE  
PO BOX 336  
MORRISTOWN, NJ 07963  
(973) 539-9300

Policy Type:  
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

Your total amount due is \$1,385.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

*Thank you for your business*

Policy Number: AXB12528

FRANCES MANTONE  
14 PROSPECT STREET  
MADISON, NJ 07940

**Future Installments for Your Policy**

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

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

**Change of Address**

Policy No.: AXB12528

Your New Address is:

Phone No.:

# INVOICE

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**

*Thank you for your business*

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

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

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.

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

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
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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

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**

*Thank you for your business*

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

Policy Number: AXCA12684

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$ .00

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

Change of Address

Policy No.: AXCA12684

Your New Address is:

Phone No.:



# INVOICE

Payor's Copy

**Insured**

AXB12707  
LNK CORP  
T/A MAPLE AVENUE APARTMENTS  
PO BOX 531  
NORMANDY BEACH, NJ 08739

**PRODUCER 256**

MARSH & MCLENNAN AGENCY, LLC  
PARK 80 WEST, PLAZA TWO  
250 PEHLE AVENUE  
SADDLE BROOK, NJ 07663  
(201) 845-6600

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

Trans Eff	Trans Exp	Description	Due Date	Amount Due
10/13/2018	10/13/2019	Renewal - Installment # 7	04/18/2019 \$	835.00
10/13/2018	10/13/2019	Renewal - Installment # 8	05/18/2019 \$	825.00
Total Installment Due				\$ 1,660.00

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

Your total amount due is \$3,811.00  
You may pay the total amount or you  
can pay in installments with a \$10.00  
per payment charge.

**Mortgagee Information**

JERRY ARENA  
PO BOX 11  
NORMANDY BEACH, NJ 08739

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

**Mortgagee Information**

JERRY ARENA  
PO BOX 11  
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

### Future Installments for Your Policy

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

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

#### Change of Address

Policy No.: AXB12707

Your New Address is:

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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

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

**Mortgagee Information**

JERRY ARENA  
PO BOX 11  
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

### Future Installments for Your Policy

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

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

#### Change of Address

Policy No.: AXB12707

Your New Address is:

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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***Thank you for your business*

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

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.

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

**Pay This Amount: \$ 156.00**

*Thank you for your business*

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

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**

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

*Thank you for your business*

Policy Number: AXCP12807

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

### 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.

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

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.

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: \$ 1,407.00**

*Thank you for your business*

Policy Number: AXB13376

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

Future Installments for Your Policy

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

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
-----------	-----------	-------------	----------	------------

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
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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.: 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.

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: \$ 239.00**

*Thank you for your business*

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**

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

*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

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.

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

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.

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: \$ 456.00**

*Thank you for your business*

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.

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: \$ 119.00**

*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.

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: \$ 796.00**

*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***Thank you for your business*

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

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.

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

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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 590.00***Thank you for your business*

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

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.**

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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: \$ 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  
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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: \$ 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.

To Make An Online Payment:: [www.ggund.com/axis](http://www.ggund.com/axis)**Pay This Amount: \$ 514.00**

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

*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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