

INVOICE

Payor's Copy

Insured

AXB9
MARK SANNINO
150 SPRUCE STREET
PRINCETON, NJ 08540

PRODUCER 173

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,262.00

Thank you for your business

Policy Number: AXB9

MARK SANNINO
150 SPRUCE STREET
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB9

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB9
MARK SANNINO
150 SPRUCE STREET
PRINCETON, NJ 08540

PRODUCER 173

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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|-----------------------|------------|---------------------------|---------------|-------------|
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PRINCETON, NJ 08540

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Future Installments for Your Policy

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|---------------------------|------------|-------------|------------|-------------|
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Change of Address

Policy No.: AXB9

Your New Address is:

Phone No.:

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

PRODUCER 142

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 730.00**

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

Thank you for your business

Policy Number: AXB61

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB61

Your New Address is:

Phone No.:

INVOICE

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 |
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AXIS Insurance Company

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

Pay This Amount: \$ 730.00

Thank you for your business

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

Policy Number: AXB61

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB61

Your New Address is:

Phone No.:

INVOICE

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
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:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR102
CAHOOTS INC
624 LINCOLN BLVD
MIDDLESEX, NJ 08846

PRODUCER 143

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/18/2019 | 03/18/2020 | Renewal - Installment # 2 | 04/18/2019 \$ | 1,499.00 |
| 03/18/2019 | 03/18/2020 | Renewal - Installment # 3 | 05/18/2019 \$ | 1,489.00 |
| Total Installment Due | | | | \$ 2,988.00 |

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

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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
Pay This Amount: \$ 2,988.00

Thank you for your business

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

Policy Number: AXBR102

CAHOOTS INC
624 LINCOLN BLVD
MIDDLESEX, NJ 08846

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$ 10,258.00

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

Change of Address

Policy No.: AXBR102

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 240.00

Thank you for your business

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

Policy Number: AXCP507

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP507

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

Your total amount due is \$470.00
You may pay the total amount or you
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per payment charge.

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Please Make Checks Payable to:

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
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

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|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/10/2019 | 02/10/2020 | Installment | 08/10/2019 | \$ 230.00 |
| Total Future Installments | | | | \$ 230.00 |
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Change of Address

Policy No.: AXCP507

Your New Address is:

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INVOICE

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Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP523

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP523

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

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

Thank you for your business

Policy Number: AXCP523

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/07/2019 | 02/07/2020 | Installment | 08/07/2019 | \$ 227.00 |
| Total Future Installments | | | | \$ 227.00 |
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Change of Address

Policy No.: AXCP523

Your New Address is:

Phone No.:

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

PRODUCER 179

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/15/2018 | 08/15/2019 | Amount is Past Due | 03/15/2019 | \$ 974.00 |
| 08/15/2018 | 08/15/2019 | Renewal - Installment # 9 | 04/15/2019 | \$ 974.00 |
| 08/15/2018 | 08/15/2019 | Renewal - Installment # 10 | 05/15/2019 | \$ 726.00 |
| Total Installment Due | | | | \$ 2,674.00 |

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM914

Mortgagee Information

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

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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Change of Address

Policy No.: AXCM914

Your New Address is:

Phone No.:

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

PRODUCER 179

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/15/2018 | 08/15/2019 | Amount is Past Due | 03/15/2019 | \$ 974.00 |
| 08/15/2018 | 08/15/2019 | Renewal - Installment # 9 | 04/15/2019 | \$ 974.00 |
| 08/15/2018 | 08/15/2019 | Renewal - Installment # 10 | 05/15/2019 | \$ 726.00 |
| Total Installment Due | | | | \$ 2,674.00 |

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM914

Mortgagee Information

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

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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Change of Address

Policy No.: AXCM914

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 151

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/06/2018 | 10/06/2019 | Renewal - Installment # 3 | 04/06/2019 \$ | 1,619.00 |
| Total Installment Due | | | | \$ 1,619.00 |

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

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

Mortgagee Information

CENTURY SAVINGS BANK
1376 WEST SHERMAN AVENUE
VINELAND, NJ 08360

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM982

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

Mortgagee Information

CENTURY SAVINGS BANK
1376 WEST SHERMAN AVENUE
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM982

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 151

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

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/06/2018 | 10/06/2019 | Renewal - Installment # 3 | 04/06/2019 \$ | 1,619.00 |
| Total Installment Due | | | | \$ 1,619.00 |

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

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

Mortgagee Information

CENTURY SAVINGS BANK
1376 WEST SHERMAN AVENUE
VINELAND, NJ 08360

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM982

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

Mortgagee Information

CENTURY SAVINGS BANK
1376 WEST SHERMAN AVENUE
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM982

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB1265
FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

PRODUCER 142

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

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB1265

FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB1265

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB1265
FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

PRODUCER 142

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

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 1,502.00

Thank you for your business

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

Policy Number: AXB1265

FOOTMARKS INC
920 SHORE ROAD
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB1265

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 239

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 7 | 03/25/2019 \$ | 972.00 |
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 8 | 04/25/2019 \$ | 962.00 |
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 9 | 05/25/2019 \$ | 962.00 |
| Total Installment Due | | | | \$ 2,896.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB1388

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

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/25/2018 | 09/25/2019 | Installment | 06/25/2019 | \$ 859.00 |
| Total Future Installments | | | | \$ 859.00 |

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

Change of Address

Policy No.: AXB1388

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 239

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 7 | 03/25/2019 \$ | 972.00 |
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 8 | 04/25/2019 \$ | 962.00 |
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 9 | 05/25/2019 \$ | 962.00 |
| Total Installment Due | | | | \$ 2,896.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB1388

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/25/2018 | 09/25/2019 | Installment | 06/25/2019 | \$ 859.00 |
| Total Future Installments | | | | \$ 859.00 |

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

Change of Address

Policy No.: AXB1388

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 147

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP1598

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP1598

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 147

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP1598

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP1598

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 147

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL, NJ 08736

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXBR1628

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL, NJ 08736

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Installment | 06/14/2019 | \$ 602.00 |
| Total Future Installments | | | | \$ 602.00 |

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

Change of Address

Policy No.: AXBR1628

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 147

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL, NJ 08736

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXBR1628

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL, NJ 08736

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXBR1628
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 135

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/05/2018 | 10/05/2019 | Amount is Past Due | 01/05/2019 \$ | 10.00 |
| 10/05/2018 | 10/05/2019 | Renewal - Installment # 3 | 04/05/2019 \$ | 916.00 |
| Total Installment Due | | | | \$ 926.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

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

Policy Number: AXCP1821

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP1821

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 135

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/05/2018 | 10/05/2019 | Amount is Past Due | 01/05/2019 \$ | 10.00 |
| 10/05/2018 | 10/05/2019 | Renewal - Installment # 3 | 04/05/2019 \$ | 916.00 |
| Total Installment Due | | | | \$ 926.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 926.00

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

Thank you for your business

Policy Number: AXCP1821

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP1821

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 5 | 04/05/2019 \$ | 213.00 |
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 6 | 05/05/2019 \$ | 233.00 |
| Total Installment Due | | | | \$ 446.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 446.00**

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

Thank you for your business

Policy Number: AXCP1904

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP1904

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 5 | 04/05/2019 \$ | 213.00 |
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 6 | 05/05/2019 \$ | 233.00 |
| Total Installment Due | | | | \$ 446.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 446.00

Thank you for your business

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

Policy Number: AXCP1904

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP1904

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP2034

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP2034
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP2034

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP2034
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM2049
ALICIA MAGEE
324 CONCORD AVENUE
EWING, NJ 08618

PRODUCER 107

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/23/2018 | 10/23/2019 | Renewal - Installment # 6 | 03/23/2019 \$ | 465.00 |
| 10/23/2018 | 10/23/2019 | Renewal - Installment # 7 | 04/23/2019 \$ | 455.00 |
| 10/23/2018 | 10/23/2019 | Renewal - Installment # 8 | 05/23/2019 \$ | 455.00 |
| Total Installment Due | | | | \$ 1,375.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCM2049

ALICIA MAGEE
324 CONCORD AVENUE
EWING, NJ 08618

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM2049

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM2049
ALICIA MAGEE
324 CONCORD AVENUE
EWING, NJ 08618

PRODUCER 107

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/23/2018 | 10/23/2019 | Renewal - Installment # 6 | 03/23/2019 \$ | 465.00 |
| 10/23/2018 | 10/23/2019 | Renewal - Installment # 7 | 04/23/2019 \$ | 455.00 |
| 10/23/2018 | 10/23/2019 | Renewal - Installment # 8 | 05/23/2019 \$ | 455.00 |
| Total Installment Due | | | | \$ 1,375.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCM2049

ALICIA MAGEE
324 CONCORD AVENUE
EWING, NJ 08618

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM2049

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 754

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/15/2018 | 09/15/2019 | Amount is Past Due | 03/15/2019 | \$ 2,067.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 8 | 04/15/2019 | \$ 2,067.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 9 | 05/15/2019 | \$ 2,057.00 |
| Total Installment Due | | | | \$ 6,191.00 |

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM2077

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

03/18/2019 - Inv

Mortgagee Information

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

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/15/2018 | 09/15/2019 | Installment | 06/15/2019 | \$ 1,832.00 |
| Total Future Installments | | | | \$ 1,832.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM2077
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 754

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/15/2018 | 09/15/2019 | Amount is Past Due | 03/15/2019 | \$ 2,067.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 8 | 04/15/2019 | \$ 2,067.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 9 | 05/15/2019 | \$ 2,057.00 |
| Total Installment Due | | | | \$ 6,191.00 |

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM2077

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

03/18/2019 - Inv

Mortgagee Information

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

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/15/2018 | 09/15/2019 | Installment | 06/15/2019 | \$ 1,832.00 |
| Total Future Installments | | | | \$ 1,832.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM2077
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 224

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 982.00 |
| Total Installment Due | | | | \$ 982.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Pay This Amount: \$ 982.00

Thank you for your business

Policy Number: AXCM2135

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM2135

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 224

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 982.00 |
| Total Installment Due | | | | \$ 982.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 982.00

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

Thank you for your business

Policy Number: AXCM2135

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM2135

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/23/2018 | 12/23/2019 | Renewal - Installment # 2 | 03/23/2019 \$ | 718.00 |
| Total Installment Due | | | | \$ 718.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Policy Number: AXCP2545

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP2545

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/23/2018 | 12/23/2019 | Renewal - Installment # 2 | 03/23/2019 \$ | 718.00 |
| Total Installment Due | | | | \$ 718.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 718.00

Thank you for your business

Policy Number: AXCP2545

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

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
Pay This Amount: \$ 2,760.00

Thank you for your business

Policy Number: AXB2585

FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/28/2018 | 10/28/2019 | Installment | 07/28/2019 | \$ 1,650.00 |
| Total Future Installments | | | | \$ 1,650.00 |

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

Change of Address

Policy No.: AXB2585

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB2585
FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

PRODUCER 261

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Mortgagee Information

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB2585

FRANCO RUBINO
114 BROADWAY
POMPTON LAKES, NJ 07442

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/28/2018 | 10/28/2019 | Installment | 07/28/2019 | \$ 1,650.00 |
| Total Future Installments | | | | \$ 1,650.00 |

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

Change of Address

Policy No.: AXB2585

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP2704
ROGER STEPIEN
27 DAVENPORT ROAD
OAK RIDGE, NJ 07438

PRODUCER 150

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

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 217.00**

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

Thank you for your business

Policy Number: AXCP2704

ROGER STEPIEN
27 DAVENPORT ROAD
OAK RIDGE, NJ 07438

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP2704

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP2704
ROGER STEPIEN
27 DAVENPORT ROAD
OAK RIDGE, NJ 07438

PRODUCER 150

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

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Pay This Amount: \$ 217.00

Thank you for your business

Policy Number: AXCP2704

ROGER STEPIEN
27 DAVENPORT ROAD
OAK RIDGE, NJ 07438

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP2704

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 754

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

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/15/2018 | 09/15/2019 | Amount is Past Due | 03/15/2019 | \$ 85.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 8 | 04/15/2019 | \$ 85.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 9 | 05/15/2019 | \$ 75.00 |
| Total Installment Due | | | | \$ 245.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM2775

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXUM2775

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 754

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

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/15/2018 | 09/15/2019 | Amount is Past Due | 03/15/2019 \$ | 85.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 8 | 04/15/2019 \$ | 85.00 |
| 09/15/2018 | 09/15/2019 | Renewal - Installment # 9 | 05/15/2019 \$ | 75.00 |
| Total Installment Due | | | | \$ 245.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM2775

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXUM2775

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 754

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXB2781

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

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/01/2018 | 12/01/2019 | Installment | 06/15/2019 | \$ 402.00 |
| 12/01/2018 | 12/01/2019 | Installment | 07/15/2019 | \$ 402.00 |
| 12/01/2018 | 12/01/2019 | Installment | 08/15/2019 | \$ 402.00 |
| 12/01/2018 | 12/01/2019 | Installment | 09/15/2019 | \$ 358.00 |
| Total Future Installments | | | | \$ 1,564.00 |

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

Change of Address

Policy No.: AXB2781

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 754

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXB2781

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

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/01/2018 | 12/01/2019 | Installment | 06/15/2019 | \$ 402.00 |
| 12/01/2018 | 12/01/2019 | Installment | 07/15/2019 | \$ 402.00 |
| 12/01/2018 | 12/01/2019 | Installment | 08/15/2019 | \$ 402.00 |
| 12/01/2018 | 12/01/2019 | Installment | 09/15/2019 | \$ 358.00 |
| Total Future Installments | | | | \$ 1,564.00 |

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

Change of Address

Policy No.: AXB2781

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/08/2019 | 01/08/2020 | Renewal - Installment # 2 | 04/08/2019 \$ | 1,565.00 |
| Total Installment Due | | | | \$ 1,565.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,565.00

Thank you for your business

Policy Number: AXCP2809

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP2809
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/08/2019 | 01/08/2020 | Renewal - Installment # 2 | 04/08/2019 \$ | 1,565.00 |
| Total Installment Due | | | | \$ 1,565.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,565.00

Thank you for your business

Policy Number: AXCP2809

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP2809
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP2827

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP2827

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP2827

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCP2827

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP2829

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP2829
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 173

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP2829

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP2829
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 709

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 4 | 03/31/2019 \$ | 2,153.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 5 | 04/30/2019 \$ | 2,143.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 6 | 05/31/2019 \$ | 2,143.00 |
| Total Installment Due | | | | \$ 6,439.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXBR2854

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/31/2018 | 12/31/2019 | Installment | 06/30/2019 | \$ 2,143.00 |
| 12/31/2018 | 12/31/2019 | Installment | 07/31/2019 | \$ 2,143.00 |
| 12/31/2018 | 12/31/2019 | Installment | 08/31/2019 | \$ 2,143.00 |
| 12/31/2018 | 12/31/2019 | Installment | 09/30/2019 | \$ 1,905.00 |
| Total Future Installments | | | | \$ 8,334.00 |

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

Change of Address

Policy No.: AXBR2854

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 709

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 4 | 03/31/2019 \$ | 2,153.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 5 | 04/30/2019 \$ | 2,143.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 6 | 05/31/2019 \$ | 2,143.00 |
| Total Installment Due | | | | \$ 6,439.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXBR2854

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/31/2018 | 12/31/2019 | Installment | 06/30/2019 | \$ 2,143.00 |
| 12/31/2018 | 12/31/2019 | Installment | 07/31/2019 | \$ 2,143.00 |
| 12/31/2018 | 12/31/2019 | Installment | 08/31/2019 | \$ 2,143.00 |
| 12/31/2018 | 12/31/2019 | Installment | 09/30/2019 | \$ 1,905.00 |
| Total Future Installments | | | | \$ 8,334.00 |

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

Change of Address

Policy No.: AXBR2854

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 110

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/13/2019 | 12/15/2019 | Amount is Past Due | 03/15/2019 | \$ 1,798.00 |
| 01/13/2019 | 12/15/2019 | Renewal - Installment # 5 | 04/15/2019 | \$ 1,798.00 |
| 01/13/2019 | 12/15/2019 | Renewal - Installment # 6 | 05/15/2019 | \$ 1,788.00 |
| Total Installment Due | | | | \$ 5,384.00 |

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

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

Mortgagee Information

SUN NATIONAL BANK
4502 ROUTE 9 SOUTH
HOWELL, NJ 07731

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXB2869

Mortgagee Information

SUN NATIONAL BANK
4502 ROUTE 9 SOUTH
HOWELL, NJ 07731

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/13/2019 | 12/15/2019 | Installment | 06/15/2019 | \$ 1,788.00 |
| 01/13/2019 | 12/15/2019 | Installment | 07/15/2019 | \$ 1,788.00 |
| 01/13/2019 | 12/15/2019 | Installment | 08/15/2019 | \$ 1,788.00 |
| 01/13/2019 | 12/15/2019 | Installment | 09/15/2019 | \$ 1,591.00 |
| Total Future Installments | | | | \$ 6,955.00 |

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

Change of Address

Policy No.: AXB2869

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 110

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/13/2019 | 12/15/2019 | Amount is Past Due | 03/15/2019 | \$ 1,798.00 |
| 01/13/2019 | 12/15/2019 | Renewal - Installment # 5 | 04/15/2019 | \$ 1,798.00 |
| 01/13/2019 | 12/15/2019 | Renewal - Installment # 6 | 05/15/2019 | \$ 1,788.00 |
| Total Installment Due | | | | \$ 5,384.00 |

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

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

Mortgagee Information

SUN NATIONAL BANK
4502 ROUTE 9 SOUTH
HOWELL, NJ 07731

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXB2869

Mortgagee Information

SUN NATIONAL BANK
4502 ROUTE 9 SOUTH
HOWELL, NJ 07731

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/13/2019 | 12/15/2019 | Installment | 06/15/2019 | \$ 1,788.00 |
| 01/13/2019 | 12/15/2019 | Installment | 07/15/2019 | \$ 1,788.00 |
| 01/13/2019 | 12/15/2019 | Installment | 08/15/2019 | \$ 1,788.00 |
| 01/13/2019 | 12/15/2019 | Installment | 09/15/2019 | \$ 1,591.00 |
| Total Future Installments | | | | \$ 6,955.00 |

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

Change of Address

Policy No.: AXB2869

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 178

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/13/2019 | 01/13/2020 | Renewal - Installment # 2 | 04/13/2019 \$ | 189.00 |
| Total Installment Due | | | | \$ 189.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: 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

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.

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

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

Pay This Amount: \$ 720.00

Thank you for your business

Policy Number: AXCA3138

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCA3138

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 136

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

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 720.00 |
| Total Installment Due | | | | \$ 720.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCA3138

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCA3138

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

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

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Policy Number: AXB3143

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/07/2019 | 01/07/2020 | Installment | 07/07/2019 | \$ 540.00 |
| Total Future Installments | | | | \$ 540.00 |

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

Change of Address

Policy No.: AXB3143

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 127

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 550.00

Thank you for your business

Policy Number: AXB3143

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/07/2019 | 01/07/2020 | Installment | 07/07/2019 | \$ 540.00 |
| Total Future Installments | | | | \$ 540.00 |

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

Change of Address

Policy No.: AXB3143

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBC3275
KINGSTON MANOR CONDOMINIUM
539 BAYWAY AVENUE
ELIZABETH, NJ 07202

PRODUCER 136

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

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXBC3275

KINGSTON MANOR CONDOMINIUM
539 BAYWAY AVENUE
ELIZABETH, NJ 07202

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXBC3275
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBC3275
KINGSTON MANOR CONDOMINIUM
539 BAYWAY AVENUE
ELIZABETH, NJ 07202

PRODUCER 136

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

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXBC3275

KINGSTON MANOR CONDOMINIUM
539 BAYWAY AVENUE
ELIZABETH, NJ 07202

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXBC3275
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 104

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 1,494.00 |
| Total Installment Due | | | | \$ 1,494.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,494.00

Thank you for your business

Policy Number: AXB3741

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB3741

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 104

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 1,494.00 |
| Total Installment Due | | | | \$ 1,494.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,494.00

Thank you for your business

Policy Number: AXB3741

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB3741

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 709

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 141.00**

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 |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP4938

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 709

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 141.00

Thank you for your business

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

Policy Number: AXCP4938

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXCP4938

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 180

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 10 | 04/22/2019 \$ | 267.00 |
| Total Installment Due | | | | \$ 267.00 |

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 267.00***Thank you for your business*

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

Policy Number: AXBR5149

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5149

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 180

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 10 | 04/22/2019 \$ | 267.00 |
| Total Installment Due | | | | \$ 267.00 |

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 267.00

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

Thank you for your business

Policy Number: AXBR5149

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5149

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 297

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

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/07/2018 | 07/07/2019 | Amount is Past Due | 03/07/2019 \$ | 741.00 |
| 07/07/2018 | 07/07/2019 | Renewal - Installment # 10 | 04/07/2019 \$ | 659.00 |
| Total Installment Due | | | | \$ 1,400.00 |

Mortgagee Information

CONNECT ONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,400.00***Thank you for your business*

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

Policy Number: AXB5176

Mortgagee Information

CONNECT ONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB5176

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 297

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/07/2018 | 07/07/2019 | Amount is Past Due | 03/07/2019 \$ | 741.00 |
| 07/07/2018 | 07/07/2019 | Renewal - Installment # 10 | 04/07/2019 \$ | 659.00 |
| Total Installment Due | | | | \$ 1,400.00 |

Mortgagee Information

CONNECT ONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXB5176

Mortgagee Information

CONNECT ONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB5176

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 100

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/09/2019 \$ | 726.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/09/2019 \$ | 636.00 |
| Total Installment Due | | | | \$ 1,362.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,362.00***Thank you for your business*

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

Policy Number: AXBR5424

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5424

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 100

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

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/09/2019 \$ | 726.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/09/2019 \$ | 636.00 |
| Total Installment Due | | | | \$ 1,362.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,362.00

Thank you for your business

Policy Number: AXBR5424

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXBR5424

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 100

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

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM5425

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXUM5425

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 100

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

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM5425

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXUM5425

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 239

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/01/2018 | 10/01/2019 | Amount is Past Due | 03/07/2019 | \$ 539.00 |
| 01/23/2019 | 10/01/2019 | Renewal - Installment # 7 | 04/07/2019 | \$ 546.00 |
| 01/23/2019 | 10/01/2019 | Renewal - Installment # 8 | 05/07/2019 | \$ 536.00 |
| Total Installment Due | | | | \$ 1,621.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB5484

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB5484

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 239

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/01/2018 | 10/01/2019 | Amount is Past Due | 03/07/2019 | \$ 539.00 |
| 01/23/2019 | 10/01/2019 | Renewal - Installment # 7 | 04/07/2019 | \$ 546.00 |
| 01/23/2019 | 10/01/2019 | Renewal - Installment # 8 | 05/07/2019 | \$ 536.00 |
| Total Installment Due | | | | \$ 1,621.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB5484

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB5484

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 147

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/03/2018 | 09/03/2019 | Amount is Past Due | 03/03/2019 | \$ 189.00 |
| 09/03/2018 | 09/03/2019 | Renewal - Installment # 8 | 04/03/2019 | \$ 189.00 |
| 09/03/2018 | 09/03/2019 | Renewal - Installment # 9 | 05/03/2019 | \$ 179.00 |
| Total Installment Due | | | | \$ 557.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCP5524

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP5524
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 147

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

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/03/2018 | 09/03/2019 | Amount is Past Due | 03/03/2019 | \$ 189.00 |
| 09/03/2018 | 09/03/2019 | Renewal - Installment # 8 | 04/03/2019 | \$ 189.00 |
| 09/03/2018 | 09/03/2019 | Renewal - Installment # 9 | 05/03/2019 | \$ 179.00 |
| Total Installment Due | | | | \$ 557.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 557.00

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

Thank you for your business

Policy Number: AXCP5524

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXCP5524

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 165

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 8 | 04/01/2019 \$ | 154.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 \$ | 144.00 |
| Total Installment Due | | | | \$ 298.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Policy Number: AXB5714

NM PREMIUM FOODS INC
600 VALLEY ROAD
GILLETTE, NJ 07933

Future Installments for Your Policy

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

Change of Address

Policy No.: AXB5714

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 165

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 8 | 04/01/2019 \$ | 154.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 \$ | 144.00 |
| Total Installment Due | | | | \$ 298.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 298.00

Thank you for your business

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

Policy Number: AXB5714

NM PREMIUM FOODS INC
600 VALLEY ROAD
GILLETTE, NJ 07933

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXB5714

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 212

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB5890

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB5890

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 212

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 429.00

Thank you for your business

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

Policy Number: AXB5890

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB5890

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 106

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,816.00

Thank you for your business

Policy Number: AXB6148

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB6148

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 106

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,816.00

Thank you for your business

Policy Number: AXB6148

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXB6148

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 106

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

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 2 | 03/31/2019 \$ | 209.00 |
| Total Installment Due | | | | \$ 209.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM6151

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXUM6151

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 106

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

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 2 | 03/31/2019 \$ | 209.00 |
| Total Installment Due | | | | \$ 209.00 |

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

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM6151

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXUM6151

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 111

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/23/2018 | 11/23/2019 | Renewal - Installment # 3 | 05/23/2019 \$ | 169.00 |
| Total Installment Due | | | | \$ 169.00 |

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 169.00

Thank you for your business

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

Policy Number: AXB6170

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB6170

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 111

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/23/2018 | 11/23/2019 | Renewal - Installment # 3 | 05/23/2019 \$ | 169.00 |
| Total Installment Due | | | | \$ 169.00 |

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Pay This Amount: \$ 169.00

Thank you for your business

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

Policy Number: AXB6170

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Total Future Installments \$.00

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

Change of Address

Policy No.: AXB6170

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM6281
ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

PRODUCER 165

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

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/30/2018 | 12/30/2019 | Renewal - Installment # 2 | 03/30/2019 \$ | 148.00 |
| Total Installment Due | | | | \$ 148.00 |

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

Your total amount due is \$369.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM6281

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXUM6281

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM6281
ARTHUR MILLER
T/A 720 ASSOCIATES
724 SOUTH SPRINGFIELD AVENUE
SPRINGFIELD, NJ 07081

PRODUCER 165

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

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/30/2018 | 12/30/2019 | Renewal - Installment # 2 | 03/30/2019 \$ | 148.00 |
| Total Installment Due | | | | \$ 148.00 |

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

Your total amount due is \$369.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXUM6281

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXUM6281

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB6310
MICHAEL ALEXANDER ASSOCIATES, P.C.
47 BRIDGE STREET
METUCHEN, NJ 08840

PRODUCER 165

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 431.00 |
| Total Installment Due | | | | \$ 431.00 |

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

Your total amount due is \$852.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 431.00***Thank you for your business*

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

Policy Number: AXB6310

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXB6310

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB6310
MICHAEL ALEXANDER ASSOCIATES, P.C.
47 BRIDGE STREET
METUCHEN, NJ 08840

PRODUCER 165

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

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 431.00 |
| Total Installment Due | | | | \$ 431.00 |

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

Your total amount due is \$852.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXB6310

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

03/18/2019 - Inv

Future Installments for Your Policy

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

Change of Address

Policy No.: AXB6310

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6515
WEBER & DOEBRICH INC
119 61ST STREET
WEST NEW YORK, NJ 07093

PRODUCER 198

ASSOCIATION AGENCY INC
2185 LEMOINE AVENUE
SUITE 10
FORT LEE, NJ 07024
(201) 945-3100

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Amount is Past Due | 03/08/2019 \$ | 91.00 |
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 6 | 04/08/2019 \$ | 91.00 |
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 7 | 05/08/2019 \$ | 81.00 |
| Total Installment Due | | | | \$ 263.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCM6515

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 06/08/2019 | \$ 81.00 |
| 11/08/2018 | 11/08/2019 | Installment | 07/08/2019 | \$ 81.00 |
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 71.00 |
| Total Future Installments | | | | \$ 233.00 |

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

Change of Address

Policy No.: AXCM6515

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6515
WEBER & DOEBRICH INC
119 61ST STREET
WEST NEW YORK, NJ 07093

PRODUCER 198

ASSOCIATION AGENCY INC
2185 LEMOINE AVENUE
SUITE 10
FORT LEE, NJ 07024
(201) 945-3100

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Amount is Past Due | 03/08/2019 \$ | 91.00 |
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 6 | 04/08/2019 \$ | 91.00 |
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 7 | 05/08/2019 \$ | 81.00 |
| Total Installment Due | | | | \$ 263.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCM6515

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 06/08/2019 | \$ 81.00 |
| 11/08/2018 | 11/08/2019 | Installment | 07/08/2019 | \$ 81.00 |
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 71.00 |
| Total Future Installments | | | | \$ 233.00 |

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

Change of Address

Policy No.: AXCM6515

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 165

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

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Mortgagee Information

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM6539

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

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM6539

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

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

PRODUCER 165

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

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Mortgagee Information

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

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM6539

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

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM6539

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6614
JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

PRODUCER 147

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Mortgagee Information

FIRST STATE BANK
ISAOA
2002 BROADWAY
SCOTTSBLUFF, NE 69361

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM6614

JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

Mortgagee Information

FIRST STATE BANK
ISAOA
2002 BROADWAY
SCOTTSBLUFF, NE 69361

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM6614

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6614
JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

PRODUCER 147

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

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

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

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

Mortgagee Information

FIRST STATE BANK
ISAOA
2002 BROADWAY
SCOTTSBLUFF, NE 69361

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

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

Thank you for your business

Policy Number: AXCM6614

JOSEPH CHACON
136 BARRACUDA ROAD
MANAHAWKIN, NJ 08050

Mortgagee Information

FIRST STATE BANK
ISAOA
2002 BROADWAY
SCOTTSBLUFF, NE 69361

03/18/2019 - Inv

Future Installments for Your Policy

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

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

Change of Address

Policy No.: AXCM6614

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

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

PRODUCER 136

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

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

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

Mortgagee Information

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

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

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

Thank you for your business

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

Policy Number: AXCM6755

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

Mortgagee Information

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

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6755

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6755
J&E ASSOCIATES & 87 ELM INC
C/O JOSEPH & EUGENIA ANISKO
1 GLENVIEW DRIVE
WARREN, NJ 07059

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|--------------|
| 07/13/2018 | 07/13/2019 | Amount is Past Due | 03/13/2019 \$ | 7,472.00 |
| 07/13/2018 | 07/13/2019 | Renewal - Installment # 10 | 04/13/2019 \$ | 6,654.00 |
| Total Installment Due | | | | \$ 14,126.00 |

Mortgagee Information

SOVEREIGN BANK
ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM
195 MONTAGUE STREET 8TH FLOOR
BROOKLYN, NY 11201

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 14,126.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6755

J&E ASSOCIATES & 87 ELM INC
C/O JOSEPH & EUGENIA ANISKO
1 GLENVIEW DRIVE
WARREN, NJ 07059

Mortgagee Information

SOVEREIGN BANK
ATTN GENESIS SERRANO-GSERRANO@SOVEREIGNBANK.COM
195 MONTAGUE STREET 8TH FLOOR
BROOKLYN, NY 11201

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6755

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6831
JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

PRODUCER 107

BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/01/2018 | 12/01/2019 | Renewal - Installment # 5 | 04/01/2019 \$ | 911.00 |
| 12/01/2018 | 12/01/2019 | Renewal - Installment # 6 | 05/01/2019 \$ | 901.00 |
| Total Installment Due | | | | \$ 1,812.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,315.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK
4 ROUTE 31
PENNINGTON, NJ 08534

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,812.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6831

JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK
4 ROUTE 31
PENNINGTON, NJ 08534

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/01/2018 | 12/01/2019 | Installment | 06/01/2019 | \$ 901.00 |
| 12/01/2018 | 12/01/2019 | Installment | 07/01/2019 | \$ 901.00 |
| 12/01/2018 | 12/01/2019 | Installment | 08/01/2019 | \$ 901.00 |
| 12/01/2018 | 12/01/2019 | Installment | 09/01/2019 | \$ 800.00 |
| Total Future Installments | | | | \$ 3,503.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6831

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6831
JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

PRODUCER 107

BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/01/2018 | 12/01/2019 | Renewal - Installment # 5 | 04/01/2019 \$ | 911.00 |
| 12/01/2018 | 12/01/2019 | Renewal - Installment # 6 | 05/01/2019 \$ | 901.00 |
| Total Installment Due | | | | \$ 1,812.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,315.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK
4 ROUTE 31
PENNINGTON, NJ 08534

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,812.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6831

JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

Mortgagee Information

HOPEWELL VALLEY COMMUNITY BANK
4 ROUTE 31
PENNINGTON, NJ 08534

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/01/2018 | 12/01/2019 | Installment | 06/01/2019 | \$ 901.00 |
| 12/01/2018 | 12/01/2019 | Installment | 07/01/2019 | \$ 901.00 |
| 12/01/2018 | 12/01/2019 | Installment | 08/01/2019 | \$ 901.00 |
| 12/01/2018 | 12/01/2019 | Installment | 09/01/2019 | \$ 800.00 |
| Total Future Installments | | | | \$ 3,503.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6831

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6853
COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 4 | 03/31/2019 \$ | 6,689.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 5 | 04/30/2019 \$ | 6,679.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 6 | 05/31/2019 \$ | 6,679.00 |
| Total Installment Due | | | | \$ 20,047.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$46,020.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 20,047.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM6853

COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 12/31/2018 | 12/31/2019 | Installment | 06/30/2019 | \$ 6,679.00 |
| 12/31/2018 | 12/31/2019 | Installment | 07/31/2019 | \$ 6,679.00 |
| 12/31/2018 | 12/31/2019 | Installment | 08/31/2019 | \$ 6,679.00 |
| 12/31/2018 | 12/31/2019 | Installment | 09/30/2019 | \$ 5,936.00 |
| Total Future Installments | | | | \$ 25,973.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6853

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6853
COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 4 | 03/31/2019 \$ | 6,689.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 5 | 04/30/2019 \$ | 6,679.00 |
| 12/31/2018 | 12/31/2019 | Renewal - Installment # 6 | 05/31/2019 \$ | 6,679.00 |
| Total Installment Due | | | | \$ 20,047.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$46,020.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 20,047.00

Thank you for your business

Policy Number: AXCM6853

COLORCO INC &/OR
COLORFLO INC
1261 WEST ELIZABETH AVENUE
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 12/31/2018 | 12/31/2019 | Installment | 06/30/2019 | \$ 6,679.00 |
| 12/31/2018 | 12/31/2019 | Installment | 07/31/2019 | \$ 6,679.00 |
| 12/31/2018 | 12/31/2019 | Installment | 08/31/2019 | \$ 6,679.00 |
| 12/31/2018 | 12/31/2019 | Installment | 09/30/2019 | \$ 5,936.00 |
| Total Future Installments | | | | \$ 25,973.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6853

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6888
RON DURANTE
DURANTE INVESTMENT GROUP LP
DURANTE SARATOGA HOLDINGS LP
32 FREDERICK STREET
WALDWICK, NJ 07463

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 3,350.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 1,461.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 1,451.00 |
| Total Installment Due | | | | \$ 6,262.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$16,260.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

LAKELAND BANK
250 OAKRIDGE ROAD
OAK RIDGE, NJ 07438

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,262.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6888

Mortgagee Information

LAKELAND BANK
250 OAKRIDGE ROAD
OAK RIDGE, NJ 07438

RON DURANTE
DURANTE INVESTMENT GROUP LP
DURANTE SARATOGA HOLDINGS LP
32 FREDERICK STREET
WALDWICK, NJ 07463

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 1,292.00 |

Total Future Installments \$ 9,998.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6888

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6888
RON DURANTE
DURANTE INVESTMENT GROUP LP
DURANTE SARATOGA HOLDINGS LP
32 FREDERICK STREET
WALDWICK, NJ 07463

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 3,350.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 1,461.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 1,451.00 |
| Total Installment Due | | | | \$ 6,262.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$16,260.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

LAKELAND BANK
250 OAKRIDGE ROAD
OAK RIDGE, NJ 07438

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,262.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6888

Mortgagee Information

LAKELAND BANK
250 OAKRIDGE ROAD
OAK RIDGE, NJ 07438

RON DURANTE
DURANTE INVESTMENT GROUP LP
DURANTE SARATOGA HOLDINGS LP
32 FREDERICK STREET
WALDWICK, NJ 07463

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 1,451.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 1,292.00 |

Total Future Installments \$ 9,998.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6888

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6901
A&T REALTY LLC
TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA
EUGENIUSZ & HELENE FIDZIUKIEWICZ
15 SKYVIEW ROAD
UNION, NJ 07083

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 \$ | 6,269.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 \$ | 2,746.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 \$ | 2,736.00 |
| Total Installment Due | | | | \$ 11,751.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$30,599.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 11,751.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM6901

A&T REALTY LLC
TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA
EUGENIUSZ & HELENE FIDZIUKIEWICZ
15 SKYVIEW ROAD
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 2,432.00 |

Total Future Installments \$ 18,848.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6901

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6901
A&T REALTY LLC
TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA
EUGENIUSZ & HELENE FIDZIUKIEWICZ
15 SKYVIEW ROAD
UNION, NJ 07083

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 \$ | 6,269.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 \$ | 2,746.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 \$ | 2,736.00 |
| Total Installment Due | | | | \$ 11,751.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$30,599.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 11,751.00

Thank you for your business

Policy Number: AXCM6901

A&T REALTY LLC
TOMASZ FIDZIUKIEWICZ & AGNESZKA SKURKA
EUGENIUSZ & HELENE FIDZIUKIEWICZ
15 SKYVIEW ROAD
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 2,736.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 2,432.00 |

Total Future Installments \$ 18,848.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6901

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM6981
ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 \$ | 402.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 \$ | 350.00 |
| Total Installment Due | | | | \$ 752.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$752.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WELLS FARGO BANK, NA
PO BOX 621530
ATLANTA, GA 30362

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 752.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6981

ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

Mortgagee Information

WELLS FARGO BANK, NA
PO BOX 621530
ATLANTA, GA 30362

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6981

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM6981
ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 \$ | 402.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 \$ | 350.00 |
| Total Installment Due | | | | \$ 752.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$752.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WELLS FARGO BANK, NA
PO BOX 621530
ATLANTA, GA 30362

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 752.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM6981

ROBERT & KARIN STANIEWICZ
9 ARDLEIGH COURT
MT LAUREL, NJ 08054

Mortgagee Information

WELLS FARGO BANK, NA
PO BOX 621530
ATLANTA, GA 30362

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM6981

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB7018
MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

PRODUCER 130
HUB INTERNATIONAL
1805 LOUCKS ROAD
SUITE 300
YORK, PA 17408
(800) 933-2478

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/23/2018 | 12/23/2019 | Renewal - Installment # 2 | 03/23/2019 \$ | 785.00 |
| Total Installment Due | | | | \$ 785.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,026.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 785.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB7018

MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/23/2018 | 12/23/2019 | Installment | 06/23/2019 | \$ 775.00 |
| 12/23/2018 | 12/23/2019 | Installment | 09/23/2019 | \$ 466.00 |
| Total Future Installments | | | | \$ 1,241.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB7018

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB7018
MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

PRODUCER 130

HUB INTERNATIONAL
1805 LOUCKS ROAD
SUITE 300
YORK, PA 17408
(800) 933-2478

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/23/2018 | 12/23/2019 | Renewal - Installment # 2 | 03/23/2019 \$ | 785.00 |
| Total Installment Due | | | | \$ 785.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,026.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 785.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB7018

MECO SALES CORP.
373 RT 46 WEST, BUILDING E
FAIRFIELD, NJ 07004

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/23/2018 | 12/23/2019 | Installment | 06/23/2019 | \$ 775.00 |
| 12/23/2018 | 12/23/2019 | Installment | 09/23/2019 | \$ 466.00 |
| Total Future Installments | | | | \$ 1,241.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB7018

Your New Address is:

Phone No.:

INVOICE

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**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:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB7181
EDWARD MARKER
D/B/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE
SUITE A
GLENDDORA, NJ 08029

PRODUCER 142

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 644.00 |
| Total Installment Due | | | | \$ 644.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,659.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 644.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB7181

EDWARD MARKER
D/B/A ED'S TICKET SERVICE
700 BLACK HORSE PIKE
SUITE A
GLENDDORA, NJ 08029

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 634.00 |
| 01/11/2019 | 01/11/2020 | Installment | 10/11/2019 | \$ 381.00 |
| Total Future Installments | | | | \$ 1,015.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB7181

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB7638
1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

PRODUCER 213

BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 950.00 |
| Total Installment Due | | | | \$ 950.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,454.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 950.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB7638

1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 940.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 564.00 |
| Total Future Installments | | | | \$ 1,504.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB7638

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB7638
1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

PRODUCER 213

BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 950.00 |
| Total Installment Due | | | | \$ 950.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,454.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 950.00

Thank you for your business

Policy Number: AXB7638

1085 BLACK HORSE PIKE, LLC
C/O KATY ETTIN
905 KINGS HWY N.
CHERRY HILL, NJ 08034

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 940.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 564.00 |
| Total Future Installments | | | | \$ 1,504.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB7638

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB8700
THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

PRODUCER 212

COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/10/2018 | 07/10/2019 | Renewal - Installment # 4 | 04/10/2019 \$ | 202.00 |
| Total Installment Due | | | | \$ 202.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 202.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB8700

THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB8700

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB8700
THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

PRODUCER 212

COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/10/2018 | 07/10/2019 | Renewal - Installment # 4 | 04/10/2019 \$ | 202.00 |
| Total Installment Due | | | | \$ 202.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 202.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB8700

THE MUSIC CONNECTION, INC.
12 SUMMIT AVENUE
ELMWOOD PARK, NJ 07407

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB8700

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB8735
VILLA STEFANO, INC
1129 RARITAN ROAD
CLARK, NJ 07066

PRODUCER 103
AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/10/2018 | 07/10/2019 | Renewal - Installment # 4 | 04/10/2019 \$ | 155.00 |
| Total Installment Due | | | | \$ 155.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 155.00

Thank you for your business

Policy Number: AXB8735

VILLA STEFANO, INC
1129 RARITAN ROAD
CLARK, NJ 07066

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB8735

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB8735
VILLA STEFANO, INC
1129 RARITAN ROAD
CLARK, NJ 07066

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/10/2018 | 07/10/2019 | Renewal - Installment # 4 | 04/10/2019 \$ | 155.00 |
| Total Installment Due | | | | \$ 155.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 155.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB8735

VILLA STEFANO, INC
1129 RARITAN ROAD
CLARK, NJ 07066

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB8735

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP8900
DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 03/01/2019 | \$ 436.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 | \$ 436.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 | \$ 379.00 |
| Total Installment Due | | | | \$ 1,251.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,251.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP8900

DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP8900

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP8900
DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 03/01/2019 | \$ 436.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 | \$ 436.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 | \$ 379.00 |
| Total Installment Due | | | | \$ 1,251.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,251.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP8900

DREAMLINE KITCHENS, INC
P.O. BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP8900

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB8947
KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/10/2018 | 08/10/2019 | Renewal - Installment # 4 | 05/10/2019 \$ | 90.00 |
| Total Installment Due | | | | \$ 90.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 90.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB8947

KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB8947

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB8947
KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/10/2018 | 08/10/2019 | Renewal - Installment # 4 | 05/10/2019 \$ | 90.00 |
| Total Installment Due | | | | \$ 90.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 90.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB8947

KIM WOJCIK, D.C. LLC
77 N. MAIN STREET
ALLENTOWN, NJ 08501

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB8947

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB9045
DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 8 | 03/31/2019 \$ | 94.00 |
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 9 | 04/30/2019 \$ | 114.00 |
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 10 | 05/31/2019 \$ | 93.00 |
| Total Installment Due | | | | \$ 301.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$301.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 301.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB9045

DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

Mortgagee Information

TD BANK
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB9045

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB9045
DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 8 | 03/31/2019 \$ | 94.00 |
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 9 | 04/30/2019 \$ | 114.00 |
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 10 | 05/31/2019 \$ | 93.00 |
| Total Installment Due | | | | \$ 301.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$301.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 301.00

Thank you for your business

Policy Number: AXB9045

Mortgagee Information

TD BANK
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

DR BRUCE CUNNINGHAM
2630 EAST CHESTNUT AVENUE, SUITE C6
VINELAND, NJ 08360

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB9045

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP9518
HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 3 | 04/13/2019 \$ | 271.00 |
| Total Installment Due | | | | \$ 271.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 271.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP9518

HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP9518

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP9518
HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 3 | 04/13/2019 \$ | 271.00 |
| Total Installment Due | | | | \$ 271.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 271.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP9518

HAYES ELECTRIC LLC
6 HARRISON STREET
DUMONT, NJ 07628

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP9518

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB9520
DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

PRODUCER 130

HUB INTERNATIONAL
1805 LOUCKS ROAD
SUITE 300
YORK, PA 17408
(800) 933-2478

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 1,111.00 |
| Total Installment Due | | | | \$ 1,111.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,111.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB9520

DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB9520

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB9520
DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

PRODUCER 130

HUB INTERNATIONAL
1805 LOUCKS ROAD
SUITE 300
YORK, PA 17408
(800) 933-2478

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 1,111.00 |
| Total Installment Due | | | | \$ 1,111.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,111.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB9520

DAVID A. & KARIN SAINATO
DKS, LLC
18 FLORHAM AVENUE
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB9520

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB9651
CARIBBEAN CUISINE INC
T/A THE ORIGINAL CARIBBEAN CUISINE
5 WINANS STREET
EAST ORANGE, NJ 07017

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 3 | 05/01/2019 \$ | 613.00 |
| Total Installment Due | | | | \$ 613.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$976.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 613.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB9651

CARIBBEAN CUISINE INC
T/A THE ORIGINAL CARIBBEAN CUISINE
5 WINANS STREET
EAST ORANGE, NJ 07017

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/01/2018 | 11/01/2019 | Installment | 08/01/2019 | \$ 363.00 |
| Total Future Installments | | | | \$ 363.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB9651

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB9651
CARIBBEAN CUISINE INC
T/A THE ORIGINAL CARIBBEAN CUISINE
5 WINANS STREET
EAST ORANGE, NJ 07017

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 3 | 05/01/2019 \$ | 613.00 |
| Total Installment Due | | | | \$ 613.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$976.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 613.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

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

Pay This Amount: \$ 222.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP9683

ADM ELECTRIC LLC
889 SHERIDAN STREET
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP9683

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP9683
ADM ELECTRIC LLC
889 SHERIDAN STREET
UNION, NJ 07083

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 3 | 04/30/2019 \$ | 222.00 |
| Total Installment Due | | | | \$ 222.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 222.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP9683

ADM ELECTRIC LLC
889 SHERIDAN STREET
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP9683

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP9717
ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/19/2018 | 11/19/2019 | Renewal - Installment # 3 | 05/19/2019 \$ | 280.00 |
| Total Installment Due | | | | \$ 280.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 280.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP9717

ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP9717

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP9717
ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/19/2018 | 11/19/2019 | Renewal - Installment # 3 | 05/19/2019 \$ | 280.00 |
| Total Installment Due | | | | \$ 280.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 280.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP9717

ELECTRO-FLO ELECTRIC LLC
1012 VINEYARD AVE
SOUTH AMBOY, NJ 08879

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP9717

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM9911
JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

PRODUCER 107

BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/01/2018 | 12/01/2019 | Renewal - Installment # 5 | 04/01/2019 \$ | 60.00 |
| 12/01/2018 | 12/01/2019 | Renewal - Installment # 6 | 05/01/2019 \$ | 50.00 |
| Total Installment Due | | | | \$ 110.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$304.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 110.00***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.

Your total amount due is \$304.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 110.00

Thank you for your business

Policy Number: AXUM9911

JOYCE M HIXSON &/OR TED HIXSON
1301 STREET ROAD
NEW HOPE, PA 18938

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/01/2018 | 12/01/2019 | Installment | 06/01/2019 | \$ 50.00 |
| 12/01/2018 | 12/01/2019 | Installment | 07/01/2019 | \$ 50.00 |
| 12/01/2018 | 12/01/2019 | Installment | 08/01/2019 | \$ 50.00 |
| 12/01/2018 | 12/01/2019 | Installment | 09/01/2019 | \$ 44.00 |
| Total Future Installments | | | | \$ 194.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM9911

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB10152
RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 12/14/2018 | 12/14/2019 | Amount is Past Due | 03/14/2019 | \$ 227.00 |
| 12/14/2018 | 12/14/2019 | Renewal - Installment # 5 | 04/14/2019 | \$ 227.00 |
| 12/14/2018 | 12/14/2019 | Renewal - Installment # 6 | 05/14/2019 | \$ 217.00 |
| Total Installment Due | | | | \$ 671.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 671.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB10152

RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/14/2018 | 12/14/2019 | Installment | 06/14/2019 | \$ 217.00 |
| 12/14/2018 | 12/14/2019 | Installment | 07/14/2019 | \$ 217.00 |
| 12/14/2018 | 12/14/2019 | Installment | 08/14/2019 | \$ 217.00 |
| 12/14/2018 | 12/14/2019 | Installment | 09/14/2019 | \$ 190.00 |
| Total Future Installments | | | | \$ 841.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10152

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB10152
RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 12/14/2018 | 12/14/2019 | Amount is Past Due | 03/14/2019 | \$ 227.00 |
| 12/14/2018 | 12/14/2019 | Renewal - Installment # 5 | 04/14/2019 | \$ 227.00 |
| 12/14/2018 | 12/14/2019 | Renewal - Installment # 6 | 05/14/2019 | \$ 217.00 |
| Total Installment Due | | | | \$ 671.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 671.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB10152

RIVER PARTNERSHIP LLC
C/O CHARLES PATRICK
764 SPEEDWELL AVENUE SUITE 4
MORRIS PLAINS, NJ 07950

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/14/2018 | 12/14/2019 | Installment | 06/14/2019 | \$ 217.00 |
| 12/14/2018 | 12/14/2019 | Installment | 07/14/2019 | \$ 217.00 |
| 12/14/2018 | 12/14/2019 | Installment | 08/14/2019 | \$ 217.00 |
| 12/14/2018 | 12/14/2019 | Installment | 09/14/2019 | \$ 190.00 |
| Total Future Installments | | | | \$ 841.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10152

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB10377
CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

PRODUCER 177
BARCLAY GROUP
202 BROAD STREET
RIVERTON, NJ 08077
(856) 829-1594

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/25/2019 | 01/25/2020 | Renewal - Installment # 2 | 04/25/2019 \$ | 875.00 |
| Total Installment Due | | | | \$ 875.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,259.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 875.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB10377

CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/25/2019 | 01/25/2020 | Installment | 07/25/2019 | \$ 865.00 |
| 01/25/2019 | 01/25/2020 | Installment | 10/25/2019 | \$ 519.00 |
| Total Future Installments | | | | \$ 1,384.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10377

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB10377
CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

PRODUCER 177

BARCLAY GROUP
202 BROAD STREET
RIVERTON, NJ 08077
(856) 829-1594

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/25/2019 | 01/25/2020 | Renewal - Installment # 2 | 04/25/2019 \$ | 875.00 |
| Total Installment Due | | | | \$ 875.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,259.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 875.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB10377

CLIBER, INC.
419 LINDEN AVENUE
RIVERTON, NJ 08077

Mortgagee Information

TD BANK, N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/25/2019 | 01/25/2020 | Installment | 07/25/2019 | \$ 865.00 |
| 01/25/2019 | 01/25/2020 | Installment | 10/25/2019 | \$ 519.00 |
| Total Future Installments | | | | \$ 1,384.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10377

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP10427
VITO S PALUMBO
T/A PALUMBO ELECTRIC
929 STAFFORD DR
TOMS RIVER, NJ 08753

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/24/2019 | 01/24/2020 | Renewal - Installment # 2 | 04/24/2019 \$ | 222.00 |
| Total Installment Due | | | | \$ 222.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$434.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 222.00**

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
Pay This Amount: \$ 222.00

Thank you for your business

Policy Number: AXCP10427

VITO S PALUMBO
T/A PALUMBO ELECTRIC
929 STAFFORD DR
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/24/2019 | 01/24/2020 | Installment | 07/24/2019 | \$ 212.00 |
| Total Future Installments | | | | \$ 212.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP10427

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP10431
CARMEN PIZZUTO PLUMBING & HEATING INC
19 PULASKI ROAD
WHITE HOUSE STATION, NJ 08889

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/30/2019 | 01/30/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 2,555.00 |
| Total Installment Due | | | | \$ 2,555.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,100.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
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

Home Office Copy

Insured

AXCP10431
CARMEN PIZZUTO PLUMBING & HEATING INC
19 PULASKI ROAD
WHITE HOUSE STATION, NJ 08889

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/30/2019 | 01/30/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 2,555.00 |
| Total Installment Due | | | | \$ 2,555.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,100.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,555.00

Thank you for your business

Policy Number: AXCP10431

CARMEN PIZZUTO PLUMBING & HEATING INC
19 PULASKI ROAD
WHITE HOUSE STATION, NJ 08889

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/30/2019 | 01/30/2020 | Installment | 07/30/2019 | \$ 2,545.00 |
| Total Future Installments | | | | \$ 2,545.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP10431

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP10606
ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/27/2019 | 02/27/2020 | Amount is Past Due | 02/27/2019 \$ | 1,293.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 2 | 03/27/2019 \$ | 572.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 3 | 04/27/2019 \$ | 562.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 4 | 05/27/2019 \$ | 562.00 |
| Total Installment Due | | | | \$ 2,989.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,298.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,989.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP10606

ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/27/2019 | 02/27/2020 | Installment | 06/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 07/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 08/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 09/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 10/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 11/27/2019 | \$ 499.00 |
| Total Future Installments | | | | \$ 3,309.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP10606

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP10606
ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 02/27/2019 | 02/27/2020 | Amount is Past Due | 02/27/2019 | \$ 1,293.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 2 | 03/27/2019 | \$ 572.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 3 | 04/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 4 | 05/27/2019 | \$ 562.00 |
| Total Installment Due | | | | \$ 2,989.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,298.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,989.00

Thank you for your business

Policy Number: AXCP10606

ALL PHASE PLUMBING & DRAIN CLEANING INC
20 DARWIN ROAD
OLD BRIDGE, NJ 08857

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/27/2019 | 02/27/2020 | Installment | 06/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 07/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 08/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 09/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 10/27/2019 | \$ 562.00 |
| 02/27/2019 | 02/27/2020 | Installment | 11/27/2019 | \$ 499.00 |
| Total Future Installments | | | | \$ 3,309.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP10606

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP10607
MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/21/2019 | 02/21/2020 | Renewal - Installment # 2 | 05/21/2019 \$ | 229.00 |
| Total Installment Due | | | | \$ 229.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$448.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 229.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP10607

MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/21/2019 | 02/21/2020 | Installment | 08/21/2019 | \$ 219.00 |
| Total Future Installments | | | | \$ 219.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP10607

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP10607
MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/21/2019 | 02/21/2020 | Renewal - Installment # 2 | 05/21/2019 \$ | 229.00 |
| Total Installment Due | | | | \$ 229.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$448.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 229.00

Thank you for your business

Policy Number: AXCP10607

MICHAEL J CELESTINO T/A
MICHAEL J CELESTINO ELECTRICAL
CONTRACTOR
1664 TETON DRIVE
BLAKESLEE, PA 18610

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/21/2019 | 02/21/2020 | Installment | 08/21/2019 | \$ 219.00 |
| Total Future Installments | | | | \$ 219.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP10607

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB10629
CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/27/2019 | 02/27/2020 | Amount is Past Due | 02/27/2019 \$ | 1,195.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 2 | 05/27/2019 \$ | 885.00 |
| Total Installment Due | | | | \$ 2,080.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,955.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,080.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB10629

CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/27/2019 | 02/27/2020 | Installment | 08/27/2019 | \$ 875.00 |
| Total Future Installments | | | | \$ 875.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10629

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured
AXB10629
CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/27/2019 | 02/27/2020 | Amount is Past Due | 02/27/2019 \$ | 1,195.00 |
| 02/27/2019 | 02/27/2020 | Renewal - Installment # 2 | 05/27/2019 \$ | 885.00 |
| Total Installment Due | | | | \$ 2,080.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,955.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,080.00

Thank you for your business

Policy Number: AXB10629

CHESTER KOLATOR
339 CROWS MILL ROAD
FORDS, NJ 08863

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/27/2019 | 02/27/2020 | Installment | 08/27/2019 | \$ 875.00 |
| Total Future Installments | | | | \$ 875.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10629

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB10663
DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

PRODUCER 212
COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/26/2019 | 02/26/2020 | Amount is Past Due | 02/26/2019 \$ | 4,376.00 |
| 02/26/2019 | 02/26/2020 | Renewal - Installment # 2 | 05/26/2019 \$ | 3,236.00 |
| Total Installment Due | | | | \$ 7,612.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,838.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
24 ORIENT WAY
RUTHERFORD, NJ 07070

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,612.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB10663

DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
24 ORIENT WAY
RUTHERFORD, NJ 07070

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/26/2019 | 02/26/2020 | Installment | 08/26/2019 | \$ 3,226.00 |
| Total Future Installments | | | | \$ 3,226.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10663

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB10663
DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

PRODUCER 212

COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/26/2019 | 02/26/2020 | Amount is Past Due | 02/26/2019 \$ | 4,376.00 |
| 02/26/2019 | 02/26/2020 | Renewal - Installment # 2 | 05/26/2019 \$ | 3,236.00 |
| Total Installment Due | | | | \$ 7,612.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,838.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
24 ORIENT WAY
RUTHERFORD, NJ 07070

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,612.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB10663

DANIEL P CONTE & KENNETH S CONTE
600 MIDLAND AVENUE
GARFIELD, NJ 07026

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
24 ORIENT WAY
RUTHERFORD, NJ 07070

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/26/2019 | 02/26/2020 | Installment | 08/26/2019 | \$ 3,226.00 |
| Total Future Installments | | | | \$ 3,226.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB10663

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP11824
C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, NJ 08876

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 \$ | 227.00 |
| Total Installment Due | | | | \$ 227.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 227.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP11824

C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP11824

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP11824
C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, NJ 08876

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 \$ | 227.00 |
| Total Installment Due | | | | \$ 227.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 227.00

Thank you for your business

Policy Number: AXCP11824

C & R CONSTRUCTION & RENOVATION LLC
450 BROOKVIEW COURT
BRANCBURG, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP11824

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCA11977
DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 03/01/2019 \$ | 1,376.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 \$ | 1,376.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 \$ | 1,246.00 |
| Total Installment Due | | | | \$ 3,998.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,998.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA11977

DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA11977

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCA11977
DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 03/01/2019 \$ | 1,376.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 \$ | 1,376.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 \$ | 1,246.00 |
| Total Installment Due | | | | \$ 3,998.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,998.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA11977

DREAMLINE KITCHENS, INC
P.O.BOX 9963
TRENTON, NJ 08650

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA11977

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB12175
IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/09/2018 | 08/09/2019 | Renewal - Installment # 4 | 05/09/2019 \$ | 275.00 |
| Total Installment Due | | | | \$ 275.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 275.00

Thank you for your business

Policy Number: AXB12175

IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12175

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB12175
IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/09/2018 | 08/09/2019 | Renewal - Installment # 4 | 05/09/2019 \$ | 275.00 |
| Total Installment Due | | | | \$ 275.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 275.00

Thank you for your business

Policy Number: AXB12175

IRVING KAPLAN ASSOCIATES CORP
T/A COMMERCIAL COLLECTORS
130 W. WESTFIELD AVENUE
SUITE A
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12175

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB12247
NEW ALBANY LAND CO., LLC
325 NEW ALBANY ROAD
MOORESTOWN, NJ 08057

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 \$ | 409.00 |
| Total Installment Due | | | | \$ 409.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 409.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB12247

NEW ALBANY LAND CO., LLC
325 NEW ALBANY ROAD
MOORESTOWN, NJ 08057

Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12247

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB12247
NEW ALBANY LAND CO., LLC
325 NEW ALBANY ROAD
MOORESTOWN, NJ 08057

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 \$ | 409.00 |
| Total Installment Due | | | | \$ 409.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 409.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB12247

NEW ALBANY LAND CO., LLC
325 NEW ALBANY ROAD
MOORESTOWN, NJ 08057

Mortgagee Information

3RD FEDERAL BANK
ATTN.: LOAN SERVICING
3 PENNS TRAIL
NEWTOWN, PA 18940

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12247

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12455
ROBERT BIZZARRO PAINTING COMPANY, LLC
21 MOUNTAIN AVENUE
WARREN, NJ 07059

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 \$ | 173.00 |
| Total Installment Due | | | | \$ 173.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$272.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 173.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP12455

ROBERT BIZZARRO PAINTING COMPANY, LLC
21 MOUNTAIN AVENUE
WARREN, NJ 07059

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Installment | 06/27/2019 | \$ 99.00 |
| Total Future Installments | | | | \$ 99.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP12455
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP12455
ROBERT BIZZARRO PAINTING COMPANY, LLC
21 MOUNTAIN AVENUE
WARREN, NJ 07059

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 | \$ 173.00 |
| Total Installment Due | | | | \$ 173.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$272.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 173.00

Thank you for your business

Policy Number: AXCP12455

ROBERT BIZZARRO PAINTING COMPANY, LLC
21 MOUNTAIN AVENUE
WARREN, NJ 07059

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Installment | 06/27/2019 | \$ 99.00 |
| Total Future Installments | | | | \$ 99.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP12455
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12471
MICHAEL ZARAZA
T/A MJZ CONSTRUCTION
18 COHANSEY DRIVE
TOMS RIVER, NJ 08757

PRODUCER 109

USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/18/2018 | 10/18/2019 | Renewal - Installment # 3 | 04/18/2019 \$ | 470.00 |
| Total Installment Due | | | | \$ 470.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$746.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**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
Pay This Amount: \$ 470.00

Thank you for your business

Policy Number: AXCP12471

MICHAEL ZARAZA
T/A MJZ CONSTRUCTION
18 COHANSEY DRIVE
TOMS RIVER, NJ 08757

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/18/2018 | 10/18/2019 | Installment | 07/18/2019 | \$ 276.00 |
| Total Future Installments | | | | \$ 276.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12471

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12510
NURREDDIN DEMIRCAN
888 MAIN STREET
PATERSON, NJ 07503

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/24/2018 | 10/24/2019 | Renewal - Installment # 3 | 04/24/2019 \$ | 276.00 |
| Total Installment Due | | | | \$ 276.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 276.00

Thank you for your business

Policy Number: AXCP12510

NURREDDIN DEMIRCAN
888 MAIN STREET
PATERSON, NJ 07503

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12510

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP12510
NURREDDIN DEMIRCAN
888 MAIN STREET
PATERSON, NJ 07503

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/24/2018 | 10/24/2019 | Renewal - Installment # 3 | 04/24/2019 \$ | 276.00 |
| Total Installment Due | | | | \$ 276.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 276.00

Thank you for your business

Policy Number: AXCP12510

NURREDDIN DEMIRCAN
888 MAIN STREET
PATERSON, NJ 07503

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12510

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB12528
FRANCES MANTONE
14 PROSPECT STREET
MADISON, NJ 07940

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 3 | 04/19/2019 \$ | 870.00 |
| Total Installment Due | | | | \$ 870.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,385.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: 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.

To Make An Online Payment:: 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

Payor's Copy

Insured

AXB12562
CESTONE ASSOCIATES LLC
23 JACKSON STREET
LITTLE FALLS, NJ 07424

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/01/2018 | 11/01/2019 | Amount is Past Due | 03/12/2019 \$ | 1,092.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 6 | 04/12/2019 \$ | 1,092.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 7 | 05/12/2019 \$ | 1,082.00 |
| Total Installment Due | | | | \$ 3,266.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,266.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB12562

CESTONE ASSOCIATES LLC
23 JACKSON STREET
LITTLE FALLS, NJ 07424

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/01/2018 | 11/01/2019 | Installment | 06/12/2019 | \$ 1,082.00 |
| 11/01/2018 | 11/01/2019 | Installment | 07/12/2019 | \$ 1,082.00 |
| 11/01/2018 | 11/01/2019 | Installment | 08/12/2019 | \$ 962.00 |
| Total Future Installments | | | | \$ 3,126.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12562

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB12562
CESTONE ASSOCIATES LLC
23 JACKSON STREET
LITTLE FALLS, NJ 07424

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/01/2018 | 11/01/2019 | Amount is Past Due | 03/12/2019 \$ | 1,092.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 6 | 04/12/2019 \$ | 1,092.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 7 | 05/12/2019 \$ | 1,082.00 |
| Total Installment Due | | | | \$ 3,266.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 3,266.00

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:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB12602
TRACY DURKIN LCSW
628 SHREWSBURY AVENUE
TINTON FALLS, NJ 07722

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 3 | 05/15/2019 \$ | 200.00 |
| Total Installment Due | | | | \$ 200.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 200.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB12602

TRACY DURKIN LCSW
628 SHREWSBURY AVENUE
TINTON FALLS, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12602

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB12602
TRACY DURKIN LCSW
628 SHREWSBURY AVENUE
TINTON FALLS, NJ 07722

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 3 | 05/15/2019 \$ | 200.00 |
| Total Installment Due | | | | \$ 200.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 200.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB12602

TRACY DURKIN LCSW
628 SHREWSBURY AVENUE
TINTON FALLS, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12602

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12604
ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

PRODUCER 116

INMAN KIRCHER MCBRIDE AGENCY
79TH & LONG BEACH BOULEVARD
HARVEY CEDARS, NJ 08008
(609) 494-9200

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/13/2018 | 11/13/2019 | Renewal - Installment # 3 | 05/13/2019 \$ | 375.00 |
| Total Installment Due | | | | \$ 375.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$594.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 375.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP12604

ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/13/2018 | 11/13/2019 | Installment | 08/13/2019 | \$ 219.00 |
| Total Future Installments | | | | \$ 219.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP12604
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP12604
ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

PRODUCER 116

INMAN KIRCHER MCBRIDE AGENCY
79TH & LONG BEACH BOULEVARD
HARVEY CEDARS, NJ 08008
(609) 494-9200

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/13/2018 | 11/13/2019 | Renewal - Installment # 3 | 05/13/2019 \$ | 375.00 |
| Total Installment Due | | | | \$ 375.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$594.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 375.00

Thank you for your business

Policy Number: AXCP12604

ABBOTT CONSTRUCTION LLC
KEVIN ABBOTT T/A
ABBOT CONSTRUCTION COMPANY
17 KELSONVILLE ROAD
BROWNS MILLS, NJ 08015

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/13/2018 | 11/13/2019 | Installment | 08/13/2019 | \$ 219.00 |
| Total Future Installments | | | | \$ 219.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12604

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12640
THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

PRODUCER 213

BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/12/2018 | 11/12/2019 | Renewal - Installment # 3 | 05/12/2019 \$ | 190.00 |
| Total Installment Due | | | | \$ 190.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 190.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP12640

THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12640

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP12640
THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

PRODUCER 213

BROWN AND BROWN OF NJ, LLC
PO BOX 1187
MARMORA, NJ 08223
(856) 881-2862

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/12/2018 | 11/12/2019 | Renewal - Installment # 3 | 05/12/2019 \$ | 190.00 |
| Total Installment Due | | | | \$ 190.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 190.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP12640

THOMAS J. HOLSHUE ELECTRIC LLC
218 MILL ROAD
MARLTON, NJ 08053

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12640

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCA12684
BRIAN DEN BLEYKER
T/A BLAKE ELECTRICAL CONTRACTORS
P O BOX 5319
BERGENFIELD, NJ 07621

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/29/2018 | 11/29/2019 | Amount is Past Due | 02/28/2019 \$ | 648.00 |
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 648.00 |
| Total Installment Due | | | | \$ 1,296.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,296.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA12684

BRIAN DEN BLEYKER
T/A BLAKE ELECTRICAL CONTRACTORS
P O BOX 5319
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA12684

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCA12684
BRIAN DEN BLEYKER
T/A BLAKE ELECTRICAL CONTRACTORS
P O BOX 5319
BERGENFIELD, NJ 07621

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/29/2018 | 11/29/2019 | Amount is Past Due | 02/28/2019 \$ | 648.00 |
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 648.00 |
| Total Installment Due | | | | \$ 1,296.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,296.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA12684

BRIAN DEN BLEYKER
T/A BLAKE ELECTRICAL CONTRACTORS
P O BOX 5319
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA12684

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB12707
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663
(201) 845-6600

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 7 | 04/18/2019 \$ | 835.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 8 | 05/18/2019 \$ | 825.00 |
| Total Installment Due | | | | \$ 1,660.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,811.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JERRY ARENA
PO BOX 11
NORMANDY BEACH, NJ 08739

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,660.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB12707

LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

Mortgagee Information

JERRY ARENA
PO BOX 11
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/13/2018 | 10/13/2019 | Installment | 06/18/2019 | \$ 825.00 |
| 10/13/2018 | 10/13/2019 | Installment | 07/18/2019 | \$ 732.00 |
| Total Future Installments | | | | \$ 1,557.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12707

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB12707
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663
(201) 845-6600

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 7 | 04/18/2019 \$ | 835.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 8 | 05/18/2019 \$ | 825.00 |
| Total Installment Due | | | | \$ 1,660.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,811.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JERRY ARENA
PO BOX 11
NORMANDY BEACH, NJ 08739

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,660.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB12707

Mortgagee Information

JERRY ARENA
PO BOX 11
NORMANDY BEACH, NJ 08739

LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/13/2018 | 10/13/2019 | Installment | 06/18/2019 | \$ 825.00 |
| 10/13/2018 | 10/13/2019 | Installment | 07/18/2019 | \$ 732.00 |
| Total Future Installments | | | | \$ 1,557.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB12707

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM12719
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663
(201) 845-6600

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 7 | 04/18/2019 \$ | 83.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 8 | 05/18/2019 \$ | 73.00 |
| Total Installment Due | | | | \$ 156.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$349.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 156.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM12719

LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/13/2018 | 10/13/2019 | Installment | 06/18/2019 | \$ 73.00 |
| 10/13/2018 | 10/13/2019 | Installment | 07/18/2019 | \$ 64.00 |
| Total Future Installments | | | | \$ 137.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM12719

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM12719
LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663
(201) 845-6600

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 7 | 04/18/2019 \$ | 83.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 8 | 05/18/2019 \$ | 73.00 |
| Total Installment Due | | | | \$ 156.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$349.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 156.00

Thank you for your business

Policy Number: AXUM12719

LNK CORP
T/A MAPLE AVENUE APARTMENTS
PO BOX 531
NORMANDY BEACH, NJ 08739

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/13/2018 | 10/13/2019 | Installment | 06/18/2019 | \$ 73.00 |
| 10/13/2018 | 10/13/2019 | Installment | 07/18/2019 | \$ 64.00 |
| Total Future Installments | | | | \$ 137.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM12719

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12807
JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/26/2018 | 12/26/2019 | Renewal - Installment # 2 | 03/26/2019 \$ | 414.00 |
| Total Installment Due | | | | \$ 414.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,061.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 414.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP12807

JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/26/2018 | 12/26/2019 | Installment | 06/26/2019 | \$ 404.00 |
| 12/26/2018 | 12/26/2019 | Installment | 09/26/2019 | \$ 243.00 |
| Total Future Installments | | | | \$ 647.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12807

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP12807
JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/26/2018 | 12/26/2019 | Renewal - Installment # 2 | 03/26/2019 \$ | 414.00 |
| Total Installment Due | | | | \$ 414.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,061.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 414.00

Thank you for your business

Policy Number: AXCP12807

JERRY RODENBAUGH PLUMBING & HEATING LLC
3214 BEACHVIEW DRIVE
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/26/2018 | 12/26/2019 | Installment | 06/26/2019 | \$ 404.00 |
| 12/26/2018 | 12/26/2019 | Installment | 09/26/2019 | \$ 243.00 |
| Total Future Installments | | | | \$ 647.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP12807

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP12821
CARLOS SUGUITAN
T/A ISABELLA ELECTRIC
8 ISABELLA AVE
BAYONNE, NJ 07002

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/04/2019 | 01/04/2020 | Renewal - Installment # 2 | 04/04/2019 \$ | 235.00 |
| Total Installment Due | | | | \$ 235.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$460.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 235.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP12821

CARLOS SUGUITAN
T/A ISABELLA ELECTRIC
8 ISABELLA AVE
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/04/2019 | 01/04/2020 | Installment | 07/04/2019 | \$ 225.00 |
| Total Future Installments | | | | \$ 225.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP12821
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP12821
CARLOS SUGUITAN
T/A ISABELLA ELECTRIC
8 ISABELLA AVE
BAYONNE, NJ 07002

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/04/2019 | 01/04/2020 | Renewal - Installment # 2 | 04/04/2019 \$ | 235.00 |
| Total Installment Due | | | | \$ 235.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$460.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
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
Pay This Amount: \$ 1,407.00

Thank you for your business

Policy Number: AXB13376

03/18/2019 - Inv
RODWIL CORP.
T/A GARDEN STATE REALTY
C/O WILLIAM SCHMITZ ETAL
1253 SPRINGFIELD AVENUE
SUITE #360
NEW PROVIDENCE, NJ 07974

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB13376

Your New Address is:

Phone No.:

INVOICE

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

Pay This Amount: \$ 1,407.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB13376

RODWIL CORP.
T/A GARDEN STATE REALTY
C/O WILLIAM SCHMITZ ETAL
1253 SPRINGFIELD AVENUE
SUITE #360
NEW PROVIDENCE, NJ 07974

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB13376

Your New Address is:

Phone No.:

INVOICE

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

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 |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP13479

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP13479
STEVE & CYNTHIA KOPP T/A
KOPP CONSTRUCTION
134 HICKORY ROAD
UNION, NJ 07083

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/24/2018 | 06/24/2019 | Renewal - Installment # 4 | 03/24/2019 \$ | 172.00 |
| Total Installment Due | | | | \$ 172.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 172.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP13479

STEVE & CYNTHIA KOPP T/A
KOPP CONSTRUCTION
134 HICKORY ROAD
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP13479

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB13525
CLOVER MAY CORP
T/A VILLAGE BAR & LIQUORS
7C NAUGHRIGHT ROAD
HACKETTSTOWN, NJ 07840

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/12/2018 | 07/12/2019 | Renewal - Installment # 4 | 04/12/2019 \$ | 342.00 |
| Total Installment Due | | | | \$ 342.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 342.00

Thank you for your business

Policy Number: AXB13525

CLOVER MAY CORP
T/A VILLAGE BAR & LIQUORS
7C NAUGHRIGHT ROAD
HACKETTSTOWN, NJ 07840

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB13525

Your New Address is:

Phone No.:

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

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

Pay This Amount: \$ 239.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP13545

PH REMODELING LLC
C/O PAWEL HYRA
17 BARBARA DRIVE
CLIFTON, NJ 07013

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP13545

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP13545
PH REMODELING LLC
C/O PAWEL HYRA
17 BARBARA DRIVE
CLIFTON, NJ 07013

PRODUCER 195

RLM AGENCY
23 COLFAX AVENUE REAR
POMPTON LAKES, NJ 07442
(973) 835-6171

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/23/2018 | 06/23/2019 | Renewal - Installment # 4 | 03/23/2019 \$ | 239.00 |
| Total Installment Due | | | | \$ 239.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 239.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP13545

PH REMODELING LLC
C/O PAWEL HYRA
17 BARBARA DRIVE
CLIFTON, NJ 07013

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP13545

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB13582
ANTHONY D. TORONTO
2-25 SUMMIT AVENUE
FAIR LAWN, NJ 07410

PRODUCER 212

COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|------------|
| 07/29/2018 | 07/29/2019 | Amount is Past Due | 02/28/2019 | \$ 63.00 |
| 07/29/2018 | 07/29/2019 | Renewal - Installment # 9 | 03/29/2019 | \$ 63.00 |
| 07/29/2018 | 07/29/2019 | Renewal - Installment # 10 | 04/29/2019 | \$ 47.00 |
| Total Installment Due | | | | \$ 173.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**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 |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

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

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 |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

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**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

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

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**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

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

Pay This Amount: \$ 456.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP13888

CRAIG D ROCK PLUMBING & HEATING LLC
1105 RIDGE ROAD
HARMONY, NJ 08865

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP13888

Your New Address is:

Phone No.:

INVOICE

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

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**Pay This Amount: \$ 119.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM13939

DONNELLY INVESTMENTS, LLC
419 SICOMAC AVENUE
WYCKOFF, NJ 07481

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM13939

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM13939
DONNELLY INVESTMENTS, LLC
419 SICOMAC AVENUE
WYCKOFF, NJ 07481

PRODUCER 760

SANFORD INSURANCE GROUP LLC
210 BELLEVUE AVENUE
UPPER MONTCLAIR, NJ 07043
(973) 783-6600

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 8 | 03/25/2019 \$ | 25.00 |
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 9 | 04/25/2019 \$ | 50.00 |
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 10 | 05/25/2019 \$ | 44.00 |
| Total Installment Due | | | | \$ 119.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$119.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 119.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM13939

DONNELLY INVESTMENTS, LLC
419 SICOMAC AVENUE
WYCKOFF, NJ 07481

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM13939

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCA13940
SHILOH TEMPLE CHURCH INC
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY
ATTN: REV BILAL PARRISH
505 MADISON AVENUE
ATLANTIC CITY, NJ 08401

PRODUCER 124

CHRIS FERRY INSURANCE AGENCY
PO BOX 356
LINWOOD, NJ 08221
(609) 653-6600

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/12/2018 | 10/12/2019 | Renewal - Installment # 3 | 04/12/2019 \$ | 796.00 |
| Total Installment Due | | | | \$ 796.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,268.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 796.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA13940

SHILOH TEMPLE CHURCH INC
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY
ATTN: REV BILAL PARRISH
505 MADISON AVENUE
ATLANTIC CITY, NJ 08401

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/12/2018 | 10/12/2019 | Installment | 07/12/2019 | \$ 472.00 |
| Total Future Installments | | | | \$ 472.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA13940

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCA13940
SHILOH TEMPLE CHURCH INC
T/A SHILOH TEMPLE PENTACOSTAL ASSEMBLY
ATTN: REV BILAL PARRISH
505 MADISON AVENUE
ATLANTIC CITY, NJ 08401

PRODUCER 124

CHRIS FERRY INSURANCE AGENCY
PO BOX 356
LINWOOD, NJ 08221
(609) 653-6600

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/12/2018 | 10/12/2019 | Renewal - Installment # 3 | 04/12/2019 \$ | 796.00 |
| Total Installment Due | | | | \$ 796.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,268.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

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**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:

Phone No.:

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

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:

Phone No.:

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
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

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
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
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:

Phone No.:

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
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:

Phone No.:

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
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:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM14374
72 FADEM ROAD REALTY LLC &
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC
72 FADEM ROAD
SPRINGFIELD, NJ 07081

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 1,725.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 758.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 748.00 |
| Total Installment Due | | | | \$ 3,231.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$8,385.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,231.00

Thank you for your business

Policy Number: AXCM14374

72 FADEM ROAD REALTY LLC &
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC
72 FADEM ROAD
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 748.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 748.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 748.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 748.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 748.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 748.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 666.00 |

Total Future Installments \$ 5,154.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM14374

Your New Address is:

Phone No.:

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**Pay This Amount: \$ 590.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP14510

JOHN HARRIGAN
T/A STONEPOINTE CONTRACTING
PO BOX 344
MONTVALE, NJ 07645

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/12/2018 | 10/12/2019 | Installment | 07/12/2019 | \$ 348.00 |
| Total Future Installments | | | | \$ 348.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP14510

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP14510
JOHN HARRIGAN
T/A STONEPOINTE CONTRACTING
PO BOX 344
MONTVALE, NJ 07645

PRODUCER 164

MCCARTHY HILLSIDE INC.
T/A NOBLE AGENCY
170 WASHINGTON STREET
DUMONT, NJ 07628
(201) 384-2312

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/12/2018 | 10/12/2019 | Renewal - Installment # 3 | 04/12/2019 \$ | 590.00 |
| Total Installment Due | | | | \$ 590.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$938.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
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.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,556.00

Thank you for your business

Policy Number: AXB14640

Mortgagee Information

WACHOVIA BANK PA 1323
PO BOX 7558
PHILADELPHIA, PA 19101-7558

250 MORRIS AVE LLC
C/O MR SANDRI GJONBALAJ
808 ST JOSEPH PLACE
TOMS RIVER, NJ 08753

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
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**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:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR14662
COLUMBIA HOTEL OF HAMMONTON INC
T/A COLUMBIA II
3238 SOUTH WHITE HORSE PIKE
ROUTE 30
HAMMONTON, NJ 08037

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/20/2018 | 11/20/2019 | Renewal - Installment # 5 | 03/23/2019 \$ | 826.00 |
| 11/20/2018 | 11/20/2019 | Renewal - Installment # 6 | 04/23/2019 \$ | 816.00 |
| 11/20/2018 | 11/20/2019 | Renewal - Installment # 7 | 05/23/2019 \$ | 816.00 |
| Total Installment Due | | | | \$ 2,458.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,815.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
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:

Phone No.:

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**Pay This Amount: \$ 445.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP14699

F.E. JOHNSTON CONTRACTING LLC
140 LUTHER DRIVE
MANCHESTER, NJ 08759

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/22/2018 | 11/22/2019 | Installment | 08/22/2019 | \$ 260.00 |
| Total Future Installments | | | | \$ 260.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP14699

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP14699
F.E. JOHNSTON CONTRACTING LLC
140 LUTHER DRIVE
MANCHESTER, NJ 08759

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/22/2018 | 11/22/2019 | Renewal - Installment # 3 | 05/22/2019 \$ | 445.00 |
| Total Installment Due | | | | \$ 445.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$705.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
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
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

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.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,235.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

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**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:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB14926
HUANG INC
T/A JFJ LIQUOR & BAR
1070 RT 34
MATAWAN, NJ 07747

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/16/2019 | 01/16/2020 | Renewal - Installment # 2 | 04/16/2019 \$ | 514.00 |
| Total Installment Due | | | | \$ 514.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,320.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 514.00

Thank you for your business

Policy Number: AXB14926

HUANG INC
T/A JFJ LIQUOR & BAR
1070 RT 34
MATAWAN, NJ 07747

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/16/2019 | 01/16/2020 | Installment | 07/16/2019 | \$ 504.00 |
| 01/16/2019 | 01/16/2020 | Installment | 10/16/2019 | \$ 302.00 |
| Total Future Installments | | | | \$ 806.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB14926

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR14990
BRIAN FLYNN
T/A MEL'S WAFFLE HOUSE
603 BAYSHORE ROAD
VILLAS, NJ 08251

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/08/2019 | 02/08/2020 | Renewal - Installment # 2 | 05/08/2019 \$ | 673.00 |
| Total Installment Due | | | | \$ 673.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,733.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 673.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBR14990

BRIAN FLYNN
T/A MEL'S WAFFLE HOUSE
603 BAYSHORE ROAD
VILLAS, NJ 08251

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/08/2019 | 02/08/2020 | Installment | 08/08/2019 | \$ 663.00 |
| 02/08/2019 | 02/08/2020 | Installment | 11/08/2019 | \$ 397.00 |
| Total Future Installments | | | | \$ 1,060.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR14990

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR14990
BRIAN FLYNN
T/A MEL'S WAFFLE HOUSE
603 BAYSHORE ROAD
VILLAS, NJ 08251

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/08/2019 | 02/08/2020 | Renewal - Installment # 2 | 05/08/2019 \$ | 673.00 |
| Total Installment Due | | | | \$ 673.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,733.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 673.00

Thank you for your business

Policy Number: AXBR14990

BRIAN FLYNN
T/A MEL'S WAFFLE HOUSE
603 BAYSHORE ROAD
VILLAS, NJ 08251

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/08/2019 | 02/08/2020 | Installment | 08/08/2019 | \$ 663.00 |
| 02/08/2019 | 02/08/2020 | Installment | 11/08/2019 | \$ 397.00 |
| Total Future Installments | | | | \$ 1,060.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR14990

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP15025
PETER J MANLEY
T/A PETER MANLEY PLUMBING & HEATING
206 AVENUE E
BAYONNE, NJ 07002

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 650.00 |
| Total Installment Due | | | | \$ 650.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,290.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 650.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP15025

PETER J MANLEY
T/A PETER MANLEY PLUMBING & HEATING
206 AVENUE E
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 640.00 |
| Total Future Installments | | | | \$ 640.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15025

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP15025
PETER J MANLEY
T/A PETER MANLEY PLUMBING & HEATING
206 AVENUE E
BAYONNE, NJ 07002

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 650.00 |
| Total Installment Due | | | | \$ 650.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,290.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 650.00

Thank you for your business

Policy Number: AXCP15025

PETER J MANLEY
T/A PETER MANLEY PLUMBING & HEATING
206 AVENUE E
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 640.00 |
| Total Future Installments | | | | \$ 640.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15025

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP15034
KNOWLEDGE CARPET INSTALLATION INC
167 RICHLAND AVENUE
TRENTON, NJ 08629

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 2 | 04/29/2019 \$ | 287.00 |
| Total Installment Due | | | | \$ 287.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$564.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 287.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP15034

KNOWLEDGE CARPET INSTALLATION INC
167 RICHLAND AVENUE
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 277.00 |
| Total Future Installments | | | | \$ 277.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15034
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP15034
KNOWLEDGE CARPET INSTALLATION INC
167 RICHLAND AVENUE
TRENTON, NJ 08629

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 2 | 04/29/2019 \$ | 287.00 |
| Total Installment Due | | | | \$ 287.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$564.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 287.00

Thank you for your business

Policy Number: AXCP15034

KNOWLEDGE CARPET INSTALLATION INC
167 RICHLAND AVENUE
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 277.00 |
| Total Future Installments | | | | \$ 277.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15034
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXCA15035
JEFFREY LITTLE
167 RICHLAND AVENUE
TRENTON, NJ 08629

PRODUCER 181
R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 2 | 04/29/2019 \$ | 623.00 |
| Total Installment Due | | | | \$ 623.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,236.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 623.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCA15035

JEFFREY LITTLE
167 RICHLAND AVENUE
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 613.00 |
| Total Future Installments | | | | \$ 613.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA15035

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured
AXCA15035
JEFFREY LITTLE
167 RICHLAND AVENUE
TRENTON, NJ 08629

PRODUCER 181
R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 2 | 04/29/2019 \$ | 623.00 |
| Total Installment Due | | | | \$ 623.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,236.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 623.00

Thank you for your business

Policy Number: AXCA15035

JEFFREY LITTLE
167 RICHLAND AVENUE
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 613.00 |
| Total Future Installments | | | | \$ 613.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCA15035
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB15098
SIRIUS OF SUSSEX, LLC
C/O CHERYL FAUST
78 RICHARD MINE ROAD
DOVER, NJ 07801

PRODUCER 155

MITCHELL INSURANCE AGENCY
29 TRINITY STREET
NEWTON, NJ 07860
(973) 383-5800

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/28/2019 | 02/28/2020 | Amount is Past Due | 02/28/2019 \$ | 1,557.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 1,098.00 |
| Total Installment Due | | | | \$ 2,655.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,395.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK
TWO TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,655.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15098

SIRIUS OF SUSSEX, LLC
C/O CHERYL FAUST
78 RICHARD MINE ROAD
DOVER, NJ 07801

Mortgagee Information

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK
TWO TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 1,088.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 652.00 |
| Total Future Installments | | | | \$ 1,740.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15098

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB15098
SIRIUS OF SUSSEX, LLC
C/O CHERYL FAUST
78 RICHARD MINE ROAD
DOVER, NJ 07801

PRODUCER 155

MITCHELL INSURANCE AGENCY
29 TRINITY STREET
NEWTON, NJ 07860
(973) 383-5800

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/28/2019 | 02/28/2020 | Amount is Past Due | 02/28/2019 \$ | 1,557.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 1,098.00 |
| Total Installment Due | | | | \$ 2,655.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,395.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK
TWO TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,655.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15098

SIRIUS OF SUSSEX, LLC
C/O CHERYL FAUST
78 RICHARD MINE ROAD
DOVER, NJ 07801

Mortgagee Information

PNC BANK NATIONAL ASSOCIATION BUSINESS BANK
TWO TOWER CENTER BLVD
EAST BRUNSWICK, NJ 08816

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 1,088.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 652.00 |
| Total Future Installments | | | | \$ 1,740.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15098

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR15150
BARNSBORO INN, LLC
BARNSBORO HOSPITALITY LLC
C/O TOM BUDD
699 MAIN STREET
BARNSBORO, NJ 08080

PRODUCER 122

CETTEI & CONNELL INC
35 SOUTH BROAD STREET
SUITE B
PO BOX 657
WOODBURY, NJ 08096
(856) 848-8898

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/13/2019 | 03/13/2020 | Amount is Past Due | 03/13/2019 | \$ 2,548.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 2 | 04/13/2019 | \$ 1,120.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 3 | 05/13/2019 | \$ 1,110.00 |
| Total Installment Due | | | | \$ 4,778.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$12,425.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

SOVEREIGN BANK
ISAOA
619 ALEXANDER RD., 60-571-CMI
PRINCETON, NJ 08542

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,778.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR15150

BARNSBORO INN, LLC
BARNSBORO HOSPITALITY LLC
C/O TOM BUDD
699 MAIN STREET
BARNSBORO, NJ 08080

03/18/2019 - Inv

Mortgagee Information

SOVEREIGN BANK
ISAOA
619 ALEXANDER RD., 60-571-CMI
PRINCETON, NJ 08542

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/13/2019 | 03/13/2020 | Installment | 06/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 07/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 08/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 09/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 10/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 11/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 12/13/2019 | \$ 987.00 |

Total Future Installments \$ 7,647.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR15150

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR15150
BARNSBORO INN, LLC
BARNSBORO HOSPITALITY LLC
C/O TOM BUDD
699 MAIN STREET
BARNSBORO, NJ 08080

PRODUCER 122

CETTEI & CONNELL INC
35 SOUTH BROAD STREET
SUITE B
PO BOX 657
WOODBURY, NJ 08096
(856) 848-8898

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/13/2019 | 03/13/2020 | Amount is Past Due | 03/13/2019 | \$ 2,548.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 2 | 04/13/2019 | \$ 1,120.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 3 | 05/13/2019 | \$ 1,110.00 |
| Total Installment Due | | | | \$ 4,778.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$12,425.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

SOVEREIGN BANK
ISAOA
619 ALEXANDER RD., 60-571-CMI
PRINCETON, NJ 08542

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,778.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR15150

BARNSBORO INN, LLC
BARNSBORO HOSPITALITY LLC
C/O TOM BUDD
699 MAIN STREET
BARNSBORO, NJ 08080

03/18/2019 - Inv

Mortgagee Information

SOVEREIGN BANK
ISAOA
619 ALEXANDER RD., 60-571-CMI
PRINCETON, NJ 08542

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/13/2019 | 03/13/2020 | Installment | 06/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 07/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 08/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 09/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 10/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 11/13/2019 | \$ 1,110.00 |
| 03/13/2019 | 03/13/2020 | Installment | 12/13/2019 | \$ 987.00 |

Total Future Installments \$ 7,647.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR15150

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP15155
ANDREW IPPOLITO T/A
ANDY'S ELECTRICAL SERVICE
324 EWINGVILLE ROAD
TRENTON, NJ 08638

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/20/2019 | 02/20/2020 | Renewal - Installment # 2 | 05/20/2019 \$ | 256.00 |
| Total Installment Due | | | | \$ 256.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$502.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 256.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP15155

ANDREW IPPOLITO T/A
ANDY'S ELECTRICAL SERVICE
324 EWINGVILLE ROAD
TRENTON, NJ 08638

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/20/2019 | 02/20/2020 | Installment | 08/20/2019 | \$ 246.00 |
| Total Future Installments | | | | \$ 246.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15155
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP15155
ANDREW IPPOLITO T/A
ANDY'S ELECTRICAL SERVICE
324 EWINGVILLE ROAD
TRENTON, NJ 08638

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/20/2019 | 02/20/2020 | Renewal - Installment # 2 | 05/20/2019 \$ | 256.00 |
| Total Installment Due | | | | \$ 256.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$502.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 256.00

Thank you for your business

Policy Number: AXCP15155

ANDREW IPPOLITO T/A
ANDY'S ELECTRICAL SERVICE
324 EWINGVILLE ROAD
TRENTON, NJ 08638

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/20/2019 | 02/20/2020 | Installment | 08/20/2019 | \$ 246.00 |
| Total Future Installments | | | | \$ 246.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15155
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP15257
BRIAN K. SMITH CONSTRUCTION
26 FIRST STREET
KENVIL, NJ 07847

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/18/2019 | 02/18/2020 | Renewal - Installment # 2 | 05/18/2019 \$ | 357.00 |
| Total Installment Due | | | | \$ 357.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$704.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 357.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP15257

BRIAN K. SMITH CONSTRUCTION
26 FIRST STREET
KENVIL, NJ 07847

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/18/2019 | 02/18/2020 | Installment | 08/18/2019 | \$ 347.00 |
| Total Future Installments | | | | \$ 347.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP15257

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP15257
BRIAN K. SMITH CONSTRUCTION
26 FIRST STREET
KENVIL, NJ 07847

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/18/2019 | 02/18/2020 | Renewal - Installment # 2 | 05/18/2019 \$ | 357.00 |
| Total Installment Due | | | | \$ 357.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$704.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 357.00

Thank you for your business

Policy Number: AXCP15257

BRIAN K. SMITH CONSTRUCTION
26 FIRST STREET
KENVIL, NJ 07847

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/18/2019 | 02/18/2020 | Installment | 08/18/2019 | \$ 347.00 |
| Total Future Installments | | | | \$ 347.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP15257

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCA15307
PADIS, INC.
72 FADEM ROAD
SPRINGFIELD, NJ 07081

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 719.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 319.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 309.00 |
| Total Installment Due | | | | \$ 1,347.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,476.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,347.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA15307

PADIS, INC.
72 FADEM ROAD
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 275.00 |

Total Future Installments \$ 2,129.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA15307

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCA15307
PADIS, INC.
72 FADEM ROAD
SPRINGFIELD, NJ 07081

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 719.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 319.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 309.00 |
| Total Installment Due | | | | \$ 1,347.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,476.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,347.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA15307

PADIS, INC.
72 FADEM ROAD
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 309.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 275.00 |

Total Future Installments \$ 2,129.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA15307

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM15309
72 FADEM ROAD REALTY LLC &
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC
72 FADEN ROAD
SPRINGFIELD, NJ 07081

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 222.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 101.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 91.00 |
| Total Installment Due | | | | \$ 414.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,041.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 414.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM15309

72 FADEM ROAD REALTY LLC &
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC
72 FADEN ROAD
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 81.00 |
| Total Future Installments | | | | \$ 627.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM15309

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM15309
72 FADEM ROAD REALTY LLC &
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC
72 FADEN ROAD
SPRINGFIELD, NJ 07081

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/01/2019 | 03/01/2020 | Amount is Past Due | 03/01/2019 \$ | 222.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 101.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/01/2019 \$ | 91.00 |
| Total Installment Due | | | | \$ 414.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,041.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 414.00

Thank you for your business

Policy Number: AXUM15309

72 FADEM ROAD REALTY LLC &
FOAM PACK INDUSTRIES, A DIVISION OF PADIS, INC
72 FADEN ROAD
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/01/2019 | \$ 91.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/01/2019 | \$ 81.00 |
| Total Future Installments | | | | \$ 627.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM15309

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB15766
GOYANES, LLC
225 WEST PROSPECT AVENUE
WOODBIDGE, NJ 07095

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/10/2018 | 07/10/2019 | Renewal - Installment # 10 | 04/10/2019 \$ | 158.00 |
| Total Installment Due | | | | \$ 158.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

SANTANDER BANK, NA
P.O. BOX 628
AMELIA, OH 45102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 158.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15766

GOYANES, LLC
225 WEST PROSPECT AVENUE
WOODBIDGE, NJ 07095

Mortgagee Information

SANTANDER BANK, NA
P.O. BOX 628
AMELIA, OH 45102

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15766

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB15766
GOYANES, LLC
225 WEST PROSPECT AVENUE
WOODBIDGE, NJ 07095

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/10/2018 | 07/10/2019 | Renewal - Installment # 10 | 04/10/2019 \$ | 158.00 |
| Total Installment Due | | | | \$ 158.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

SANTANDER BANK, NA
P.O. BOX 628
AMELIA, OH 45102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 158.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15766

GOYANES, LLC
225 WEST PROSPECT AVENUE
WOODBIDGE, NJ 07095

Mortgagee Information

SANTANDER BANK, NA
P.O. BOX 628
AMELIA, OH 45102

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15766

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB15806
JOSEPH BOGUSLAWSKI
57 THROCKMORTON STREET
FREEHOLD, NJ 07728

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/24/2018 | 06/24/2019 | Renewal - Installment # 4 | 03/24/2019 \$ | 564.00 |
| Total Installment Due | | | | \$ 564.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 564.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15806

JOSEPH BOGUSLAWSKI
57 THROCKMORTON STREET
FREEHOLD, NJ 07728

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15806

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB15806
JOSEPH BOGUSLAWSKI
57 THROCKMORTON STREET
FREEHOLD, NJ 07728

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/24/2018 | 06/24/2019 | Renewal - Installment # 4 | 03/24/2019 \$ | 564.00 |
| Total Installment Due | | | | \$ 564.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 564.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15806

JOSEPH BOGUSLAWSKI
57 THROCKMORTON STREET
FREEHOLD, NJ 07728

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15806

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB15974
R.A.W. PROPERTIES, LLC
C/O RICHARD AND ANTOINETTE WINKLE
P.O. BOX 257
LANOKA HARBOR, NJ 08734

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Amount is Past Due | 03/14/2019 | \$ 260.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 8 | 04/14/2019 | \$ 260.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 9 | 05/14/2019 | \$ 250.00 |
| Total Installment Due | | | | \$ 770.00 |

Mortgagee Information

WACHOVIA BANK, NA
P.O. BOX 702468
DALLAS, TX 75340

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 770.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15974

Mortgagee Information

WACHOVIA BANK, NA
P.O. BOX 702468
DALLAS, TX 75340

R.A.W. PROPERTIES, LLC
C/O RICHARD AND ANTOINETTE WINKLE
P.O. BOX 257
LANOKA HARBOR, NJ 08734

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Installment | 06/14/2019 | \$ 223.00 |
| Total Future Installments | | | | \$ 223.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15974

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB15974
R.A.W. PROPERTIES, LLC
C/O RICHARD AND ANTOINETTE WINKLE
P.O. BOX 257
LANOKA HARBOR, NJ 08734

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Amount is Past Due | 03/14/2019 | \$ 260.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 8 | 04/14/2019 | \$ 260.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 9 | 05/14/2019 | \$ 250.00 |
| Total Installment Due | | | | \$ 770.00 |

Mortgagee Information

WACHOVIA BANK, NA
P.O. BOX 702468
DALLAS, TX 75340

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 770.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB15974

Mortgagee Information

WACHOVIA BANK, NA
P.O. BOX 702468
DALLAS, TX 75340

R.A.W. PROPERTIES, LLC
C/O RICHARD AND ANTOINETTE WINKLE
P.O. BOX 257
LANOKA HARBOR, NJ 08734

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Installment | 06/14/2019 | \$ 223.00 |
| Total Future Installments | | | | \$ 223.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB15974

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCA15984
CHARGER ELECTRIC CORP
165 BERNARD DRIVE
RED BANK, NJ 07701

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 3 | 04/01/2019 \$ | 651.00 |
| Total Installment Due | | | | \$ 651.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 651.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCA15984

CHARGER ELECTRIC CORP
165 BERNARD DRIVE
RED BANK, NJ 07701

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA15984

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCA15984
CHARGER ELECTRIC CORP
165 BERNARD DRIVE
RED BANK, NJ 07701

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:

COMMERCIAL AUTO - STANDARD

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 3 | 04/01/2019 \$ | 651.00 |
| Total Installment Due | | | | \$ 651.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 651.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCA15984

CHARGER ELECTRIC CORP
165 BERNARD DRIVE
RED BANK, NJ 07701

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCA15984

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP15990
RUSSELL GUARINO
T/A CAPITOL WINDOW & SIDING
2055 PENNINGTON ROAD
TRENTON, NJ 08618

PRODUCER 277

BROWN & BROWN METRO
2000 MIDLANTIC DRIVE
SUITE 440
MOUNT LAUREL, NJ 08054
(856) 558-6330

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 3 | 03/25/2019 \$ | 229.00 |
| Total Installment Due | | | | \$ 229.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$360.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 229.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP15990

RUSSELL GUARINO
T/A CAPITOL WINDOW & SIDING
2055 PENNINGTON ROAD
TRENTON, NJ 08618

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/25/2018 | 09/25/2019 | Installment | 06/25/2019 | \$ 131.00 |
| Total Future Installments | | | | \$ 131.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15990
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP15990
RUSSELL GUARINO
T/A CAPITOL WINDOW & SIDING
2055 PENNINGTON ROAD
TRENTON, NJ 08618

PRODUCER 277

BROWN & BROWN METRO
2000 MIDLANTIC DRIVE
SUITE 440
MOUNT LAUREL, NJ 08054
(856) 558-6330

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/25/2018 | 09/25/2019 | Renewal - Installment # 3 | 03/25/2019 \$ | 229.00 |
| Total Installment Due | | | | \$ 229.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$360.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 229.00

Thank you for your business

Policy Number: AXCP15990

RUSSELL GUARINO
T/A CAPITOL WINDOW & SIDING
2055 PENNINGTON ROAD
TRENTON, NJ 08618

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/25/2018 | 09/25/2019 | Installment | 06/25/2019 | \$ 131.00 |
| Total Future Installments | | | | \$ 131.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP15990
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB16038
WHITEPENN LLC
222 GRAND AVENUE
ENGLEWOOD, NJ 07631

PRODUCER 306

CAPACITY COVERAGE COMPANY OF NEW JERSEY
PO BOX 1689
PEARL RIVER, NY 10965
(201) 661-2460

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/12/2018 | 10/12/2019 | Renewal - Installment # 3 | 04/12/2019 \$ | 1,097.00 |
| Total Installment Due | | | | \$ 1,097.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,097.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16038

WHITEPENN LLC
222 GRAND AVENUE
ENGLEWOOD, NJ 07631

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB16038

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB16038
WHITEPENN LLC
222 GRAND AVENUE
ENGLEWOOD, NJ 07631

PRODUCER 306

CAPACITY COVERAGE COMPANY OF NEW JERSEY
PO BOX 1689
PEARL RIVER, NY 10965
(201) 661-2460

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/12/2018 | 10/12/2019 | Renewal - Installment # 3 | 04/12/2019 \$ | 1,097.00 |
| Total Installment Due | | | | \$ 1,097.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,097.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16038

WHITEPENN LLC
222 GRAND AVENUE
ENGLEWOOD, NJ 07631

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB16038

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB16103
DAVID ADAM LLC
1739 BANCROFT WAY
BERKELEY, CA 94703

PRODUCER 126

MCCUE CAPTAINS AGENCY
680 BRANCH AVENUE
LITTLE SILVER, NJ 07739
(732) 741-9400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/25/2018 | 08/25/2019 | Amount is Past Due | 02/25/2019 \$ | 10.00 |
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 4 | 05/25/2019 \$ | 663.00 |
| Total Installment Due | | | | \$ 673.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 673.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB16103

DAVID ADAM LLC
1739 BANCROFT WAY
BERKELEY, CA 94703

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB16103

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB16103
DAVID ADAM LLC
1739 BANCROFT WAY
BERKELEY, CA 94703

PRODUCER 126

MCCUE CAPTAINS AGENCY
680 BRANCH AVENUE
LITTLE SILVER, NJ 07739
(732) 741-9400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/25/2018 | 08/25/2019 | Amount is Past Due | 02/25/2019 \$ | 10.00 |
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 4 | 05/25/2019 \$ | 663.00 |
| Total Installment Due | | | \$ | 673.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 673.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16103

DAVID ADAM LLC
1739 BANCROFT WAY
BERKELEY, CA 94703

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB16103

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB16148
CAMDEN COUNTY COUNCIL OF
EDUCATION ASSOC
2 SHEPPARD ROAD
SUITE 700
VOORHEES, NJ 08043

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/26/2018 | 10/26/2019 | Renewal - Installment # 3 | 04/26/2019 \$ | 347.00 |
| Total Installment Due | | | | \$ 347.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$550.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 347.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16148

CAMDEN COUNTY COUNCIL OF
EDUCATION ASSOC
2 SHEPPARD ROAD
SUITE 700
VOORHEES, NJ 08043

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/26/2018 | 10/26/2019 | Installment | 07/26/2019 | \$ 203.00 |
| Total Future Installments | | | | \$ 203.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB16148

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB16148
CAMDEN COUNTY COUNCIL OF
EDUCATION ASSOC
2 SHEPPARD ROAD
SUITE 700
VOORHEES, NJ 08043

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/26/2018 | 10/26/2019 | Renewal - Installment # 3 | 04/26/2019 \$ | 347.00 |
| Total Installment Due | | | | \$ 347.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$550.00
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per payment charge.

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Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 347.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16148

CAMDEN COUNTY COUNCIL OF
EDUCATION ASSOC
2 SHEPPARD ROAD
SUITE 700
VOORHEES, NJ 08043

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/26/2018 | 10/26/2019 | Installment | 07/26/2019 | \$ 203.00 |
| Total Future Installments | | | | \$ 203.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB16148

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP16185
ADAM GMYREK
T/A ADAM PLUMBING
1300 ROSELLE STREET, APT #1
LINDEN, NJ 07036

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 434.00 |
| Total Installment Due | | | | \$ 434.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 434.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP16185

ADAM GMYREK
T/A ADAM PLUMBING
1300 ROSELLE STREET, APT #1
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP16185

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP16185
ADAM GMYREK
T/A ADAM PLUMBING
1300 ROSELLE STREET, APT #1
LINDEN, NJ 07036

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 434.00 |
| Total Installment Due | | | | \$ 434.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 434.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP16185

ADAM GMYREK
T/A ADAM PLUMBING
1300 ROSELLE STREET, APT #1
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP16185

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB16416
RAY PICCOLO
D/B/A PICCOLO REALTY
1456 BLACK HORSE PIKE
BLACKWOOD, NJ 08012

PRODUCER 142

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 01/13/2019 | 01/13/2020 | Renewal - Installment # 2 | 04/13/2019 | \$ 321.00 |
| Total Installment Due | | | | \$ 321.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$632.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

AUDUBON SAVINGS BANK
509 WHITE HORSE PIKE
AUDUBON, NJ 08106

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 321.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16416

RAY PICCOLO
D/B/A PICCOLO REALTY
1456 BLACK HORSE PIKE
BLACKWOOD, NJ 08012

03/18/2019 - Inv

Mortgagee Information

AUDUBON SAVINGS BANK
509 WHITE HORSE PIKE
AUDUBON, NJ 08106

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/13/2019 | 01/13/2020 | Installment | 07/13/2019 | \$ 311.00 |
| Total Future Installments | | | | \$ 311.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB16416
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB16416
RAY PICCOLO
D/B/A PICCOLO REALTY
1456 BLACK HORSE PIKE
BLACKWOOD, NJ 08012

PRODUCER 142

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/13/2019 | 01/13/2020 | Renewal - Installment # 2 | 04/13/2019 \$ | 321.00 |
| Total Installment Due | | | | \$ 321.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$632.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

AUDUBON SAVINGS BANK
509 WHITE HORSE PIKE
AUDUBON, NJ 08106

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 321.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB16416

RAY PICCOLO
D/B/A PICCOLO REALTY
1456 BLACK HORSE PIKE
BLACKWOOD, NJ 08012

03/18/2019 - Inv

Mortgagee Information

AUDUBON SAVINGS BANK
509 WHITE HORSE PIKE
AUDUBON, NJ 08106

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/13/2019 | 01/13/2020 | Installment | 07/13/2019 | \$ 311.00 |
| Total Future Installments | | | | \$ 311.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB16416

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP16443
BRIAN BIEGEN
11 THOREAU ROAD
HAMILTON SQUARE, NJ 08690

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/13/2019 | 02/13/2020 | Renewal - Installment # 2 | 05/13/2019 \$ | 338.00 |
| Total Installment Due | | | | \$ 338.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$666.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 338.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP16443

BRIAN BIEGEN
11 THOREAU ROAD
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/13/2019 | 02/13/2020 | Installment | 08/13/2019 | \$ 328.00 |
| Total Future Installments | | | | \$ 328.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP16443
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP16443
BRIAN BIEGEN
11 THOREAU ROAD
HAMILTON SQUARE, NJ 08690

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/13/2019 | 02/13/2020 | Renewal - Installment # 2 | 05/13/2019 \$ | 338.00 |
| Total Installment Due | | | | \$ 338.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$666.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 338.00

Thank you for your business

Policy Number: AXCP16443

BRIAN BIEGEN
11 THOREAU ROAD
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/13/2019 | 02/13/2020 | Installment | 08/13/2019 | \$ 328.00 |
| Total Future Installments | | | | \$ 328.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP16443
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP16466
JAMES P MC CABE JR
400 WILLOW WAY
CLARK, NJ 07066

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/24/2019 | 02/24/2020 | Amount is Past Due | 02/24/2019 \$ | 604.00 |
| 02/24/2019 | 02/24/2020 | Renewal - Installment # 2 | 05/24/2019 \$ | 452.00 |
| Total Installment Due | | | | \$ 1,056.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,498.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,056.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP16466

JAMES P MC CABE JR
400 WILLOW WAY
CLARK, NJ 07066

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/24/2019 | 02/24/2020 | Installment | 08/24/2019 | \$ 442.00 |
| Total Future Installments | | | | \$ 442.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP16466
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP16466
JAMES P MC CABE JR
400 WILLOW WAY
CLARK, NJ 07066

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/24/2019 | 02/24/2020 | Amount is Past Due | 02/24/2019 \$ | 604.00 |
| 02/24/2019 | 02/24/2020 | Renewal - Installment # 2 | 05/24/2019 \$ | 452.00 |
| Total Installment Due | | | | \$ 1,056.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,498.00
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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
Pay This Amount: \$ 1,056.00

Thank you for your business

Policy Number: AXCP16466

JAMES P MC CABE JR
400 WILLOW WAY
CLARK, NJ 07066

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/24/2019 | 02/24/2020 | Installment | 08/24/2019 | \$ 442.00 |
| Total Future Installments | | | | \$ 442.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP16466
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17059
JOHN & ANGELA GRAZIANO
GAR LP A NEW HAMPSHIRE LP
C/O THE ALEXANDER GROUP NJ LLC
P O BOX 17391
JERSEY CITY, NJ 07307

PRODUCER 198

ASSOCIATION AGENCY INC
2185 LEMOINE AVENUE
SUITE 10
FORT LEE, NJ 07024
(201) 945-3100

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/09/2018 | 12/09/2019 | Amount is Past Due | 03/09/2019 | \$ 2,862.00 |
| 12/09/2018 | 12/09/2019 | Renewal - Installment # 5 | 04/09/2019 | \$ 2,862.00 |
| 12/09/2018 | 12/09/2019 | Renewal - Installment # 6 | 05/09/2019 | \$ 2,852.00 |
| Total Installment Due | | | | \$ 8,576.00 |

Mortgagee Information

FLORINDO BERARDO
79 NIEHAUS AVENUE
LITTLE FERRY, NJ 07643

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 8,576.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17059

Mortgagee Information

FLORINDO BERARDO
79 NIEHAUS AVENUE
LITTLE FERRY, NJ 07643

JOHN & ANGELA GRAZIANO
GAR LP A NEW HAMPSHIRE LP
C/O THE ALEXANDER GROUP NJ LLC
P O BOX 17391
JERSEY CITY, NJ 07307

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 12/09/2018 | 12/09/2019 | Installment | 06/09/2019 | \$ 2,852.00 |
| 12/09/2018 | 12/09/2019 | Installment | 07/09/2019 | \$ 2,852.00 |
| 12/09/2018 | 12/09/2019 | Installment | 08/09/2019 | \$ 2,852.00 |
| 12/09/2018 | 12/09/2019 | Installment | 09/09/2019 | \$ 2,535.00 |
| Total Future Installments | | | | \$ 11,091.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17059

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17059
JOHN & ANGELA GRAZIANO
GAR LP A NEW HAMPSHIRE LP
C/O THE ALEXANDER GROUP NJ LLC
P O BOX 17391
JERSEY CITY, NJ 07307

PRODUCER 198

ASSOCIATION AGENCY INC
2185 LEMOINE AVENUE
SUITE 10
FORT LEE, NJ 07024
(201) 945-3100

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/09/2018 | 12/09/2019 | Amount is Past Due | 03/09/2019 | \$ 2,862.00 |
| 12/09/2018 | 12/09/2019 | Renewal - Installment # 5 | 04/09/2019 | \$ 2,862.00 |
| 12/09/2018 | 12/09/2019 | Renewal - Installment # 6 | 05/09/2019 | \$ 2,852.00 |
| Total Installment Due | | | | \$ 8,576.00 |

Mortgagee Information

FLORINDO BERARDO
79 NIEHAUS AVENUE
LITTLE FERRY, NJ 07643

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 8,576.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17059

Mortgagee Information

FLORINDO BERARDO
79 NIEHAUS AVENUE
LITTLE FERRY, NJ 07643

JOHN & ANGELA GRAZIANO
GAR LP A NEW HAMPSHIRE LP
C/O THE ALEXANDER GROUP NJ LLC
P O BOX 17391
JERSEY CITY, NJ 07307

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 12/09/2018 | 12/09/2019 | Installment | 06/09/2019 | \$ 2,852.00 |
| 12/09/2018 | 12/09/2019 | Installment | 07/09/2019 | \$ 2,852.00 |
| 12/09/2018 | 12/09/2019 | Installment | 08/09/2019 | \$ 2,852.00 |
| 12/09/2018 | 12/09/2019 | Installment | 09/09/2019 | \$ 2,535.00 |
| Total Future Installments | | | | \$ 11,091.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17059

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17102
MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

PRODUCER 109

USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/06/2019 \$ | 1,565.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/06/2019 \$ | 1,555.00 |
| Total Installment Due | | | | \$ 3,120.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$13,833.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,120.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17102

MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/06/2019 | \$ 1,383.00 |

Total Future Installments \$ 10,713.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17102

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17102
MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

PRODUCER 109

USI INSURANCE SERVICES
POST OFFICE BOX 2100
TOMS RIVER, NJ 08754
(732) 349-2100

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 2 | 04/06/2019 \$ | 1,565.00 |
| 03/01/2019 | 03/01/2020 | Renewal - Installment # 3 | 05/06/2019 \$ | 1,555.00 |
| Total Installment Due | | | | \$ 3,120.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$13,833.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,120.00

Thank you for your business

Policy Number: AXCM17102

MEADOWINDS ASSN INC
C/O DAISY HOULI
PO BOX 27
HOWELL, NJ 07731

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/01/2019 | 03/01/2020 | Installment | 06/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 07/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 08/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 09/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 10/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 11/06/2019 | \$ 1,555.00 |
| 03/01/2019 | 03/01/2020 | Installment | 12/06/2019 | \$ 1,383.00 |

Total Future Installments \$ 10,713.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17102

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17164
GUERNSEY HALL CONDOMINIUM
C/O LEAR & PENNEPACKER, LLP
791 ALEXANDER ROAD
PRINCETON, NJ 08540

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 10 | 03/27/2019 \$ | 1,752.00 |
| Total Installment Due | | | | \$ 1,752.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,752.00

Thank you for your business

Policy Number: AXCM17164

GUERNSEY HALL CONDOMINIUM
C/O LEAR & PENNEPACKER, LLP
791 ALEXANDER ROAD
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17164

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17164
GUERNSEY HALL CONDOMINIUM
C/O LEAR & PENNEPACKER, LLP
791 ALEXANDER ROAD
PRINCETON, NJ 08540

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 10 | 03/27/2019 \$ | 1,752.00 |
| Total Installment Due | | | | \$ 1,752.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,752.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17164

GUERNSEY HALL CONDOMINIUM
C/O LEAR & PENNEPACKER, LLP
791 ALEXANDER ROAD
PRINCETON, NJ 08540

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17164

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17180
BLUE BAY HOSPITALITY LLC &
BLUE BAY ENTERPRISES LLC &
DIROUHI KRIKORIAN
51 FIRST AVENUE
ATLANTIC HIGHLANDS, NJ 07716

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 02/26/2019 | \$ 2,381.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 8 | 03/26/2019 | \$ 2,381.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/26/2019 | \$ 2,371.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/26/2019 | \$ 2,106.00 |
| Total Installment Due | | | | \$ 9,239.00 |

Mortgagee Information

SUN NATIONAL BANK
P O BOX 99
MOUNT LAUREL, NJ 08054-9860

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 9,239.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17180

Mortgagee Information

SUN NATIONAL BANK
P O BOX 99
MOUNT LAUREL, NJ 08054-9860

BLUE BAY HOSPITALITY LLC &
BLUE BAY ENTERPRISES LLC &
DIROUHI KRIKORIAN
51 FIRST AVENUE
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17180

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17180
BLUE BAY HOSPITALITY LLC &
BLUE BAY ENTERPRISES LLC &
DIROUHI KRIKORIAN
51 FIRST AVENUE
ATLANTIC HIGHLANDS, NJ 07716

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 02/26/2019 | \$ 2,381.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 8 | 03/26/2019 | \$ 2,381.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/26/2019 | \$ 2,371.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/26/2019 | \$ 2,106.00 |
| Total Installment Due | | | | \$ 9,239.00 |

Mortgagee Information

SUN NATIONAL BANK
P O BOX 99
MOUNT LAUREL, NJ 08054-9860

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 9,239.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17180

Mortgagee Information

SUN NATIONAL BANK
P O BOX 99
MOUNT LAUREL, NJ 08054-9860

BLUE BAY HOSPITALITY LLC &
BLUE BAY ENTERPRISES LLC &
DIROUHI KRIKORIAN
51 FIRST AVENUE
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17180

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17182
MURRAY GARDENS ASSOCIATES LLC
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

PRODUCER 261

BROWN AND BROWN METRO OF NORTH JERSEY
PO BOX 369
ROSELAND, NJ 07068
(973) 549-1818

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 9 | 03/30/2019 \$ | 2,129.00 |
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 10 | 04/30/2019 \$ | 1,896.00 |
| Total Installment Due | | | | \$ 4,025.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,025.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 4,025.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17182

MURRAY GARDENS ASSOCIATES LLC
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17182

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17182
MURRAY GARDENS ASSOCIATES LLC
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

PRODUCER 261

BROWN AND BROWN METRO OF NORTH JERSEY
PO BOX 369
ROSELAND, NJ 07068
(973) 549-1818

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 9 | 03/30/2019 \$ | 2,129.00 |
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 10 | 04/30/2019 \$ | 1,896.00 |
| Total Installment Due | | | | \$ 4,025.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,025.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,025.00

Thank you for your business

Policy Number: AXCM17182

MURRAY GARDENS ASSOCIATES LLC
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17182

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17199
THERESA & WILTON KRAWEC
98 DOUGLAS AVENUE
SOMERSET, NJ 08873

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/24/2018 | 08/24/2019 | Renewal - Installment # 4 | 05/24/2019 \$ | 785.00 |
| Total Installment Due | | | | \$ 785.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

NORTHFIELD BANK
P.O. BOX 390706
MINNEAPOLIS, MN 55439

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 785.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17199

THERESA & WILTON KRAWEC
98 DOUGLAS AVENUE
SOMERSET, NJ 08873

Mortgagee Information

NORTHFIELD BANK
P.O. BOX 390706
MINNEAPOLIS, MN 55439

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17199

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17199
THERESA & WILTON KRAWEC
98 DOUGLAS AVENUE
SOMERSET, NJ 08873

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/24/2018 | 08/24/2019 | Renewal - Installment # 4 | 05/24/2019 \$ | 785.00 |
| Total Installment Due | | | | \$ 785.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

NORTHFIELD BANK
P.O. BOX 390706
MINNEAPOLIS, MN 55439

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 785.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17199

THERESA & WILTON KRAWEC
98 DOUGLAS AVENUE
SOMERSET, NJ 08873

Mortgagee Information

NORTHFIELD BANK
P.O. BOX 390706
MINNEAPOLIS, MN 55439

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17199

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17204
LEE REALTY COMPANY INC
PO BOX 6054
EAST BRUNSWICK, NJ 08816

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/04/2019 | 10/05/2019 | Amount is Past Due | 03/10/2019 | \$ 2,097.00 |
| 01/04/2019 | 10/05/2019 | Renewal - Installment # 7 | 04/10/2019 | \$ 2,097.00 |
| 01/04/2019 | 10/05/2019 | Renewal - Installment # 8 | 05/10/2019 | \$ 2,087.00 |
| Total Installment Due | | | | \$ 6,281.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,225.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 6,281.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17204

LEE REALTY COMPANY INC
PO BOX 6054
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/04/2019 | 10/05/2019 | Installment | 06/10/2019 | \$ 2,087.00 |
| 01/04/2019 | 10/05/2019 | Installment | 07/10/2019 | \$ 1,857.00 |
| Total Future Installments | | | | \$ 3,944.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17204

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17204
LEE REALTY COMPANY INC
PO BOX 6054
EAST BRUNSWICK, NJ 08816

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLO
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/04/2019 | 10/05/2019 | Amount is Past Due | 03/10/2019 | \$ 2,097.00 |
| 01/04/2019 | 10/05/2019 | Renewal - Installment # 7 | 04/10/2019 | \$ 2,097.00 |
| 01/04/2019 | 10/05/2019 | Renewal - Installment # 8 | 05/10/2019 | \$ 2,087.00 |
| Total Installment Due | | | | \$ 6,281.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,225.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,281.00

Thank you for your business

Policy Number: AXCM17204

LEE REALTY COMPANY INC
PO BOX 6054
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/04/2019 | 10/05/2019 | Installment | 06/10/2019 | \$ 2,087.00 |
| 01/04/2019 | 10/05/2019 | Installment | 07/10/2019 | \$ 1,857.00 |
| Total Future Installments | | | | \$ 3,944.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17204

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17212
KELLY'S ACRES, INC
43 LAIRD AVENUE
NEPTUNE CITY, NJ 07753

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 8 | 04/21/2019 \$ | 769.00 |
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 9 | 05/21/2019 \$ | 759.00 |
| Total Installment Due | | | | \$ 1,528.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,982.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,528.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM17212

KELLY'S ACRES, INC
43 LAIRD AVENUE
NEPTUNE CITY, NJ 07753

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/21/2018 | 09/21/2019 | Installment | 06/21/2019 | \$ 685.00 |
| Total Future Installments | | | | \$ 685.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM17212
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17212
KELLY'S ACRES, INC
43 LAIRD AVENUE
NEPTUNE CITY, NJ 07753

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 8 | 04/21/2019 \$ | 769.00 |
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 9 | 05/21/2019 \$ | 759.00 |
| Total Installment Due | | | | \$ 1,528.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,982.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,528.00

Thank you for your business

Policy Number: AXCM17212

KELLY'S ACRES, INC
43 LAIRD AVENUE
NEPTUNE CITY, NJ 07753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/21/2018 | 09/21/2019 | Installment | 06/21/2019 | \$ 685.00 |
| Total Future Installments | | | | \$ 685.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM17212
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17231
76 MANHATTAN AVENUE LLC
PO BOX 755
NORTH BERGEN, NJ 07047

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/20/2018 | 10/20/2019 | Renewal - Installment # 3 | 04/20/2019 \$ | 1,141.00 |
| Total Installment Due | | | | \$ 1,141.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,141.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17231

76 MANHATTAN AVENUE LLC
PO BOX 755
NORTH BERGEN, NJ 07047

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17231

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17231
76 MANHATTAN AVENUE LLC
PO BOX 755
NORTH BERGEN, NJ 07047

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/20/2018 | 10/20/2019 | Renewal - Installment # 3 | 04/20/2019 \$ | 1,141.00 |
| Total Installment Due | | | | \$ 1,141.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,141.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17231

76 MANHATTAN AVENUE LLC
PO BOX 755
NORTH BERGEN, NJ 07047

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17231

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17239
KAPPA IV, LLC
1215 BLACK HORSE PIKE
GLENDDORA, NJ 08029

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 3 | 04/14/2019 | \$ 754.00 |
| Total Installment Due | | | | \$ 754.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,200.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 754.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17239

KAPPA IV, LLC
1215 BLACK HORSE PIKE
GLENDDORA, NJ 08029

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 446.00 |
| Total Future Installments | | | | \$ 446.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM17239
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17239
KAPPA IV, LLC
1215 BLACK HORSE PIKE
GLENDDORA, NJ 08029

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 3 | 04/14/2019 \$ | 754.00 |
| Total Installment Due | | | | \$ 754.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,200.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 754.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17239

KAPPA IV, LLC
1215 BLACK HORSE PIKE
GLENDDORA, NJ 08029

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 446.00 |
| Total Future Installments | | | | \$ 446.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM17239
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17289
ABUNDANT LIFE & PRAISE WORSHIP CENTER
3043 S UNION ROAD
VINELAND, NJ 08360

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 01/15/2019 | 01/15/2020 | Renewal - Installment # 2 | 04/15/2019 | \$ 515.00 |
| Total Installment Due | | | | \$ 515.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,323.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

NORTHEAST REGIONAL COUNCIL OF CARPENTERS
91 FIELDCREST AVE, 2ND FLOOR
EDISON, NJ 08837

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 515.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17289

ABUNDANT LIFE & PRAISE WORSHIP CENTER
3043 S UNION ROAD
VINELAND, NJ 08360

Mortgagee Information

NORTHEAST REGIONAL COUNCIL OF CARPENTERS
91 FIELDCREST AVE, 2ND FLOOR
EDISON, NJ 08837

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/15/2019 | 01/15/2020 | Installment | 07/15/2019 | \$ 505.00 |
| 01/15/2019 | 01/15/2020 | Installment | 10/15/2019 | \$ 303.00 |
| Total Future Installments | | | | \$ 808.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17289

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17289
ABUNDANT LIFE & PRAISE WORSHIP CENTER
3043 S UNION ROAD
VINELAND, NJ 08360

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/15/2019 | 01/15/2020 | Renewal - Installment # 2 | 04/15/2019 \$ | 515.00 |
| Total Installment Due | | | | \$ 515.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,323.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

NORTHEAST REGIONAL COUNCIL OF CARPENTERS
91 FIELDCREST AVE, 2ND FLOOR
EDISON, NJ 08837

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 515.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17289

ABUNDANT LIFE & PRAISE WORSHIP CENTER
3043 S UNION ROAD
VINELAND, NJ 08360

Mortgagee Information

NORTHEAST REGIONAL COUNCIL OF CARPENTERS
91 FIELDCREST AVE, 2ND FLOOR
EDISON, NJ 08837

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/15/2019 | 01/15/2020 | Installment | 07/15/2019 | \$ 505.00 |
| 01/15/2019 | 01/15/2020 | Installment | 10/15/2019 | \$ 303.00 |
| Total Future Installments | | | | \$ 808.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17289

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17290
GROSSMAN PROPERTIES
PO BOX 585
CRANFORD, NJ 07016-0585

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|--------------|
| 01/11/2019 | 01/11/2020 | Amount is Past Due | 03/11/2019 | \$ 9,429.00 |
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 4 | 04/11/2019 | \$ 9,429.00 |
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 5 | 05/11/2019 | \$ 9,419.00 |
| Total Installment Due | | | | \$ 28,277.00 |

Mortgagee Information

SPENCER SAVINGS BANK SLA
611 RIVER DRIVE
CENTER 3
ELMWOOD PARK, NJ 07407

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 28,277.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17290

GROSSMAN PROPERTIES
PO BOX 585
CRANFORD, NJ 07016-0585

Mortgagee Information

SPENCER SAVINGS BANK SLA
611 RIVER DRIVE
CENTER 3
ELMWOOD PARK, NJ 07407

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 01/11/2019 | 01/11/2020 | Installment | 06/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 08/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 09/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 10/11/2019 | \$ 8,372.00 |
| Total Future Installments | | | | \$ 46,048.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17290

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17290
GROSSMAN PROPERTIES
PO BOX 585
CRANFORD, NJ 07016-0585

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|--------------|
| 01/11/2019 | 01/11/2020 | Amount is Past Due | 03/11/2019 | \$ 9,429.00 |
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 4 | 04/11/2019 | \$ 9,429.00 |
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 5 | 05/11/2019 | \$ 9,419.00 |
| Total Installment Due | | | | \$ 28,277.00 |

Mortgagee Information

SPENCER SAVINGS BANK SLA
611 RIVER DRIVE
CENTER 3
ELMWOOD PARK, NJ 07407

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 28,277.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17290

GROSSMAN PROPERTIES
PO BOX 585
CRANFORD, NJ 07016-0585

Mortgagee Information

SPENCER SAVINGS BANK SLA
611 RIVER DRIVE
CENTER 3
ELMWOOD PARK, NJ 07407

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 01/11/2019 | 01/11/2020 | Installment | 06/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 08/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 09/11/2019 | \$ 9,419.00 |
| 01/11/2019 | 01/11/2020 | Installment | 10/11/2019 | \$ 8,372.00 |
| Total Future Installments | | | | \$ 46,048.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17290

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17438
J.A.B. REALTY LLC
C/O AEK PROPERTY MANAGEMENT LLC
88 BULLENS AVENUE
WAYNE, NJ 07470

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/26/2018 | 06/26/2019 | Renewal - Installment # 10 | 03/26/2019 \$ | 2,242.00 |
| Total Installment Due | | | | \$ 2,242.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,242.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17438

J.A.B. REALTY LLC
C/O AEK PROPERTY MANAGEMENT LLC
88 BULLENS AVENUE
WAYNE, NJ 07470

03/18/2019 - Inv

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17438

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17438
J.A.B. REALTY LLC
C/O AEK PROPERTY MANAGEMENT LLC
88 BULLENS AVENUE
WAYNE, NJ 07470

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/26/2018 | 06/26/2019 | Renewal - Installment # 10 | 03/26/2019 \$ | 2,242.00 |
| Total Installment Due | | | | \$ 2,242.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,242.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17438

J.A.B. REALTY LLC
C/O AEK PROPERTY MANAGEMENT LLC
88 BULLENS AVENUE
WAYNE, NJ 07470

03/18/2019 - Inv

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17438

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF17445
4 D'S, LLC T/A DELSEA DRIVE IN
C/O JOHN & JUDITH DELEONARDIS
29 GRANADA DRIVE
BRIDGETON, NJ 08302

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 4 | 04/01/2019 \$ | 1,158.00 |
| Total Installment Due | | | | \$ 1,158.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

CBAC
328 MARKET STREET
CAMDEN, NJ 08102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,158.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF17445

Mortgagee Information

CBAC
328 MARKET STREET
CAMDEN, NJ 08102

4 D'S, LLC T/A DELSEA DRIVE IN
C/O JOHN & JUDITH DELEONARDIS
29 GRANADA DRIVE
BRIDGETON, NJ 08302

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF17445

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF17445
4 D'S, LLC T/A DELSEA DRIVE IN
C/O JOHN & JUDITH DELEONARDIS
29 GRANADA DRIVE
BRIDGETON, NJ 08302

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 4 | 04/01/2019 \$ | 1,158.00 |
| Total Installment Due | | | | \$ 1,158.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

CBAC
328 MARKET STREET
CAMDEN, NJ 08102

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,158.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF17445

Mortgagee Information

CBAC
328 MARKET STREET
CAMDEN, NJ 08102

4 D'S, LLC T/A DELSEA DRIVE IN
C/O JOHN & JUDITH DELEONARDIS
29 GRANADA DRIVE
BRIDGETON, NJ 08302

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF17445

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17464
PRINCETON 236 LLC
105 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

PRODUCER 756

GENERAZIO & ASSOCIATES, INC
265 BROAD STREET
BLOOMFIELD, NJ 07003
(973) 429-8100

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 07/29/2018 | 07/29/2019 | Renewal - Installment # 4 | 04/29/2019 | \$ 1,113.00 |
| Total Installment Due | | | | \$ 1,113.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

PEAPACK GLADSTONE BANK
P O BOX 700
BEDMINSTER, NJ 07921

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,113.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17464

PRINCETON 236 LLC
105 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

Mortgagee Information

PEAPACK GLADSTONE BANK
P O BOX 700
BEDMINSTER, NJ 07921

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.: AXCM17464

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17464
PRINCETON 236 LLC
105 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

PRODUCER 756

GENERAZIO & ASSOCIATES, INC
265 BROAD STREET
BLOOMFIELD, NJ 07003
(973) 429-8100

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 07/29/2018 | 07/29/2019 | Renewal - Installment # 4 | 04/29/2019 | \$ 1,113.00 |
| Total Installment Due | | | | \$ 1,113.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

PEAPACK GLADSTONE BANK
P O BOX 700
BEDMINSTER, NJ 07921

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,113.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17464

PRINCETON 236 LLC
105 SOUTH 22ND STREET
PHILADELPHIA, PA 19103

Mortgagee Information

PEAPACK GLADSTONE BANK
P O BOX 700
BEDMINSTER, NJ 07921

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17464

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17476
SJ ASSOCIATES (MID ATLANTIC), INC.
131 E GAITHER DRIVE
MOUNT LAUREL, NJ 08054

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/26/2018 | 07/26/2019 | Renewal - Installment # 4 | 04/26/2019 \$ | 185.00 |
| Total Installment Due | | | | \$ 185.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 185.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17476

SJ ASSOCIATES (MID ATLANTIC), INC.
131 E GAITHER DRIVE
MOUNT LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17476

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17476
SJ ASSOCIATES (MID ATLANTIC), INC.
131 E GAITHER DRIVE
MOUNT LAUREL, NJ 08054

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/26/2018 | 07/26/2019 | Renewal - Installment # 4 | 04/26/2019 \$ | 185.00 |
| Total Installment Due | | | | \$ 185.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 185.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17476

SJ ASSOCIATES (MID ATLANTIC), INC.
131 E GAITHER DRIVE
MOUNT LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17476

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM17481
JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE SUITE 3B
LINDEN, NJ 07036

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 8 | 03/28/2019 \$ | 2,560.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 9 | 04/28/2019 \$ | 2,550.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 10 | 05/28/2019 \$ | 2,267.00 |
| Total Installment Due | | | | \$ 7,377.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,377.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

CONNECTONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083-5655
LOAN NO.: 433040-00100

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,377.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17481

JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE SUITE 3B
LINDEN, NJ 07036

Mortgagee Information

CONNECTONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083-5655
LOAN NO.: 433040-00100

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17481

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM17481
JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE SUITE 3B
LINDEN, NJ 07036

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 8 | 03/28/2019 \$ | 2,560.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 9 | 04/28/2019 \$ | 2,550.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 10 | 05/28/2019 \$ | 2,267.00 |
| Total Installment Due | | | | \$ 7,377.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

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per payment charge.

Mortgagee Information

CONNECTONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083-5655
LOAN NO.: 433040-00100

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,377.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM17481

JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE SUITE 3B
LINDEN, NJ 07036

Mortgagee Information

CONNECTONE BANK
2455 MORRIS AVENUE
UNION, NJ 07083-5655
LOAN NO.: 433040-00100

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM17481

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM17513
MURRAY GARDENS ASSOCIATES
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

PRODUCER 261

BROWN AND BROWN METRO OF NORTH JERSEY
PO BOX 369
ROSELAND, NJ 07068
(973) 549-1818

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 9 | 03/30/2019 \$ | 146.00 |
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 10 | 04/30/2019 \$ | 120.00 |
| Total Installment Due | | | | \$ 266.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$266.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 266.00

Thank you for your business

Policy Number: AXUM17513

MURRAY GARDENS ASSOCIATES
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM17513

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM17513
MURRAY GARDENS ASSOCIATES
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

PRODUCER 261

BROWN AND BROWN METRO OF NORTH JERSEY
PO BOX 369
ROSELAND, NJ 07068
(973) 549-1818

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 9 | 03/30/2019 \$ | 146.00 |
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 10 | 04/30/2019 \$ | 120.00 |
| Total Installment Due | | | | \$ 266.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$266.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 266.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM17513

MURRAY GARDENS ASSOCIATES
C/O MARSHA HENKEL
PO BOX 4109
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM17513

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB17567
55 FLEMING LIMITED LIABILITY COMPANY
719 BERGEN STREET
HARRISON, NJ 07029

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/08/2018 | 08/08/2019 | Amount is Past Due | 03/08/2019 | \$ 796.00 |
| 08/08/2018 | 08/08/2019 | Renewal - Installment # 9 | 04/08/2019 | \$ 796.00 |
| 08/08/2018 | 08/08/2019 | Renewal - Installment # 10 | 05/08/2019 | \$ 702.00 |
| Total Installment Due | | | | \$ 2,294.00 |

Mortgagee Information

COLUMBIA BANK, ISAOA
60 RARITAN CENTER PARKWAY
EDISON, NJ 08818

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,294.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17567

55 FLEMING LIMITED LIABILITY COMPANY
719 BERGEN STREET
HARRISON, NJ 07029

Mortgagee Information

COLUMBIA BANK, ISAOA
60 RARITAN CENTER PARKWAY
EDISON, NJ 08818

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17567

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured
AXB17567
55 FLEMING LIMITED LIABILITY COMPANY
719 BERGEN STREET
HARRISON, NJ 07029

PRODUCER 136
INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/08/2018 | 08/08/2019 | Amount is Past Due | 03/08/2019 | \$ 796.00 |
| 08/08/2018 | 08/08/2019 | Renewal - Installment # 9 | 04/08/2019 | \$ 796.00 |
| 08/08/2018 | 08/08/2019 | Renewal - Installment # 10 | 05/08/2019 | \$ 702.00 |
| Total Installment Due | | | | \$ 2,294.00 |

Mortgagee Information

COLUMBIA BANK, ISAOA
60 RARITAN CENTER PARKWAY
EDISON, NJ 08818

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,294.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17567

55 FLEMING LIMITED LIABILITY COMPANY
719 BERGEN STREET
HARRISON, NJ 07029

Mortgagee Information

COLUMBIA BANK, ISAOA
60 RARITAN CENTER PARKWAY
EDISON, NJ 08818

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.: AXB17567

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB17580
ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 | \$ 742.00 |
| Total Installment Due | | | | \$ 742.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

HAVEN SAVINGS BANK
621 WASHINGTON STREET
HOBOKEN, NJ 07030

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 742.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17580

ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

Mortgagee Information

HAVEN SAVINGS BANK
621 WASHINGTON STREET
HOBOKEN, NJ 07030

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17580

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB17580
ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 \$ | 742.00 |
| Total Installment Due | | | | \$ 742.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

HAVEN SAVINGS BANK
621 WASHINGTON STREET
HOBOKEN, NJ 07030

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 742.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17580

ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

Mortgagee Information

HAVEN SAVINGS BANK
621 WASHINGTON STREET
HOBOKEN, NJ 07030

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17580

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM17581
ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 \$ | 93.00 |
| Total Installment Due | | | | \$ 93.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 93.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM17581

ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM17581

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM17581
ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 \$ | 93.00 |
| Total Installment Due | | | | \$ 93.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 93.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM17581

ERIC & MARGARET BAL
1433-1435 46TH STREET
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM17581

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP17589
GEORGE H KYLE III
KYLE'S A/C & R SERVICES
26 OVERLOOK AVENUE
LITTLE FALLS, NJ 07424

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/10/2018 | 08/10/2019 | Renewal - Installment # 4 | 05/10/2019 \$ | 142.00 |
| Total Installment Due | | | | \$ 142.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 142.00

Thank you for your business

Policy Number: AXCP17589

GEORGE H KYLE III
KYLE'S A/C & R SERVICES
26 OVERLOOK AVENUE
LITTLE FALLS, NJ 07424

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17589

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP17589
GEORGE H KYLE III
KYLE'S A/C & R SERVICES
26 OVERLOOK AVENUE
LITTLE FALLS, NJ 07424

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/10/2018 | 08/10/2019 | Renewal - Installment # 4 | 05/10/2019 \$ | 142.00 |
| Total Installment Due | | | | \$ 142.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 142.00

Thank you for your business

Policy Number: AXCP17589

GEORGE H KYLE III
KYLE'S A/C & R SERVICES
26 OVERLOOK AVENUE
LITTLE FALLS, NJ 07424

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17589

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB17617
ANTONIO & ROSEANN FASOLINO
7 HOWE AVENUE
NUTLEY, NJ 07110

PRODUCER 194

SB ONE INSURANCE AGENCY, INC.
96 ROUTE 206 N,
PO BOX 4
AUGUSTA, NJ 07822
(973) 579-6776

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/18/2018 | 08/18/2019 | Renewal - Installment # 4 | 05/18/2019 \$ | 803.00 |
| Total Installment Due | | | | \$ 803.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 803.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17617

ANTONIO & ROSEANN FASOLINO
7 HOWE AVENUE
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17617

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB17617
ANTONIO & ROSEANN FASOLINO
7 HOWE AVENUE
NUTLEY, NJ 07110

PRODUCER 194

SB ONE INSURANCE AGENCY, INC.
96 ROUTE 206 N,
PO BOX 4
AUGUSTA, NJ 07822
(973) 579-6776

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/18/2018 | 08/18/2019 | Renewal - Installment # 4 | 05/18/2019 \$ | 803.00 |
| Total Installment Due | | | | \$ 803.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 803.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB17617

ANTONIO & ROSEANN FASOLINO
7 HOWE AVENUE
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17617

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP17645
KING PLUMBING HEATING AND COOLING LLC
129 WALNUT STREET
WESTVILLE, NJ 08093

PRODUCER 227

THE BARCLAY GROUP
601 S WHITE HORSE PIKE
AUDUBON, NJ 08106
(856) 546-2700

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/20/2018 | 08/20/2019 | Renewal - Installment # 4 | 05/20/2019 \$ | 748.00 |
| Total Installment Due | | | | \$ 748.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 748.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP17645

KING PLUMBING HEATING AND COOLING LLC
129 WALNUT STREET
WESTVILLE, NJ 08093

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17645

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP17645
KING PLUMBING HEATING AND COOLING LLC
129 WALNUT STREET
WESTVILLE, NJ 08093

PRODUCER 227

THE BARCLAY GROUP
601 S WHITE HORSE PIKE
AUDUBON, NJ 08106
(856) 546-2700

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/20/2018 | 08/20/2019 | Renewal - Installment # 4 | 05/20/2019 \$ | 748.00 |
| Total Installment Due | | | | \$ 748.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 748.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP17645

KING PLUMBING HEATING AND COOLING LLC
129 WALNUT STREET
WESTVILLE, NJ 08093

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17645

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB17660
210 FOUNDRY STREET03, LLC
PO BOX 57
CROSSWICKS, NJ 08515

PRODUCER 203

KARL WEIDEL INC
23 SOUTH WARREN STREET
TRENTON, NJ 08608
(609) 599-2588

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/03/2018 | 09/03/2019 | Amount is Past Due | 03/03/2019 \$ | 518.00 |
| 09/03/2018 | 09/03/2019 | Renewal - Installment # 8 | 04/03/2019 \$ | 518.00 |
| Total Installment Due | | | | \$ 1,036.00 |

Mortgagee Information

1ST CONSTITUTION BANK
2650 ROUTE 130 AND DAY ROAD
CRANBURY, NJ 08512

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,036.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17660

210 FOUNDRY STREET03, LLC
PO BOX 57
CROSSWICKS, NJ 08515

Mortgagee Information

1ST CONSTITUTION BANK
2650 ROUTE 130 AND DAY ROAD
CRANBURY, NJ 08512

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17660

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB17660
210 FOUNDRY STREET03, LLC
PO BOX 57
CROSSWICKS, NJ 08515

PRODUCER 203

KARL WEIDEL INC
23 SOUTH WARREN STREET
TRENTON, NJ 08608
(609) 599-2588

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/03/2018 | 09/03/2019 | Amount is Past Due | 03/03/2019 \$ | 518.00 |
| 09/03/2018 | 09/03/2019 | Renewal - Installment # 8 | 04/03/2019 \$ | 518.00 |
| Total Installment Due | | | | \$ 1,036.00 |

Mortgagee Information

1ST CONSTITUTION BANK
2650 ROUTE 130 AND DAY ROAD
CRANBURY, NJ 08512

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,036.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17660

210 FOUNDRY STREET03, LLC
PO BOX 57
CROSSWICKS, NJ 08515

Mortgagee Information

1ST CONSTITUTION BANK
2650 ROUTE 130 AND DAY ROAD
CRANBURY, NJ 08512

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17660

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR17695
DV FOOD LLC & SMLSM LLC
T/A TAPASTRE & T/A PROJECT PUB
1 WEST HIGH STREET
SOMERVILLE, NJ 08876

PRODUCER 218

MARSH MCLENNAN AGENCY
ONE EXECUTIVE DRIVE
SOMERSET, NJ 08873
(732) 469-3000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/13/2018 | 09/13/2019 | Amount is Past Due | 03/13/2019 \$ | 1,146.00 |
| 09/13/2018 | 09/13/2019 | Renewal - Installment # 8 | 04/13/2019 \$ | 1,146.00 |
| 09/13/2018 | 09/13/2019 | Renewal - Installment # 9 | 05/13/2019 \$ | 1,136.00 |
| Total Installment Due | | | | \$ 3,428.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,428.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBR17695

DV FOOD LLC & SMLSM LLC
T/A TAPASTRE & T/A PROJECT PUB
1 WEST HIGH STREET
SOMERVILLE, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/13/2018 | 09/13/2019 | Installment | 06/13/2019 | \$ 1,040.00 |
| Total Future Installments | | | | \$ 1,040.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBR17695
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR17695
DV FOOD LLC & SMLSM LLC
T/A TAPASTRE & T/A PROJECT PUB
1 WEST HIGH STREET
SOMERVILLE, NJ 08876

PRODUCER 218

MARSH MCLENNAN AGENCY
ONE EXECUTIVE DRIVE
SOMERSET, NJ 08873
(732) 469-3000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/13/2018 | 09/13/2019 | Amount is Past Due | 03/13/2019 \$ | 1,146.00 |
| 09/13/2018 | 09/13/2019 | Renewal - Installment # 8 | 04/13/2019 \$ | 1,146.00 |
| 09/13/2018 | 09/13/2019 | Renewal - Installment # 9 | 05/13/2019 \$ | 1,136.00 |
| Total Installment Due | | | | \$ 3,428.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,428.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBR17695

DV FOOD LLC & SMLSM LLC
T/A TAPASTRE & T/A PROJECT PUB
1 WEST HIGH STREET
SOMERVILLE, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/13/2018 | 09/13/2019 | Installment | 06/13/2019 | \$ 1,040.00 |
| Total Future Installments | | | | \$ 1,040.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBR17695
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM17732
KELLY'S ACRES, INC.
43 LAIRD AVENUE (HIGHWAY 35)
NEPTUNE CITY, NJ 07753

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 8 | 04/21/2019 \$ | 115.00 |
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 9 | 05/21/2019 \$ | 105.00 |
| Total Installment Due | | | | \$ 220.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$427.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 220.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM17732

KELLY'S ACRES, INC.
43 LAIRD AVENUE (HIGHWAY 35)
NEPTUNE CITY, NJ 07753

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/21/2018 | 09/21/2019 | Installment | 06/21/2019 | \$ 92.00 |
| Total Future Installments | | | | \$ 92.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM17732

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM17732
KELLY'S ACRES, INC.
43 LAIRD AVENUE (HIGHWAY 35)
NEPTUNE CITY, NJ 07753

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 8 | 04/21/2019 \$ | 115.00 |
| 09/21/2018 | 09/21/2019 | Renewal - Installment # 9 | 05/21/2019 \$ | 105.00 |
| Total Installment Due | | | | \$ 220.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$427.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 220.00

Thank you for your business

Policy Number: AXUM17732

KELLY'S ACRES, INC.
43 LAIRD AVENUE (HIGHWAY 35)
NEPTUNE CITY, NJ 07753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/21/2018 | 09/21/2019 | Installment | 06/21/2019 | \$ 92.00 |
| Total Future Installments | | | | \$ 92.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM17732

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB17793
GIANCARLO GIOVANNETTI
PO BOX 66
VINELAND, NJ 08362

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/10/2018 | 10/10/2019 | Renewal - Installment # 3 | 04/10/2019 \$ | 1,090.00 |
| Total Installment Due | | | | \$ 1,090.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,738.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,090.00

Thank you for your business

Policy Number: AXB17793

GIANCARLO GIOVANNETTI
PO BOX 66
VINELAND, NJ 08362

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/10/2018 | 10/10/2019 | Installment | 07/10/2019 | \$ 648.00 |
| Total Future Installments | | | | \$ 648.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17793

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB17793
GIANCARLO GIOVANNETTI
PO BOX 66
VINELAND, NJ 08362

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/10/2018 | 10/10/2019 | Renewal - Installment # 3 | 04/10/2019 \$ | 1,090.00 |
| Total Installment Due | | | | \$ 1,090.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,738.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,090.00

Thank you for your business

Policy Number: AXB17793

GIANCARLO GIOVANNETTI
PO BOX 66
VINELAND, NJ 08362

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/10/2018 | 10/10/2019 | Installment | 07/10/2019 | \$ 648.00 |
| Total Future Installments | | | | \$ 648.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17793

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP17841
ANTHONY LISANTE CO., INC
78 SPRINGBROOK ROAD
SPRINGFIELD, NJ 07081

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/11/2018 | 10/11/2019 | Renewal - Installment # 3 | 04/11/2019 \$ | 289.00 |
| Total Installment Due | | | | \$ 289.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$457.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 289.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP17841

ANTHONY LISANTE CO., INC
78 SPRINGBROOK ROAD
SPRINGFIELD, NJ 07081

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/11/2018 | 10/11/2019 | Installment | 07/11/2019 | \$ 168.00 |
| Total Future Installments | | | | \$ 168.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP17841
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP17841
ANTHONY LISANTE CO., INC
78 SPRINGBROOK ROAD
SPRINGFIELD, NJ 07081

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/11/2018 | 10/11/2019 | Renewal - Installment # 3 | 04/11/2019 \$ | 289.00 |
| Total Installment Due | | | | \$ 289.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$457.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 289.00

Thank you for your business

Policy Number: AXCP17841

ANTHONY LISANTE CO., INC
78 SPRINGBROOK ROAD
SPRINGFIELD, NJ 07081

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/11/2018 | 10/11/2019 | Installment | 07/11/2019 | \$ 168.00 |
| Total Future Installments | | | | \$ 168.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP17841
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB17913
FRANCISCO CARUSO DPM
685 BLOOMFIELD AVENUE
VERONA, NJ 07044

PRODUCER 297

ALLIANCE BROKERAGE
SAL FEDE
378 BLOOMFIELD AVENUE
SUITE 2
CALDWELL, NJ 07006
(973) 429-8192

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/06/2018 | 11/06/2019 | Renewal - Installment # 3 | 05/06/2019 \$ | 171.00 |
| Total Installment Due | | | | \$ 171.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 171.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17913

FRANCISCO CARUSO DPM
685 BLOOMFIELD AVENUE
VERONA, NJ 07044

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17913

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB17913
FRANCISCO CARUSO DPM
685 BLOOMFIELD AVENUE
VERONA, NJ 07044

PRODUCER 297

ALLIANCE BROKERAGE
SAL FEDE
378 BLOOMFIELD AVENUE
SUITE 2
CALDWELL, NJ 07006
(973) 429-8192

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/06/2018 | 11/06/2019 | Renewal - Installment # 3 | 05/06/2019 \$ | 171.00 |
| Total Installment Due | | | | \$ 171.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 171.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17913

FRANCISCO CARUSO DPM
685 BLOOMFIELD AVENUE
VERONA, NJ 07044

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17913

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP17915
M J SMOLLEY REMODELING LLC
104 HOLLY DRIVE
SHAMONG, NJ 08088

PRODUCER 127

J S BRADDOCK AGENCY
22 NORTH MAIN STREET
MEDFORD, NJ 08055
(609) 654-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 264.00 |
| Total Installment Due | | | | \$ 264.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$416.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 264.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP17915

M J SMOLLEY REMODELING LLC
104 HOLLY DRIVE
SHAMONG, NJ 08088

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/28/2018 | 10/28/2019 | Installment | 07/28/2019 | \$ 152.00 |
| Total Future Installments | | | | \$ 152.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP17915
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP17915
M J SMOLLEY REMODELING LLC
104 HOLLY DRIVE
SHAMONG, NJ 08088

PRODUCER 127

J S BRADDOCK AGENCY
22 NORTH MAIN STREET
MEDFORD, NJ 08055
(609) 654-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 264.00 |
| Total Installment Due | | | | \$ 264.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$416.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 264.00

Thank you for your business

Policy Number: AXCP17915

M J SMOLLEY REMODELING LLC
104 HOLLY DRIVE
SHAMONG, NJ 08088

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/28/2018 | 10/28/2019 | Installment | 07/28/2019 | \$ 152.00 |
| Total Future Installments | | | | \$ 152.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP17915
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP17925
AIR UNLIMITED, LLC
C/O JEREMY BALDWIN
32 CRESCENT DRIVE NORTH
ANDOVER, NJ 07821

PRODUCER 155

MITCHELL INSURANCE AGENCY
29 TRINITY STREET
NEWTON, NJ 07860
(973) 383-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 297.00 |
| Total Installment Due | | | | \$ 297.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$469.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 297.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP17925

AIR UNLIMITED, LLC
C/O JEREMY BALDWIN
32 CRESCENT DRIVE NORTH
ANDOVER, NJ 07821

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/28/2018 | 10/28/2019 | Installment | 07/28/2019 | \$ 172.00 |
| Total Future Installments | | | | \$ 172.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17925

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP17925
AIR UNLIMITED, LLC
C/O JEREMY BALDWIN
32 CRESCENT DRIVE NORTH
ANDOVER, NJ 07821

PRODUCER 155

MITCHELL INSURANCE AGENCY
29 TRINITY STREET
NEWTON, NJ 07860
(973) 383-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 297.00 |
| Total Installment Due | | | | \$ 297.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$469.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 297.00

Thank you for your business

Policy Number: AXCP17925

AIR UNLIMITED, LLC
C/O JEREMY BALDWIN
32 CRESCENT DRIVE NORTH
ANDOVER, NJ 07821

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/28/2018 | 10/28/2019 | Installment | 07/28/2019 | \$ 172.00 |
| Total Future Installments | | | | \$ 172.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP17925
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP17969
WILSON ELECTRIC LLC &
WILSON CONTRACTING SERVICES LLC
109 WESTOVER AVE
WEST CALDWELL, NJ 07006

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 225.00 |
| Total Installment Due | | | | \$ 225.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 225.00

Thank you for your business

Policy Number: AXCP17969

WILSON ELECTRIC LLC &
WILSON CONTRACTING SERVICES LLC
109 WESTOVER AVE
WEST CALDWELL, NJ 07006

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17969

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP17969
WILSON ELECTRIC LLC &
WILSON CONTRACTING SERVICES LLC
109 WESTOVER AVE
WEST CALDWELL, NJ 07006

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 225.00 |
| Total Installment Due | | | | \$ 225.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 225.00

Thank you for your business

Policy Number: AXCP17969

WILSON ELECTRIC LLC &
WILSON CONTRACTING SERVICES LLC
109 WESTOVER AVE
WEST CALDWELL, NJ 07006

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP17969

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB17978
LOUBET SOMERVILLE LLC &
LOUBET BOUND BROOK LLC
C/O ELIZABETH J SANTORA
P O BOX 312
RARITAN, NJ 08869

PRODUCER 185

CLYDE PAUL AGENCY INCORPORATED
9 RIDGE ROAD
NORTH ARLINGTON, NJ 07031
(201) 991-7598

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/13/2018 | 11/13/2019 | Renewal - Installment # 3 | 05/13/2019 \$ | 1,413.00 |
| Total Installment Due | | | | \$ 1,413.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,254.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

BANK OF AMERICA NA
P O BOX 961291
FORT WORTH, TX 76161-0291
LOAN NO.: 873453110

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,413.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17978

LOUBET SOMERVILLE LLC &
LOUBET BOUND BROOK LLC
C/O ELIZABETH J SANTORA
P O BOX 312
RARITAN, NJ 08869

03/18/2019 - Inv

Mortgagee Information

BANK OF AMERICA NA
P O BOX 961291
FORT WORTH, TX 76161-0291
LOAN NO.: 873453110

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/13/2018 | 11/13/2019 | Installment | 08/13/2019 | \$ 841.00 |
| Total Future Installments | | | | \$ 841.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB17978

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB17978
LOUBET SOMERVILLE LLC &
LOUBET BOUND BROOK LLC
C/O ELIZABETH J SANTORA
P O BOX 312
RARITAN, NJ 08869

PRODUCER 185

CLYDE PAUL AGENCY INCORPORATED
9 RIDGE ROAD
NORTH ARLINGTON, NJ 07031
(201) 991-7598

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/13/2018 | 11/13/2019 | Renewal - Installment # 3 | 05/13/2019 \$ | 1,413.00 |
| Total Installment Due | | | | \$ 1,413.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,254.00
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can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

BANK OF AMERICA NA
P O BOX 961291
FORT WORTH, TX 76161-0291
LOAN NO.: 873453110

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,413.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB17978

LOUBET SOMERVILLE LLC &
LOUBET BOUND BROOK LLC
C/O ELIZABETH J SANTORA
P O BOX 312
RARITAN, NJ 08869

03/18/2019 - Inv

Mortgagee Information

BANK OF AMERICA NA
P O BOX 961291
FORT WORTH, TX 76161-0291
LOAN NO.: 873453110

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/13/2018 | 11/13/2019 | Installment | 08/13/2019 | \$ 841.00 |
| Total Future Installments | | | | \$ 841.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB17978
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18010
BRIAN CHAMBERS
T/A CHAMBERS ENTERPRISES
193 CHURCH ROAD
MEDFORD, NJ 08055

PRODUCER 127

J S BRADDOCK AGENCY
22 NORTH MAIN STREET
MEDFORD, NJ 08055
(609) 654-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 302.00 |
| Total Installment Due | | | | \$ 302.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$477.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 302.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18010

BRIAN CHAMBERS
T/A CHAMBERS ENTERPRISES
193 CHURCH ROAD
MEDFORD, NJ 08055

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 175.00 |
| Total Future Installments | | | | \$ 175.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18010
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18010
BRIAN CHAMBERS
T/A CHAMBERS ENTERPRISES
193 CHURCH ROAD
MEDFORD, NJ 08055

PRODUCER 127

J S BRADDOCK AGENCY
22 NORTH MAIN STREET
MEDFORD, NJ 08055
(609) 654-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 302.00 |
| Total Installment Due | | | | \$ 302.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$477.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 302.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP18010

BRIAN CHAMBERS
T/A CHAMBERS ENTERPRISES
193 CHURCH ROAD
MEDFORD, NJ 08055

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 175.00 |
| Total Future Installments | | | | \$ 175.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18010
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR18036
BARDI'S GRILL INC.
T/A BARDI'S RESTAURANT
147-149 NEWARK POMPTON TURNPIKE
PEQUANNOCK, NJ 07440

PRODUCER 303

THE SECRET INSURANCE AGENCY LLC
409 MINNISINK ROAD
SUITE 104
TOTOWA, NJ 07512
(973) 812-7327

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/17/2018 | 11/17/2019 | Renewal - Installment # 5 | 03/24/2019 \$ | 1,081.00 |
| 11/17/2018 | 11/17/2019 | Renewal - Installment # 6 | 04/24/2019 \$ | 1,071.00 |
| 11/17/2018 | 11/17/2019 | Renewal - Installment # 7 | 05/24/2019 \$ | 1,071.00 |
| Total Installment Due | | | | \$ 3,223.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,292.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

LINCOLN PARK SAVINGS BANK
193 CHANGEBRIDGE RD
MONTVILLE, NJ 07045

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,223.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR18036

BARDI'S GRILL INC.
T/A BARDI'S RESTAURANT
147-149 NEWARK POMPTON TURNPIKE
PEQUANNOCK, NJ 07440

Mortgagee Information

LINCOLN PARK SAVINGS BANK
193 CHANGEBRIDGE RD
MONTVILLE, NJ 07045

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 11/17/2018 | 11/17/2019 | Installment | 06/24/2019 | \$ 1,069.00 |
| Total Future Installments | | | | \$ 1,069.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBR18036
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR18036
BARDI'S GRILL INC.
T/A BARDI'S RESTAURANT
147-149 NEWARK POMPTON TURNPIKE
PEQUANNOCK, NJ 07440

PRODUCER 303

THE SECRET INSURANCE AGENCY LLC
409 MINNISINK ROAD
SUITE 104
TOTOWA, NJ 07512
(973) 812-7327

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/17/2018 | 11/17/2019 | Renewal - Installment # 5 | 03/24/2019 \$ | 1,081.00 |
| 11/17/2018 | 11/17/2019 | Renewal - Installment # 6 | 04/24/2019 \$ | 1,071.00 |
| 11/17/2018 | 11/17/2019 | Renewal - Installment # 7 | 05/24/2019 \$ | 1,071.00 |
| Total Installment Due | | | | \$ 3,223.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,292.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

LINCOLN PARK SAVINGS BANK
193 CHANGEBRIDGE RD
MONTVILLE, NJ 07045

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,223.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR18036

BARDI'S GRILL INC.
T/A BARDI'S RESTAURANT
147-149 NEWARK POMPTON TURNPIKE
PEQUANNOCK, NJ 07440

Mortgagee Information

LINCOLN PARK SAVINGS BANK
193 CHANGEBRIDGE RD
MONTVILLE, NJ 07045

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 11/17/2018 | 11/17/2019 | Installment | 06/24/2019 | \$ 1,069.00 |
| Total Future Installments | | | | \$ 1,069.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBR18036
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18048
ROBERT DECKER ELECTRIC LLC
70 LAZARUS DRIVE
LEDGEWOOD, NJ 07852

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 3 | 05/24/2019 \$ | 248.00 |
| Total Installment Due | | | | \$ 248.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 248.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18048

ROBERT DECKER ELECTRIC LLC
70 LAZARUS DRIVE
LEDGEWOOD, NJ 07852

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18048

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18048
ROBERT DECKER ELECTRIC LLC
70 LAZARUS DRIVE
LEDGEWOOD, NJ 07852

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 3 | 05/24/2019 \$ | 248.00 |
| Total Installment Due | | | | \$ 248.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 248.00

Thank you for your business

Policy Number: AXCP18048

ROBERT DECKER ELECTRIC LLC
70 LAZARUS DRIVE
LEDGEWOOD, NJ 07852

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18048

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18049
JOHN M DOLL ELECTRICAL CONTRACTOR LLC
872 COLONIAL AVE
UNION, NJ 07083

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|-------------|------------|------------|
| 11/29/2018 | 11/29/2019 | Endorsement | 04/14/2019 | \$ 196.00 |
| Total Installment Due | | | | \$ 196.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 196.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP18049

JOHN M DOLL ELECTRICAL CONTRACTOR LLC
872 COLONIAL AVE
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18049

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18049
JOHN M DOLL ELECTRICAL CONTRACTOR LLC
872 COLONIAL AVE
UNION, NJ 07083

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|-------------|------------|------------|
| 11/29/2018 | 11/29/2019 | Endorsement | 04/14/2019 | \$ 196.00 |
| Total Installment Due | | | | \$ 196.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 196.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP18049

JOHN M DOLL ELECTRICAL CONTRACTOR LLC
872 COLONIAL AVE
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18049

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBC18111
MT AIRY CONDO ASSOCIATION
MT AIRY & PROSPECT ROAD
P O BOX 421
BERNARDSVILLE, NJ 07924

PRODUCER 278

SCIROCCO FINANCIAL GROUP
777 TERRACE AVENUE
SUITE #309
HASBROUCK HEIGHTS, NJ 07604
(201) 727-0070

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Amount is Past Due | 03/10/2019 | \$ 662.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 5 | 04/10/2019 | \$ 662.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 6 | 05/10/2019 | \$ 652.00 |
| Total Installment Due | | | | \$ 1,976.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,976.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBC18111

MT AIRY CONDO ASSOCIATION
MT AIRY & PROSPECT ROAD
P O BOX 421
BERNARDSVILLE, NJ 07924

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Installment | 06/10/2019 | \$ 652.00 |
| 12/10/2018 | 12/10/2019 | Installment | 07/10/2019 | \$ 652.00 |
| 12/10/2018 | 12/10/2019 | Installment | 08/10/2019 | \$ 652.00 |
| 12/10/2018 | 12/10/2019 | Installment | 09/10/2019 | \$ 579.00 |
| Total Future Installments | | | | \$ 2,535.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBC18111

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBC18111
MT AIRY CONDO ASSOCIATION
MT AIRY & PROSPECT ROAD
P O BOX 421
BERNARDSVILLE, NJ 07924

PRODUCER 278

SCIROCCO FINANCIAL GROUP
777 TERRACE AVENUE
SUITE #309
HASBROUCK HEIGHTS, NJ 07604
(201) 727-0070

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Amount is Past Due | 03/10/2019 | \$ 662.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 5 | 04/10/2019 | \$ 662.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 6 | 05/10/2019 | \$ 652.00 |
| Total Installment Due | | | | \$ 1,976.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,976.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBC18111

MT AIRY CONDO ASSOCIATION
MT AIRY & PROSPECT ROAD
P O BOX 421
BERNARDSVILLE, NJ 07924

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Installment | 06/10/2019 | \$ 652.00 |
| 12/10/2018 | 12/10/2019 | Installment | 07/10/2019 | \$ 652.00 |
| 12/10/2018 | 12/10/2019 | Installment | 08/10/2019 | \$ 652.00 |
| 12/10/2018 | 12/10/2019 | Installment | 09/10/2019 | \$ 579.00 |
| Total Future Installments | | | | \$ 2,535.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBC18111

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18122
THOMAS COHOON
47 GALLO COURT
LAWRENCE TOWNSHIP, NJ 08648

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/29/2018 | 11/29/2019 | Amount is Past Due | 02/28/2019 \$ | 516.00 |
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 516.00 |
| Total Installment Due | | | | \$ 1,032.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,032.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18122

THOMAS COHOON
47 GALLO COURT
LAWRENCE TOWNSHIP, NJ 08648

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18122

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18122
THOMAS COHOON
47 GALLO COURT
LAWRENCE TOWNSHIP, NJ 08648

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/29/2018 | 11/29/2019 | Amount is Past Due | 02/28/2019 \$ | 516.00 |
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 516.00 |
| Total Installment Due | | | | \$ 1,032.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,032.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18122

THOMAS COHOON
47 GALLO COURT
LAWRENCE TOWNSHIP, NJ 08648

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.: AXCP18122

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18185
ROESSEL CONSTRUCTION LLC
7 TWINING LANE
EWING, NJ 08628

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/29/2018 | 12/29/2019 | Renewal - Installment # 2 | 03/29/2019 \$ | 377.00 |
| Total Installment Due | | | | \$ 377.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$744.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 377.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18185

ROESSEL CONSTRUCTION LLC
7 TWINING LANE
EWING, NJ 08628

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/29/2018 | 12/29/2019 | Installment | 06/29/2019 | \$ 367.00 |
| Total Future Installments | | | | \$ 367.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18185

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18185
ROESSEL CONSTRUCTION LLC
7 TWINING LANE
EWING, NJ 08628

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/29/2018 | 12/29/2019 | Renewal - Installment # 2 | 03/29/2019 \$ | 377.00 |
| Total Installment Due | | | | \$ 377.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$744.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 377.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18185

ROESSEL CONSTRUCTION LLC
7 TWINING LANE
EWING, NJ 08628

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/29/2018 | 12/29/2019 | Installment | 06/29/2019 | \$ 367.00 |
| Total Future Installments | | | | \$ 367.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18185

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18241
THOR ELECTRIC LLC
223 BEAUFORT AVE
LIVINGSTON, NJ 07039

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/19/2019 | 01/19/2020 | Renewal - Installment # 2 | 04/19/2019 \$ | 244.00 |
| Total Installment Due | | | | \$ 244.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$478.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 244.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18241

THOR ELECTRIC LLC
223 BEAUFORT AVE
LIVINGSTON, NJ 07039

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/19/2019 | 01/19/2020 | Installment | 07/19/2019 | \$ 234.00 |
| Total Future Installments | | | | \$ 234.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18241

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18241
THOR ELECTRIC LLC
223 BEAUFORT AVE
LIVINGSTON, NJ 07039

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/19/2019 | 01/19/2020 | Renewal - Installment # 2 | 04/19/2019 \$ | 244.00 |
| Total Installment Due | | | | \$ 244.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$478.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 244.00

Thank you for your business

Policy Number: AXCP18241

THOR ELECTRIC LLC
223 BEAUFORT AVE
LIVINGSTON, NJ 07039

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/19/2019 | 01/19/2020 | Installment | 07/19/2019 | \$ 234.00 |
| Total Future Installments | | | | \$ 234.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18241

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18246
PROSPERO TRUJILLO
T/A TRUJILLO PLUMBING & HEATING
18 ERWIN PLACE
WEST ORANGE, NJ 07052

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/20/2019 | 01/20/2020 | Renewal - Installment # 2 | 04/20/2019 \$ | 357.00 |
| Total Installment Due | | | | \$ 357.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$832.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 357.00

Thank you for your business

Policy Number: AXCP18246

PROSPERO TRUJILLO
T/A TRUJILLO PLUMBING & HEATING
18 ERWIN PLACE
WEST ORANGE, NJ 07052

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/20/2019 | 01/20/2020 | Installment | 07/20/2019 | \$ 475.00 |
| Total Future Installments | | | | \$ 475.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18246
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18246
PROSPERO TRUJILLO
T/A TRUJILLO PLUMBING & HEATING
18 ERWIN PLACE
WEST ORANGE, NJ 07052

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/20/2019 | 01/20/2020 | Renewal - Installment # 2 | 04/20/2019 \$ | 357.00 |
| Total Installment Due | | | | \$ 357.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$832.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 357.00

Thank you for your business

Policy Number: AXCP18246

PROSPERO TRUJILLO
T/A TRUJILLO PLUMBING & HEATING
18 ERWIN PLACE
WEST ORANGE, NJ 07052

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/20/2019 | 01/20/2020 | Installment | 07/20/2019 | \$ 475.00 |
| Total Future Installments | | | | \$ 475.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP18246

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBC18294
PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/26/2019 | 02/26/2020 | Renewal - Installment # 2 | 05/26/2019 \$ | 1,868.00 |
| Total Installment Due | | | | \$ 1,868.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,726.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,868.00

Thank you for your business

Policy Number: AXBC18294

PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/26/2019 | 02/26/2020 | Installment | 08/26/2019 | \$ 1,858.00 |
| Total Future Installments | | | | \$ 1,858.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBC18294

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBC18294
PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/26/2019 | 02/26/2020 | Renewal - Installment # 2 | 05/26/2019 \$ | 1,868.00 |
| Total Installment Due | | | | \$ 1,868.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,726.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,868.00

Thank you for your business

Policy Number: AXBC18294

PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/26/2019 | 02/26/2020 | Installment | 08/26/2019 | \$ 1,858.00 |
| Total Future Installments | | | | \$ 1,858.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBC18294

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM18295
PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:

COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/26/2019 | 02/26/2020 | Renewal - Installment # 2 | 05/26/2019 \$ | 206.00 |
| Total Installment Due | | | | \$ 206.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$402.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 206.00

Thank you for your business

Policy Number: AXUM18295

PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/26/2019 | 02/26/2020 | Installment | 08/26/2019 | \$ 196.00 |
| Total Future Installments | | | | \$ 196.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM18295

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM18295
PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/26/2019 | 02/26/2020 | Renewal - Installment # 2 | 05/26/2019 \$ | 206.00 |
| Total Installment Due | | | | \$ 206.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$402.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 206.00

Thank you for your business

Policy Number: AXUM18295

PROSPECT STREET CONDO
C/O NEW VISTAS CORP
300 KIMBALL ST, SUITE 206
WOODBIDGE, NJ 07095

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/26/2019 | 02/26/2020 | Installment | 08/26/2019 | \$ 196.00 |
| Total Future Installments | | | | \$ 196.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXUM18295
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18298
ERIC HAKEN
T/A CANISTEAR ELECTRIC
6337 HARDING HIGHWAY
MAYS LANDING, NJ 08330

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 453.00 |
| Total Installment Due | | | | \$ 453.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$896.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 453.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP18298

ERIC HAKEN
T/A CANISTEAR ELECTRIC
6337 HARDING HIGHWAY
MAYS LANDING, NJ 08330

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 443.00 |
| Total Future Installments | | | | \$ 443.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18298
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18298
ERIC HAKEN
T/A CANISTEAR ELECTRIC
6337 HARDING HIGHWAY
MAYS LANDING, NJ 08330

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 453.00 |
| Total Installment Due | | | | \$ 453.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$896.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 453.00

Thank you for your business

Policy Number: AXCP18298

ERIC HAKEN
T/A CANISTEAR ELECTRIC
6337 HARDING HIGHWAY
MAYS LANDING, NJ 08330

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 443.00 |
| Total Future Installments | | | | \$ 443.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18298

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP18299
LAVORGNA ELECTRIC LLC
70 BALL AVENUE
PARSIPPANY, NJ 07054

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 758.00 |
| Total Installment Due | | | | \$ 758.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,506.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 758.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18299

LAVORGNA ELECTRIC LLC
70 BALL AVENUE
PARSIPPANY, NJ 07054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 748.00 |
| Total Future Installments | | | | \$ 748.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18299
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP18299
LAVORGNA ELECTRIC LLC
70 BALL AVENUE
PARSIPPANY, NJ 07054

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 758.00 |
| Total Installment Due | | | | \$ 758.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,506.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 758.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP18299

LAVORGNA ELECTRIC LLC
70 BALL AVENUE
PARSIPPANY, NJ 07054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 748.00 |
| Total Future Installments | | | | \$ 748.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP18299
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB18314
341 HUDSON STREET LLC
341 HUDSON STREET
HACKENSACK, NJ 07601

PRODUCER 202

LOUIS BECKERMAN & COMPANY
915 W. LACEY ROAD
FORKED RIVER, NJ 08731
(609) 971-1270

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 3 | 04/02/2019 \$ | 137.00 |
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 4 | 05/02/2019 \$ | 127.00 |
| Total Installment Due | | | | \$ 264.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,011.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

SPENCER SAVINGS BANK, SLA
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 264.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB18314

341 HUDSON STREET LLC
341 HUDSON STREET
HACKENSACK, NJ 07601

Mortgagee Information

SPENCER SAVINGS BANK, SLA
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 06/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 07/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 08/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 09/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 10/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/02/2019 | \$ 112.00 |
| Total Future Installments | | | | \$ 747.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB18314

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB18314
341 HUDSON STREET LLC
341 HUDSON STREET
HACKENSACK, NJ 07601

PRODUCER 202

LOUIS BECKERMAN & COMPANY
915 W. LACEY ROAD
FORKED RIVER, NJ 08731
(609) 971-1270

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 3 | 04/02/2019 \$ | 137.00 |
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 4 | 05/02/2019 \$ | 127.00 |
| Total Installment Due | | | | \$ 264.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,011.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

SPENCER SAVINGS BANK, SLA
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 264.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB18314

341 HUDSON STREET LLC
341 HUDSON STREET
HACKENSACK, NJ 07601

Mortgagee Information

SPENCER SAVINGS BANK, SLA
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 06/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 07/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 08/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 09/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 10/02/2019 | \$ 127.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/02/2019 | \$ 112.00 |
| Total Future Installments | | | | \$ 747.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB18314

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB18381
TZO PROPERTIES, LLC
6 PARTRIDGE RUN
FLEMINGTON, NJ 08822

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/25/2019 | 02/25/2020 | Renewal - Installment # 2 | 05/25/2019 \$ | 1,166.00 |
| Total Installment Due | | | | \$ 1,166.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,015.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,166.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB18381

TZO PROPERTIES, LLC
6 PARTRIDGE RUN
FLEMINGTON, NJ 08822

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/25/2019 | 02/25/2020 | Installment | 08/25/2019 | \$ 1,156.00 |
| 02/25/2019 | 02/25/2020 | Installment | 11/25/2019 | \$ 693.00 |
| Total Future Installments | | | | \$ 1,849.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB18381

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB18381
TZO PROPERTIES, LLC
6 PARTRIDGE RUN
FLEMINGTON, NJ 08822

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/25/2019 | 02/25/2020 | Renewal - Installment # 2 | 05/25/2019 \$ | 1,166.00 |
| Total Installment Due | | | | \$ 1,166.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,015.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,166.00

Thank you for your business

Policy Number: AXB18381

TZO PROPERTIES, LLC
6 PARTRIDGE RUN
FLEMINGTON, NJ 08822

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/25/2019 | 02/25/2020 | Installment | 08/25/2019 | \$ 1,156.00 |
| 02/25/2019 | 02/25/2020 | Installment | 11/25/2019 | \$ 693.00 |
| Total Future Installments | | | | \$ 1,849.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB18381

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR18507
DIPAOLLO RED LION INN, INC T/A
RED LION INN
101 RED LION ROAD
SOUTHAMPTON, NJ 08088

PRODUCER 705

MEYER-HARDENBERGH INSURANCE GROUP
POBOX 8000
MARLTON, NJ 08053
(609) 654-5105

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 \$ | 1,963.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 \$ | 864.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 \$ | 854.00 |
| Total Installment Due | | | | \$ 3,681.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$9,564.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,681.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR18507

DIPAOLLO RED LION INN, INC T/A
RED LION INN
101 RED LION ROAD
SOUTHAMPTON, NJ 08088

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 759.00 |

Total Future Installments \$ 5,883.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR18507

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR18507
DIPAULO RED LION INN, INC T/A
RED LION INN
101 RED LION ROAD
SOUTHAMPTON, NJ 08088

PRODUCER 705

MEYER-HARDENBERGH INSURANCE GROUP
POBOX 8000
MARLTON, NJ 08053
(609) 654-5105

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 \$ | 1,963.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 \$ | 864.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 \$ | 854.00 |
| Total Installment Due | | | | \$ 3,681.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$9,564.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,681.00

Thank you for your business

Policy Number: AXBR18507

DIPAULO RED LION INN, INC T/A
RED LION INN
101 RED LION ROAD
SOUTHAMPTON, NJ 08088

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 854.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 759.00 |

Total Future Installments \$ 5,883.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR18507

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19005
SUSAN NILSEN &
HARRIET & ROBERT SANCHEZ
PO BOX 2121
VENTNOR, NJ 08406

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/29/2018 | 06/29/2019 | Renewal - Installment # 4 | 03/29/2019 \$ | 796.00 |
| Total Installment Due | | | | \$ 796.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

M&T BANK
PO BOX 5738
SPRINGFIELD, OH 45501-5738
LOAN NO.: 7697683

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 796.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19005

SUSAN NILSEN &
HARRIET & ROBERT SANCHEZ
PO BOX 2121
VENTNOR, NJ 08406

03/18/2019 - Inv

Mortgagee Information

M&T BANK
PO BOX 5738
SPRINGFIELD, OH 45501-5738
LOAN NO.: 7697683

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19005

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19005
SUSAN NILSEN &
HARRIET & ROBERT SANCHEZ
PO BOX 2121
VENTNOR, NJ 08406

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/29/2018 | 06/29/2019 | Renewal - Installment # 4 | 03/29/2019 \$ | 796.00 |
| Total Installment Due | | | | \$ 796.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

M&T BANK
PO BOX 5738
SPRINGFIELD, OH 45501-5738
LOAN NO.: 7697683

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 796.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19005

SUSAN NILSEN &
HARRIET & ROBERT SANCHEZ
PO BOX 2121
VENTNOR, NJ 08406

03/18/2019 - Inv

Mortgagee Information

M&T BANK
PO BOX 5738
SPRINGFIELD, OH 45501-5738
LOAN NO.: 7697683

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19005

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19024
DARREN NICHOLAS T/A
LAURENS CARPET & FURNITURE CLEANING
1811 ALLWOOD PLACE
FORKED RIVER, NJ 08731

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 \$ | 138.00 |
| Total Installment Due | | | | \$ 138.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 138.00

Thank you for your business

Policy Number: AXCP19024

DARREN NICHOLAS T/A
LAURENS CARPET & FURNITURE CLEANING
1811 ALLWOOD PLACE
FORKED RIVER, NJ 08731

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19024

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19024
DARREN NICHOLAS T/A
LAURENS CARPET & FURNITURE CLEANING
1811 ALLWOOD PLACE
FORKED RIVER, NJ 08731

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 \$ | 138.00 |
| Total Installment Due | | | | \$ 138.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 138.00

Thank you for your business

Policy Number: AXCP19024

DARREN NICHOLAS T/A
LAURENS CARPET & FURNITURE CLEANING
1811 ALLWOOD PLACE
FORKED RIVER, NJ 08731

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19024

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR19059
ATF LLC T/A
SAHARA RESTAURANT
1325 ROUTE 206
SKILLMAN, NJ 08558

PRODUCER 107

BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/30/2018 | 06/30/2019 | Renewal - Installment # 10 | 03/31/2019 \$ | 308.00 |
| Total Installment Due | | | | \$ 308.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 308.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBR19059

ATF LLC T/A
SAHARA RESTAURANT
1325 ROUTE 206
SKILLMAN, NJ 08558

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR19059

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR19059
ATF LLC T/A
SAHARA RESTAURANT
1325 ROUTE 206
SKILLMAN, NJ 08558

PRODUCER 107

BORDEN PERLMAN RUSSO
250 PHILLIPS BLVD
SUITE 280
EWING, NJ 08618
(609) 896-3434

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/30/2018 | 06/30/2019 | Renewal - Installment # 10 | 03/31/2019 \$ | 308.00 |
| Total Installment Due | | | | \$ 308.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 308.00

Thank you for your business

Policy Number: AXBR19059

ATF LLC T/A
SAHARA RESTAURANT
1325 ROUTE 206
SKILLMAN, NJ 08558

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR19059

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR19095
GOLDEN SEASON LLC & CHINA TASTE
D/B/A GOLDEN SEA RESTAURANT
455 ROUTE 520
MARLBORO, NJ 07746

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/21/2018 | 07/21/2019 | Renewal - Installment # 4 | 04/21/2019 \$ | 442.00 |
| Total Installment Due | | | | \$ 442.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 442.00

Thank you for your business

Policy Number: AXBR19095

GOLDEN SEASON LLC & CHINA TASTE
D/B/A GOLDEN SEA RESTAURANT
455 ROUTE 520
MARLBORO, NJ 07746

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR19095

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR19095
GOLDEN SEASON LLC & CHINA TASTE
D/B/A GOLDEN SEA RESTAURANT
455 ROUTE 520
MARLBORO, NJ 07746

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/21/2018 | 07/21/2019 | Renewal - Installment # 4 | 04/21/2019 \$ | 442.00 |
| Total Installment Due | | | | \$ 442.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 442.00

Thank you for your business

Policy Number: AXBR19095

GOLDEN SEASON LLC & CHINA TASTE
D/B/A GOLDEN SEA RESTAURANT
455 ROUTE 520
MARLBORO, NJ 07746

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR19095

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19200
EMERALD GARDEN INC
MING CHEN HSU
760 HARRISON AVENUE
APT # 1
HARRISON, NJ 07029

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/10/2018 | 08/10/2019 | Renewal - Installment # 4 | 05/10/2019 \$ | 743.00 |
| Total Installment Due | | | | \$ 743.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 743.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19200

EMERALD GARDEN INC
MING CHEN HSU
760 HARRISON AVENUE
APT # 1
HARRISON, NJ 07029

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19200

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19200
EMERALD GARDEN INC
MING CHEN HSU
760 HARRISON AVENUE
APT # 1
HARRISON, NJ 07029

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/10/2018 | 08/10/2019 | Renewal - Installment # 4 | 05/10/2019 \$ | 743.00 |
| Total Installment Due | | | | \$ 743.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 743.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19200

EMERALD GARDEN INC
MING CHEN HSU
760 HARRISON AVENUE
APT # 1
HARRISON, NJ 07029

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19200

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19211
D & H BUILDERS LLC
396 WEST END AVENUE
NORTH PLAINFIELD, NJ 07060

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/11/2018 | 08/11/2019 | Renewal - Installment # 4 | 05/11/2019 \$ | 750.00 |
| Total Installment Due | | | | \$ 750.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 750.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP19211

D & H BUILDERS LLC
396 WEST END AVENUE
NORTH PLAINFIELD, NJ 07060

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19211

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19211
D & H BUILDERS LLC
396 WEST END AVENUE
NORTH PLAINFIELD, NJ 07060

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/11/2018 | 08/11/2019 | Renewal - Installment # 4 | 05/11/2019 \$ | 750.00 |
| Total Installment Due | | | | \$ 750.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 750.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP19211

D & H BUILDERS LLC
396 WEST END AVENUE
NORTH PLAINFIELD, NJ 07060

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19211

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19345
H & V INVESTMENT, LLC
C/O DR. TEDDY ATIK
4 COUNTRY MEADOW DRIVE
COLTS NECK, NJ 07722

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/29/2018 | 09/29/2019 | Amount is Past Due | 02/28/2019 | \$ 154.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 7 | 03/29/2019 | \$ 154.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 8 | 04/29/2019 | \$ 144.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 9 | 05/29/2019 | \$ 144.00 |
| Total Installment Due | | | | \$ 596.00 |

Mortgagee Information

ATLANTIC STEWARDSHIP BANK
630 GODWIN AVENUE
MIDLAND PARK, NJ 07432

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 596.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19345

Mortgagee Information

ATLANTIC STEWARDSHIP BANK
630 GODWIN AVENUE
MIDLAND PARK, NJ 07432

H & V INVESTMENT, LLC
C/O DR. TEDDY ATIK
4 COUNTRY MEADOW DRIVE
COLTS NECK, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/29/2018 | 09/29/2019 | Installment | 06/29/2019 | \$ 128.00 |
| Total Future Installments | | | | \$ 128.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19345
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19345
H & V INVESTMENT, LLC
C/O DR. TEDDY ATIK
4 COUNTRY MEADOW DRIVE
COLTS NECK, NJ 07722

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/29/2018 | 09/29/2019 | Amount is Past Due | 02/28/2019 | \$ 154.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 7 | 03/29/2019 | \$ 154.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 8 | 04/29/2019 | \$ 144.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 9 | 05/29/2019 | \$ 144.00 |
| Total Installment Due | | | | \$ 596.00 |

Mortgagee Information

ATLANTIC STEWARDSHIP BANK
630 GODWIN AVENUE
MIDLAND PARK, NJ 07432

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 596.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19345

Mortgagee Information

ATLANTIC STEWARDSHIP BANK
630 GODWIN AVENUE
MIDLAND PARK, NJ 07432

H & V INVESTMENT, LLC
C/O DR. TEDDY ATIK
4 COUNTRY MEADOW DRIVE
COLTS NECK, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/29/2018 | 09/29/2019 | Installment | 06/29/2019 | \$ 128.00 |
| Total Future Installments | | | | \$ 128.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19345
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19375
MONMOUTH PROPERTIES II, LLC
P.O. BOX 56
RUMSON, NJ 07760

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 | \$ 603.00 |
| Total Installment Due | | | | \$ 603.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$958.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL TOWNSHIP, NJ 08736

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 603.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19375

MONMOUTH PROPERTIES II, LLC
P.O. BOX 56
RUMSON, NJ 07760

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL TOWNSHIP, NJ 08736

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Installment | 06/27/2019 | \$ 355.00 |
| Total Future Installments | | | | \$ 355.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19375

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19375
MONMOUTH PROPERTIES II, LLC
P.O. BOX 56
RUMSON, NJ 07760

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 | \$ 603.00 |
| Total Installment Due | | | | \$ 603.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$958.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL TOWNSHIP, NJ 08736

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 603.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19375

MONMOUTH PROPERTIES II, LLC
P.O. BOX 56
RUMSON, NJ 07760

Mortgagee Information

MANASQUAN SAVINGS BANK
2221 LANDMARK PLACE
WALL TOWNSHIP, NJ 08736

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/27/2018 | 09/27/2019 | Installment | 06/27/2019 | \$ 355.00 |
| Total Future Installments | | | | \$ 355.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19375

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19441
400 JEFFERSON STREET LLC
P.O. BOX 5142
HOBOKEN, NJ 07030

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/01/2018 | 10/01/2019 | Amount is Past Due | 01/01/2019 \$ | 10.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 3 | 04/01/2019 \$ | 614.00 |
| Total Installment Due | | | | \$ 624.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 624.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB19441

400 JEFFERSON STREET LLC
P.O. BOX 5142
HOBOKEN, NJ 07030

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/01/2018 | 10/01/2019 | Installment | 07/01/2019 | \$ 363.00 |
| Total Future Installments | | | | \$ 363.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19441

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19441
400 JEFFERSON STREET LLC
P.O. BOX 5142
HOBOKEN, NJ 07030

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/01/2018 | 10/01/2019 | Amount is Past Due | 01/01/2019 \$ | 10.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 3 | 04/01/2019 \$ | 614.00 |
| Total Installment Due | | | | \$ 624.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 624.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB19441

400 JEFFERSON STREET LLC
P.O. BOX 5142
HOBOKEN, NJ 07030

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/01/2018 | 10/01/2019 | Installment | 07/01/2019 | \$ 363.00 |
| Total Future Installments | | | | \$ 363.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19441

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19449
CHARLES H. MILLER
D/B/A CARPENTRY PLUS
PO BOX 1014
MONTAGUE, NJ 07827

PRODUCER 155

MITCHELL INSURANCE AGENCY
29 TRINITY STREET
NEWTON, NJ 07860
(973) 383-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/13/2018 | 10/13/2019 | Amount is Past Due | 03/13/2019 \$ | 108.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 7 | 04/13/2019 \$ | 108.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 8 | 05/13/2019 \$ | 98.00 |
| Total Installment Due | | | | \$ 314.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 314.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP19449

CHARLES H. MILLER
D/B/A CARPENTRY PLUS
PO BOX 1014
MONTAGUE, NJ 07827

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/13/2018 | 10/13/2019 | Installment | 06/13/2019 | \$ 98.00 |
| 10/13/2018 | 10/13/2019 | Installment | 07/13/2019 | \$ 87.00 |
| Total Future Installments | | | | \$ 185.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19449

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19449
CHARLES H. MILLER
D/B/A CARPENTRY PLUS
PO BOX 1014
MONTAGUE, NJ 07827

PRODUCER 155

MITCHELL INSURANCE AGENCY
29 TRINITY STREET
NEWTON, NJ 07860
(973) 383-5800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/13/2018 | 10/13/2019 | Amount is Past Due | 03/13/2019 \$ | 108.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 7 | 04/13/2019 \$ | 108.00 |
| 10/13/2018 | 10/13/2019 | Renewal - Installment # 8 | 05/13/2019 \$ | 98.00 |
| Total Installment Due | | | | \$ 314.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 314.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP19449

CHARLES H. MILLER
D/B/A CARPENTRY PLUS
PO BOX 1014
MONTAGUE, NJ 07827

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/13/2018 | 10/13/2019 | Installment | 06/13/2019 | \$ 98.00 |
| 10/13/2018 | 10/13/2019 | Installment | 07/13/2019 | \$ 87.00 |
| Total Future Installments | | | | \$ 185.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19449

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19581
CHARLES ST JOHN LLC
PO BOX 271
MATAMORAS, PA 29901

PRODUCER 179

SASCO INSURANCE INC
C/O OTTERSTEDT INSURANCE AGENCY
540 SYLVAN AVENUE
ENGLEWOOD CLIFFS, NJ 07632
(908) 852-5555

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 453.00 |
| Total Installment Due | | | | \$ 453.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$718.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

FULTON BANK OF NEW JERSEY
PO BOX 20061
KENNESAW, GA 30156

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 453.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19581

CHARLES ST JOHN LLC
PO BOX 271
MATAMORAS, PA 29901

Mortgagee Information

FULTON BANK OF NEW JERSEY
PO BOX 20061
KENNESAW, GA 30156

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 265.00 |
| Total Future Installments | | | | \$ 265.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19581
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19581
CHARLES ST JOHN LLC
PO BOX 271
MATAMORAS, PA 29901

PRODUCER 179

SASCO INSURANCE INC
C/O OTTERSTEDT INSURANCE AGENCY
540 SYLVAN AVENUE
ENGLEWOOD CLIFFS, NJ 07632
(908) 852-5555

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 453.00 |
| Total Installment Due | | | | \$ 453.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$718.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

FULTON BANK OF NEW JERSEY
PO BOX 20061
KENNESAW, GA 30156

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 453.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19581

CHARLES ST JOHN LLC
PO BOX 271
MATAMORAS, PA 29901

Mortgagee Information

FULTON BANK OF NEW JERSEY
PO BOX 20061
KENNESAW, GA 30156

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 265.00 |
| Total Future Installments | | | | \$ 265.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19581

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19678
JAMES ALO
T/A J P DECKS
525 MARTIN ROAD
TOMS RIVER, NJ 08753

PRODUCER 111

BROUWER & IZDEBSKI INSURANCE
240 MAIN STREET
PO BOX 5018
TOMS RIVER, NJ 08753
(732) 349-2300

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/29/2018 | 11/29/2019 | Amount is Past Due | 02/28/2019 \$ | 291.00 |
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 291.00 |
| Total Installment Due | | | | \$ 582.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 582.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP19678

JAMES ALO
T/A J P DECKS
525 MARTIN ROAD
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/29/2018 | 11/29/2019 | Installment | 08/29/2019 | \$ 168.00 |
| Total Future Installments | | | | \$ 168.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19678

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19678
JAMES ALO
T/A J P DECKS
525 MARTIN ROAD
TOMS RIVER, NJ 08753

PRODUCER 111

BROUWER & IZDEBSKI INSURANCE
240 MAIN STREET
PO BOX 5018
TOMS RIVER, NJ 08753
(732) 349-2300

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/29/2018 | 11/29/2019 | Amount is Past Due | 02/28/2019 \$ | 291.00 |
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 291.00 |
| Total Installment Due | | | | \$ 582.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 582.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP19678

JAMES ALO
T/A J P DECKS
525 MARTIN ROAD
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/29/2018 | 11/29/2019 | Installment | 08/29/2019 | \$ 168.00 |
| Total Future Installments | | | | \$ 168.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19678

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19690
KENNETH HAMANN
810 STEEL ROAD
CAPE MAY COURT HOUSE, NJ 08210

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/31/2018 | 10/31/2019 | Renewal - Installment # 3 | 04/30/2019 | \$ 2,394.00 |
| Total Installment Due | | | | \$ 2,394.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,825.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

CREST SAVINGS BANK
3301 PACIFIC AVENUE
WILDWOOD, NJ 08260

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,394.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19690

KENNETH HAMANN
810 STEEL ROAD
CAPE MAY COURT HOUSE, NJ 08210

Mortgagee Information

CREST SAVINGS BANK
3301 PACIFIC AVENUE
WILDWOOD, NJ 08260

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/31/2018 | 10/31/2019 | Installment | 07/31/2019 | \$ 1,431.00 |
| Total Future Installments | | | | \$ 1,431.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19690

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19690
KENNETH HAMANN
810 STEEL ROAD
CAPE MAY COURT HOUSE, NJ 08210

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/31/2018 | 10/31/2019 | Renewal - Installment # 3 | 04/30/2019 \$ | 2,394.00 |
| Total Installment Due | | | | \$ 2,394.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,825.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

CREST SAVINGS BANK
3301 PACIFIC AVENUE
WILDWOOD, NJ 08260

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,394.00

Thank you for your business

Policy Number: AXB19690

KENNETH HAMANN
810 STEEL ROAD
CAPE MAY COURT HOUSE, NJ 08210

Mortgagee Information

CREST SAVINGS BANK
3301 PACIFIC AVENUE
WILDWOOD, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/31/2018 | 10/31/2019 | Installment | 07/31/2019 | \$ 1,431.00 |
| Total Future Installments | | | | \$ 1,431.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19690
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19738
J CRAWFORD COMPTON INC
PO BOX 206
884 MAIN STREET
BELFORD, NJ 07718

PRODUCER 126

MCCUE CAPTAINS AGENCY
680 BRANCH AVENUE
LITTLE SILVER, NJ 07739
(732) 741-9400

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 4 | 03/24/2019 \$ | 2,322.00 |
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 5 | 04/24/2019 \$ | 2,312.00 |
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 6 | 05/24/2019 \$ | 2,312.00 |
| Total Installment Due | | | | \$ 6,946.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$15,938.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 6,946.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19738

J CRAWFORD COMPTON INC
PO BOX 206
884 MAIN STREET
BELFORD, NJ 07718

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/24/2018 | 12/24/2019 | Installment | 06/24/2019 | \$ 2,312.00 |
| 12/24/2018 | 12/24/2019 | Installment | 07/24/2019 | \$ 2,312.00 |
| 12/24/2018 | 12/24/2019 | Installment | 08/24/2019 | \$ 2,312.00 |
| 12/24/2018 | 12/24/2019 | Installment | 09/24/2019 | \$ 2,056.00 |
| Total Future Installments | | | | \$ 8,992.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19738

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19738
J CRAWFORD COMPTON INC
PO BOX 206
884 MAIN STREET
BELFORD, NJ 07718

PRODUCER 126

MCCUE CAPTAINS AGENCY
680 BRANCH AVENUE
LITTLE SILVER, NJ 07739
(732) 741-9400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 4 | 03/24/2019 \$ | 2,322.00 |
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 5 | 04/24/2019 \$ | 2,312.00 |
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 6 | 05/24/2019 \$ | 2,312.00 |
| Total Installment Due | | | | \$ 6,946.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$15,938.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,946.00

Thank you for your business

Policy Number: AXB19738

J CRAWFORD COMPTON INC
PO BOX 206
884 MAIN STREET
BELFORD, NJ 07718

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/24/2018 | 12/24/2019 | Installment | 06/24/2019 | \$ 2,312.00 |
| 12/24/2018 | 12/24/2019 | Installment | 07/24/2019 | \$ 2,312.00 |
| 12/24/2018 | 12/24/2019 | Installment | 08/24/2019 | \$ 2,312.00 |
| 12/24/2018 | 12/24/2019 | Installment | 09/24/2019 | \$ 2,056.00 |
| Total Future Installments | | | | \$ 8,992.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19738

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19783
PRP PROPERTIES, LLC
C/O VINCE ROSANO
108 ARROWHEAD PARK DRIVE
BRICK TWP, NJ 08724

PRODUCER 125

CLARK & MORRISON INSURANCE
84 BROADWAY
DENVER, NJ 07834
(973) 627-3600

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Amount is Past Due | 03/15/2019 | \$ 506.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 5 | 04/15/2019 | \$ 506.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 6 | 05/15/2019 | \$ 496.00 |
| Total Installment Due | | | | \$ 1,508.00 |

Mortgagee Information

TD BANK N/A
1101 HOOPER AVENUE
TOMS RIVER, NJ 08753

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,508.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19783

Mortgagee Information

TD BANK N/A
1101 HOOPER AVENUE
TOMS RIVER, NJ 08753

PRP PROPERTIES, LLC
C/O VINCE ROSANO
108 ARROWHEAD PARK DRIVE
BRICK TWP, NJ 08724

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Installment | 06/15/2019 | \$ 496.00 |
| 12/15/2018 | 12/15/2019 | Installment | 07/15/2019 | \$ 496.00 |
| 12/15/2018 | 12/15/2019 | Installment | 08/15/2019 | \$ 496.00 |
| 12/15/2018 | 12/15/2019 | Installment | 09/15/2019 | \$ 441.00 |
| Total Future Installments | | | | \$ 1,929.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19783

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19783
PRP PROPERTIES, LLC
C/O VINCE ROSANO
108 ARROWHEAD PARK DRIVE
BRICK TWP, NJ 08724

PRODUCER 125

CLARK & MORRISON INSURANCE
84 BROADWAY
DENVER, NJ 07834
(973) 627-3600

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Amount is Past Due | 03/15/2019 | \$ 506.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 5 | 04/15/2019 | \$ 506.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 6 | 05/15/2019 | \$ 496.00 |
| Total Installment Due | | | | \$ 1,508.00 |

Mortgagee Information

TD BANK N/A
1101 HOOPER AVENUE
TOMS RIVER, NJ 08753

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,508.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB19783

Mortgagee Information

TD BANK N/A
1101 HOOPER AVENUE
TOMS RIVER, NJ 08753

PRP PROPERTIES, LLC
C/O VINCE ROSANO
108 ARROWHEAD PARK DRIVE
BRICK TWP, NJ 08724

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Installment | 06/15/2019 | \$ 496.00 |
| 12/15/2018 | 12/15/2019 | Installment | 07/15/2019 | \$ 496.00 |
| 12/15/2018 | 12/15/2019 | Installment | 08/15/2019 | \$ 496.00 |
| 12/15/2018 | 12/15/2019 | Installment | 09/15/2019 | \$ 441.00 |
| Total Future Installments | | | | \$ 1,929.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19783

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB19793
ROBERT PHILLIPS
608 MARLBORO AVENUE
CHERRY HILL, NJ 08002

PRODUCER 112
STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 1,358.00 |
| Total Installment Due | | | | \$ 1,358.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,515.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,358.00

Thank you for your business

Policy Number: AXB19793

ROBERT PHILLIPS
608 MARLBORO AVENUE
CHERRY HILL, NJ 08002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/01/2019 | 01/01/2020 | Installment | 07/01/2019 | \$ 1,348.00 |
| 01/01/2019 | 01/01/2020 | Installment | 10/01/2019 | \$ 809.00 |
| Total Future Installments | | | | \$ 2,157.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19793

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19793
ROBERT PHILLIPS
608 MARLBORO AVENUE
CHERRY HILL, NJ 08002

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 1,358.00 |
| Total Installment Due | | | | \$ 1,358.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,515.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,358.00

Thank you for your business

Policy Number: AXB19793

ROBERT PHILLIPS
608 MARLBORO AVENUE
CHERRY HILL, NJ 08002

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/01/2019 | 01/01/2020 | Installment | 07/01/2019 | \$ 1,348.00 |
| 01/01/2019 | 01/01/2020 | Installment | 10/01/2019 | \$ 809.00 |
| Total Future Installments | | | | \$ 2,157.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19793

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19815
DONALD BATES
T/A BATES HANDYMAN
27 WYCOMBE WAY
MANCHESTER, NJ 08759

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/06/2019 | 01/06/2020 | Renewal - Installment # 2 | 04/06/2019 \$ | 269.00 |
| Total Installment Due | | | | \$ 269.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$683.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 269.00

Thank you for your business

Policy Number: AXCP19815

DONALD BATES
T/A BATES HANDYMAN
27 WYCOMBE WAY
MANCHESTER, NJ 08759

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/06/2019 | 01/06/2020 | Installment | 07/06/2019 | \$ 259.00 |
| 01/06/2019 | 01/06/2020 | Installment | 10/06/2019 | \$ 155.00 |
| Total Future Installments | | | | \$ 414.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19815

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19815
DONALD BATES
T/A BATES HANDYMAN
27 WYCOMBE WAY
MANCHESTER, NJ 08759

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/06/2019 | 01/06/2020 | Renewal - Installment # 2 | 04/06/2019 \$ | 269.00 |
| Total Installment Due | | | | \$ 269.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$683.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 269.00

Thank you for your business

Policy Number: AXCP19815

DONALD BATES
T/A BATES HANDYMAN
27 WYCOMBE WAY
MANCHESTER, NJ 08759

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/06/2019 | 01/06/2020 | Installment | 07/06/2019 | \$ 259.00 |
| 01/06/2019 | 01/06/2020 | Installment | 10/06/2019 | \$ 155.00 |
| Total Future Installments | | | | \$ 414.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19815

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19819
SUITE A-7, LLC
& ANTHONY BONGIOVANNI ESQ.
305 ABINGTON DRIVE
EGG HARBOR TOWNSHIP, NJ 08234

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 2 | 03/28/2019 \$ | 175.00 |
| Total Installment Due | | | | \$ 175.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$340.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 175.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB19819

SUITE A-7, LLC
& ANTHONY BONGIOVANNI ESQ.
305 ABINGTON DRIVE
EGG HARBOR TOWNSHIP, NJ 08234

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 12/28/2018 | 12/28/2019 | Installment | 06/28/2019 | \$ 165.00 |
| Total Future Installments | | | | \$ 165.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19819
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19819
SUITE A-7, LLC
& ANTHONY BONGIOVANNI ESQ.
305 ABINGTON DRIVE
EGG HARBOR TOWNSHIP, NJ 08234

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 2 | 03/28/2019 \$ | 175.00 |
| Total Installment Due | | | | \$ 175.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$340.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 175.00

Thank you for your business

Policy Number: AXB19819

SUITE A-7, LLC
& ANTHONY BONGIOVANNI ESQ.
305 ABINGTON DRIVE
EGG HARBOR TOWNSHIP, NJ 08234

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 12/28/2018 | 12/28/2019 | Installment | 06/28/2019 | \$ 165.00 |
| Total Future Installments | | | | \$ 165.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB19819
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19855
DAVID REGIEC
T/A CIRCLE R ELECTRICAL CONTRACTOR
1 INDEPENDENCE DRIVE
HILLSBOROUGH, NJ 08876

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 228.00 |
| Total Installment Due | | | | \$ 228.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$446.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 228.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP19855

DAVID REGIEC
T/A CIRCLE R ELECTRICAL CONTRACTOR
1 INDEPENDENCE DRIVE
HILLSBOROUGH, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 218.00 |
| Total Future Installments | | | | \$ 218.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP19855
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19855
DAVID REGIEC
T/A CIRCLE R ELECTRICAL CONTRACTOR
1 INDEPENDENCE DRIVE
HILLSBOROUGH, NJ 08876

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 228.00 |
| Total Installment Due | | | | \$ 228.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$446.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 228.00

Thank you for your business

Policy Number: AXCP19855

DAVID REGIEC
T/A CIRCLE R ELECTRICAL CONTRACTOR
1 INDEPENDENCE DRIVE
HILLSBOROUGH, NJ 08876

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 218.00 |
| Total Future Installments | | | | \$ 218.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP19855
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19918
FRANK J. DOROB, JR
14 WISTERIA LANE
HAMILTON, NJ 08690

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/23/2019 | 01/23/2020 | Renewal - Installment # 2 | 04/23/2019 \$ | 258.00 |
| Total Installment Due | | | | \$ 258.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$654.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 258.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP19918

FRANK J. DOROB, JR
14 WISTERIA LANE
HAMILTON, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/23/2019 | 01/23/2020 | Installment | 07/23/2019 | \$ 248.00 |
| 01/23/2019 | 01/23/2020 | Installment | 10/23/2019 | \$ 148.00 |
| Total Future Installments | | | | \$ 396.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19918

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19918
FRANK J. DOROB, JR
14 WISTERIA LANE
HAMILTON, NJ 08690

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/23/2019 | 01/23/2020 | Renewal - Installment # 2 | 04/23/2019 \$ | 258.00 |
| Total Installment Due | | | | \$ 258.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$654.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 258.00

Thank you for your business

Policy Number: AXCP19918

FRANK J. DOROB, JR
14 WISTERIA LANE
HAMILTON, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/23/2019 | 01/23/2020 | Installment | 07/23/2019 | \$ 248.00 |
| 01/23/2019 | 01/23/2020 | Installment | 10/23/2019 | \$ 148.00 |
| Total Future Installments | | | | \$ 396.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19918

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB19962
ANN MARIE'S ELEGANT TASTE, INC
C/O DALBA & GOELLER
123 COLUMBIA TURNPIKE
SUITE 202A
FLORHAM PARK, NJ 07932

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/20/2019 | 01/20/2020 | Renewal - Installment # 2 | 04/20/2019 \$ | 574.00 |
| Total Installment Due | | | | \$ 574.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,138.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 574.00

Thank you for your business

Policy Number: AXB19962

ANN MARIE'S ELEGANT TASTE, INC
C/O DALBA & GOELLER
123 COLUMBIA TURNPIKE
SUITE 202A
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/20/2019 | 01/20/2020 | Installment | 07/20/2019 | \$ 564.00 |
| Total Future Installments | | | | \$ 564.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19962

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB19962
ANN MARIE'S ELEGANT TASTE, INC
C/O DALBA & GOELLER
123 COLUMBIA TURNPIKE
SUITE 202A
FLORHAM PARK, NJ 07932

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/20/2019 | 01/20/2020 | Renewal - Installment # 2 | 04/20/2019 \$ | 574.00 |
| Total Installment Due | | | | \$ 574.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,138.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 574.00

Thank you for your business

Policy Number: AXB19962

ANN MARIE'S ELEGANT TASTE, INC
C/O DALBA & GOELLER
123 COLUMBIA TURNPIKE
SUITE 202A
FLORHAM PARK, NJ 07932

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/20/2019 | 01/20/2020 | Installment | 07/20/2019 | \$ 564.00 |
| Total Future Installments | | | | \$ 564.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB19962

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP19995
DONALD VANDERPLOEG
146 PARK AVENUE
RANDOLPH, NJ 07869

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/20/2019 | 01/20/2020 | Renewal - Installment # 2 | 04/20/2019 \$ | 273.00 |
| Total Installment Due | | | | \$ 273.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$536.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 273.00

Thank you for your business

Policy Number: AXCP19995

DONALD VANDERPLOEG
146 PARK AVENUE
RANDOLPH, NJ 07869

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/20/2019 | 01/20/2020 | Installment | 07/20/2019 | \$ 263.00 |
| Total Future Installments | | | | \$ 263.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP19995

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP19995
DONALD VANDERPLOEG
146 PARK AVENUE
RANDOLPH, NJ 07869

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/20/2019 | 01/20/2020 | Renewal - Installment # 2 | 04/20/2019 \$ | 273.00 |
| Total Installment Due | | | | \$ 273.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$536.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 273.00

Thank you for your business

Policy Number: AXCP19995

DONALD VANDERPLOEG
146 PARK AVENUE
RANDOLPH, NJ 07869

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/20/2019 | 01/20/2020 | Installment | 07/20/2019 | \$ 263.00 |
| Total Future Installments | | | | \$ 263.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP19995
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20001
SVTV LLC
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN
586 MORRIS AVENUE
SPRINGFIELD, NJ 07081

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 | \$ 4,405.00 |
| Total Installment Due | | | | \$ 4,405.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,042.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK NA
C/O FILE MANAGEMENT -INSURANCE
MAIL CODE #02-259-01-58
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,405.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20001

SVTV LLC
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN
586 MORRIS AVENUE
SPRINGFIELD, NJ 07081

Mortgagee Information

TD BANK NA
C/O FILE MANAGEMENT -INSURANCE
MAIL CODE #02-259-01-58
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/27/2018 | 09/27/2019 | Installment | 06/27/2019 | \$ 2,637.00 |
| Total Future Installments | | | | \$ 2,637.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM20001
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20001
SVTV LLC
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN
586 MORRIS AVENUE
SPRINGFIELD, NJ 07081

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 | \$ 4,405.00 |
| Total Installment Due | | | | \$ 4,405.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,042.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK NA
C/O FILE MANAGEMENT -INSURANCE
MAIL CODE #02-259-01-58
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,405.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20001

SVTV LLC
C/O THE WINE LIBRARY, ATTN: MITCH FELDMAN
586 MORRIS AVENUE
SPRINGFIELD, NJ 07081

Mortgagee Information

TD BANK NA
C/O FILE MANAGEMENT -INSURANCE
MAIL CODE #02-259-01-58
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/27/2018 | 09/27/2019 | Installment | 06/27/2019 | \$ 2,637.00 |
| Total Future Installments | | | | \$ 2,637.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM20001
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20019
THE HEWITT WELLINGTON CONDO HOTEL ASSOC
C/O ACCESS PROPERTY MANAGEMENT
1090 KING GEORGES POST ROAD
EDISON, NJ 08837

PRODUCER 761

PASCALE INSURANCE AGENCY INC
559 WARREN AVENUE
SPRING LAKE, NJ 07762
(732) 449-8780

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/15/2018 | 10/15/2019 | Amount is Past Due | 03/15/2019 \$ | 1,852.00 |
| 10/15/2018 | 10/15/2019 | Renewal - Installment # 7 | 04/15/2019 \$ | 1,852.00 |
| 10/15/2018 | 10/15/2019 | Renewal - Installment # 8 | 05/15/2019 \$ | 1,842.00 |
| Total Installment Due | | | | \$ 5,546.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 5,546.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM20019

THE HEWITT WELLINGTON CONDO HOTEL ASSOC
C/O ACCESS PROPERTY MANAGEMENT
1090 KING GEORGES POST ROAD
EDISON, NJ 08837

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/15/2018 | 10/15/2019 | Installment | 06/15/2019 | \$ 1,842.00 |
| 10/15/2018 | 10/15/2019 | Installment | 07/15/2019 | \$ 1,638.00 |
| Total Future Installments | | | | \$ 3,480.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20019

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20019
THE HEWITT WELLINGTON CONDO HOTEL ASSOC
C/O ACCESS PROPERTY MANAGEMENT
1090 KING GEORGES POST ROAD
EDISON, NJ 08837

PRODUCER 761

PASCALE INSURANCE AGENCY INC
559 WARREN AVENUE
SPRING LAKE, NJ 07762
(732) 449-8780

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/15/2018 | 10/15/2019 | Amount is Past Due | 03/15/2019 \$ | 1,852.00 |
| 10/15/2018 | 10/15/2019 | Renewal - Installment # 7 | 04/15/2019 \$ | 1,852.00 |
| 10/15/2018 | 10/15/2019 | Renewal - Installment # 8 | 05/15/2019 \$ | 1,842.00 |
| Total Installment Due | | | | \$ 5,546.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 5,546.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM20019

THE HEWITT WELLINGTON CONDO HOTEL ASSOC
C/O ACCESS PROPERTY MANAGEMENT
1090 KING GEORGES POST ROAD
EDISON, NJ 08837

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/15/2018 | 10/15/2019 | Installment | 06/15/2019 | \$ 1,842.00 |
| 10/15/2018 | 10/15/2019 | Installment | 07/15/2019 | \$ 1,638.00 |
| Total Future Installments | | | | \$ 3,480.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20019

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20027
ADAMS ASSOCIATES
134 HARDENBURGH AVENUE
DEMAREST, NJ 07627

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/21/2018 | 10/21/2019 | Renewal - Installment # 6 | 03/21/2019 \$ | 399.00 |
| 10/21/2018 | 10/21/2019 | Renewal - Installment # 7 | 04/21/2019 \$ | 389.00 |
| 10/21/2018 | 10/21/2019 | Renewal - Installment # 8 | 05/21/2019 \$ | 389.00 |
| Total Installment Due | | | | \$ 1,177.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,913.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,177.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20027

ADAMS ASSOCIATES
134 HARDENBURGH AVENUE
DEMAREST, NJ 07627

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/21/2018 | 10/21/2019 | Installment | 06/21/2019 | \$ 389.00 |
| 10/21/2018 | 10/21/2019 | Installment | 07/21/2019 | \$ 347.00 |
| Total Future Installments | | | | \$ 736.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20027

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20027
ADAMS ASSOCIATES
134 HARDENBURGH AVENUE
DEMAREST, NJ 07627

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/21/2018 | 10/21/2019 | Renewal - Installment # 6 | 03/21/2019 \$ | 399.00 |
| 10/21/2018 | 10/21/2019 | Renewal - Installment # 7 | 04/21/2019 \$ | 389.00 |
| 10/21/2018 | 10/21/2019 | Renewal - Installment # 8 | 05/21/2019 \$ | 389.00 |
| Total Installment Due | | | | \$ 1,177.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,913.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,177.00

Thank you for your business

Policy Number: AXCM20027

ADAMS ASSOCIATES
134 HARDENBURGH AVENUE
DEMAREST, NJ 07627

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 | 06/21/2019 | \$ 389.00 |
| 10/21/2018 | 10/21/2019 | Installment | 07/21/2019 | \$ 347.00 |
| Total Future Installments | | | | \$ 736.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20027

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20083
ON THE AVENUE CONDO ASSN
C/O JP TIMLIN
112 BARKER STREET
RIDLEY PARK, PA 19078

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/27/2018 | 12/27/2019 | Amount is Past Due | 02/27/2019 | \$ 525.00 |
| 12/27/2018 | 12/27/2019 | Renewal - Installment # 4 | 03/27/2019 | \$ 525.00 |
| 12/27/2018 | 12/27/2019 | Renewal - Installment # 5 | 04/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Renewal - Installment # 6 | 05/27/2019 | \$ 515.00 |
| Total Installment Due | | | | \$ 2,080.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,080.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20083

ON THE AVENUE CONDO ASSN
C/O JP TIMLIN
112 BARKER STREET
RIDLEY PARK, PA 19078

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/27/2018 | 12/27/2019 | Installment | 06/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Installment | 07/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Installment | 08/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Installment | 09/27/2019 | \$ 458.00 |
| Total Future Installments | | | | \$ 2,003.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20083

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20083
ON THE AVENUE CONDO ASSN
C/O JP TIMLIN
112 BARKER STREET
RIDLEY PARK, PA 19078

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/27/2018 | 12/27/2019 | Amount is Past Due | 02/27/2019 | \$ 525.00 |
| 12/27/2018 | 12/27/2019 | Renewal - Installment # 4 | 03/27/2019 | \$ 525.00 |
| 12/27/2018 | 12/27/2019 | Renewal - Installment # 5 | 04/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Renewal - Installment # 6 | 05/27/2019 | \$ 515.00 |
| Total Installment Due | | | | \$ 2,080.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,080.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM20083

ON THE AVENUE CONDO ASSN
C/O JP TIMLIN
112 BARKER STREET
RIDLEY PARK, PA 19078

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/27/2018 | 12/27/2019 | Installment | 06/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Installment | 07/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Installment | 08/27/2019 | \$ 515.00 |
| 12/27/2018 | 12/27/2019 | Installment | 09/27/2019 | \$ 458.00 |
| Total Future Installments | | | | \$ 2,003.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20083

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20271
94 TICH LLC
94 TICHENOR STREET
NEWARK, NJ 07105

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 07/25/2018 | 07/25/2019 | Renewal - Installment # 4 | 04/25/2019 | \$ 982.00 |
| Total Installment Due | | | | \$ 982.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 982.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20271

94 TICH LLC
94 TICHENOR STREET
NEWARK, NJ 07105

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20271

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20271
94 TICH LLC
94 TICHENOR STREET
NEWARK, NJ 07105

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 07/25/2018 | 07/25/2019 | Renewal - Installment # 4 | 04/25/2019 | \$ 982.00 |
| Total Installment Due | | | | \$ 982.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 982.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20271

94 TICH LLC
94 TICHENOR STREET
NEWARK, NJ 07105

Mortgagee Information

VALLEY NATIONAL BANK
1720 ROUTE 23 NORTH
WAYNE, NJ 07470

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20271

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20277
JOSEPH TAYLOR & SONS INC.
1360 CLIFTON AVENUE
PO BOX 408
CLIFTON, NJ 07012

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663
(201) 845-6600

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|--------------|
| 07/31/2018 | 07/31/2019 | Amount is Past Due | 02/28/2019 | \$ 3,631.00 |
| 07/31/2018 | 07/31/2019 | Renewal - Installment # 9 | 03/31/2019 | \$ 3,631.00 |
| 07/31/2018 | 07/31/2019 | Renewal - Installment # 10 | 04/30/2019 | \$ 3,219.00 |
| Total Installment Due | | | | \$ 10,481.00 |

Mortgagee Information

VBK CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS
1455 VALLEY ROAD
WAYNE, NJ 07470

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 10,481.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20277

JOSEPH TAYLOR & SONS INC.
1360 CLIFTON AVENUE
PO BOX 408
CLIFTON, NJ 07012

03/18/2019 - Inv

Mortgagee Information

VBK CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS
1455 VALLEY ROAD
WAYNE, NJ 07470

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20277

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20277
JOSEPH TAYLOR & SONS INC.
1360 CLIFTON AVENUE
PO BOX 408
CLIFTON, NJ 07012

PRODUCER 256

MARSH & MCLENNAN AGENCY, LLC
PARK 80 WEST, PLAZA TWO
250 PEHLE AVENUE
SADDLE BROOK, NJ 07663
(201) 845-6600

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|--------------|
| 07/31/2018 | 07/31/2019 | Amount is Past Due | 02/28/2019 | \$ 3,631.00 |
| 07/31/2018 | 07/31/2019 | Renewal - Installment # 9 | 03/31/2019 | \$ 3,631.00 |
| 07/31/2018 | 07/31/2019 | Renewal - Installment # 10 | 04/30/2019 | \$ 3,219.00 |
| Total Installment Due | | | | \$ 10,481.00 |

Mortgagee Information

VCN CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS
1455 VALLEY ROAD
WAYNE, NJ 07470

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 10,481.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20277

JOSEPH TAYLOR & SONS INC.
1360 CLIFTON AVENUE
PO BOX 408
CLIFTON, NJ 07012

03/18/2019 - Inv

Mortgagee Information

VCN CAPITAL CORP., IT'S SUCCESSORS AND/OR ASSIGNS
1455 VALLEY ROAD
WAYNE, NJ 07470

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20277

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL20292
EL CORONADO CONDO ASSOC INC &
EL CORONADO ASSOC LP &
PARAMOUNT MANAGEMENT INC
8501 ATLANTIC AVENUE
WILDWOOD CREST, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 8 | 04/01/2019 \$ | 3,324.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 \$ | 3,314.00 |
| Total Installment Due | | | | \$ 6,638.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$9,584.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,638.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL20292

EL CORONADO CONDO ASSOC INC &
EL CORONADO ASSOC LP &
PARAMOUNT MANAGEMENT INC
8501 ATLANTIC AVENUE
WILDWOOD CREST, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/01/2018 | 09/01/2019 | Installment | 06/01/2019 | \$ 2,946.00 |
| Total Future Installments | | | | \$ 2,946.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL20292
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL20292
EL CORONADO CONDO ASSOC INC &
EL CORONADO ASSOC LP &
PARAMOUNT MANAGEMENT INC
8501 ATLANTIC AVENUE
WILDWOOD CREST, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 8 | 04/01/2019 \$ | 3,324.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 \$ | 3,314.00 |
| Total Installment Due | | | | \$ 6,638.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$9,584.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,638.00

Thank you for your business

Policy Number: AXGL20292

EL CORONADO CONDO ASSOC INC &
EL CORONADO ASSOC LP &
PARAMOUNT MANAGEMENT INC
8501 ATLANTIC AVENUE
WILDWOOD CREST, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/01/2018 | 09/01/2019 | Installment | 06/01/2019 | \$ 2,946.00 |
| Total Future Installments | | | | \$ 2,946.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL20292
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL20293
VSOT LLC & BASIL INC
T/A BASILICO'S RESTAURANT
27 43RD STREET 1ST FLOOR
PO BOX 608
SEA ISLE CITY, NJ 08243

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/05/2018 | 09/05/2019 | Amount is Past Due | 03/05/2019 \$ | 476.00 |
| 09/05/2018 | 09/05/2019 | Renewal - Installment # 8 | 04/05/2019 \$ | 476.00 |
| 09/05/2018 | 09/05/2019 | Renewal - Installment # 9 | 05/05/2019 \$ | 466.00 |
| Total Installment Due | | | | \$ 1,418.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,418.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL20293

VSOT LLC & BASIL INC
T/A BASILICO'S RESTAURANT
27 43RD STREET 1ST FLOOR
PO BOX 608
SEA ISLE CITY, NJ 08243

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/05/2018 | 09/05/2019 | Installment | 06/05/2019 | \$ 414.00 |
| Total Future Installments | | | | \$ 414.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL20293
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL20293
VSOT LLC & BASIL INC
T/A BASILICO'S RESTAURANT
27 43RD STREET 1ST FLOOR
PO BOX 608
SEA ISLE CITY, NJ 08243

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/05/2018 | 09/05/2019 | Amount is Past Due | 03/05/2019 \$ | 476.00 |
| 09/05/2018 | 09/05/2019 | Renewal - Installment # 8 | 04/05/2019 \$ | 476.00 |
| 09/05/2018 | 09/05/2019 | Renewal - Installment # 9 | 05/05/2019 \$ | 466.00 |
| Total Installment Due | | | | \$ 1,418.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,418.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL20293

VSOT LLC & BASIL INC
T/A BASILICO'S RESTAURANT
27 43RD STREET 1ST FLOOR
PO BOX 608
SEA ISLE CITY, NJ 08243

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/05/2018 | 09/05/2019 | Installment | 06/05/2019 | \$ 414.00 |
| Total Future Installments | | | | \$ 414.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL20293
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF20336
PREFERRED HEALTHMATE INC
ARTHEL, LLC
45 MAIN ST., HIGHWAY 35
EATONTOWN, NJ 07724

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/02/2018 | 11/02/2019 | Renewal - Installment # 3 | 05/02/2019 \$ | 553.00 |
| Total Installment Due | | | | \$ 553.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 553.00

Thank you for your business

Policy Number: AXCF20336

PREFERRED HEALTHMATE INC
ARTHEL, LLC
45 MAIN ST., HIGHWAY 35
EATONTOWN, NJ 07724

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF20336

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF20336
PREFERRED HEALTHMATE INC
ARTHEL, LLC
45 MAIN ST., HIGHWAY 35
EATONTOWN, NJ 07724

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/02/2018 | 11/02/2019 | Renewal - Installment # 3 | 05/02/2019 \$ | 553.00 |
| Total Installment Due | | | | \$ 553.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 553.00

Thank you for your business

Policy Number: AXCF20336

PREFERRED HEALTHMATE INC
ARTHEL, LLC
45 MAIN ST., HIGHWAY 35
EATONTOWN, NJ 07724

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF20336

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20340
DAVID ZBOYAN
212
LIBERTY ST.
FORDS, NJ 08863-1816

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 7 | 04/01/2019 \$ | 531.00 |
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 8 | 05/01/2019 \$ | 521.00 |
| Total Installment Due | | | | \$ 1,052.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,037.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WELLS FARGO BANK N.A. #708
PO BOX 5708
SPRINGFIELD, OH 45501-5708
LOAN NO.: 0005995710

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,052.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20340

DAVID ZBOYAN
212
LIBERTY ST.
FORDS, NJ 08863-1816

03/18/2019 - Inv

Mortgagee Information

WELLS FARGO BANK N.A. #708
PO BOX 5708
SPRINGFIELD, OH 45501-5708
LOAN NO.: 0005995710

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/19/2018 | 10/19/2019 | Installment | 06/01/2019 | \$ 521.00 |
| 10/19/2018 | 10/19/2019 | Installment | 07/01/2019 | \$ 464.00 |
| Total Future Installments | | | | \$ 985.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20340

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20340
DAVID ZBOYAN
212
LIBERTY ST.
FORDS, NJ 08863-1816

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 7 | 04/01/2019 \$ | 531.00 |
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 8 | 05/01/2019 \$ | 521.00 |
| Total Installment Due | | | | \$ 1,052.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,037.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WELLS FARGO BANK N.A. #708
PO BOX 5708
SPRINGFIELD, OH 45501-5708
LOAN NO.: 0005995710

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,052.00

Thank you for your business

Policy Number: AXCM20340

DAVID ZBOYAN
212
LIBERTY ST.
FORDS, NJ 08863-1816

Mortgagee Information

WELLS FARGO BANK N.A. #708
PO BOX 5708
SPRINGFIELD, OH 45501-5708
LOAN NO.: 0005995710

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/19/2018 | 10/19/2019 | Installment | 06/01/2019 | \$ 521.00 |
| 10/19/2018 | 10/19/2019 | Installment | 07/01/2019 | \$ 464.00 |
| Total Future Installments | | | | \$ 985.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20340

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20344
WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.
C/O STEVE DANNER
108 GREEN STREET
WOODSTOWN, NJ 08098

PRODUCER 177

BARCLAY GROUP
202 BROAD STREET
RIVERTON, NJ 08077
(856) 829-1594

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 3 | 05/15/2019 \$ | 2,360.00 |
| Total Installment Due | | | | \$ 2,360.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,769.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,360.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20344

WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.
C/O STEVE DANNER
108 GREEN STREET
WOODSTOWN, NJ 08098

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/15/2018 | 11/15/2019 | Installment | 08/15/2019 | \$ 1,409.00 |
| Total Future Installments | | | | \$ 1,409.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20344

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20344
WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.
C/O STEVE DANNER
108 GREEN STREET
WOODSTOWN, NJ 08098

PRODUCER 177

BARCLAY GROUP
202 BROAD STREET
RIVERTON, NJ 08077
(856) 829-1594

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 3 | 05/15/2019 \$ | 2,360.00 |
| Total Installment Due | | | | \$ 2,360.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,769.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,360.00

Thank you for your business

Policy Number: AXCM20344

WILDWOOD PINES CONDOMINIUM ASSOCIATION, INC.
C/O STEVE DANNER
108 GREEN STREET
WOODSTOWN, NJ 08098

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/15/2018 | 11/15/2019 | Installment | 08/15/2019 | \$ 1,409.00 |
| Total Future Installments | | | | \$ 1,409.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20344

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20350
PAROCA REALTY INC
632 BOULEVARD
KENILWORTH, NJ 07033

PRODUCER 229

STANFORD AGENCY
788 SHREWSBURY AVENUE
SUITE 2225
TINTON FALLS, NJ 07724
(908) 241-1180

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 3 | 05/15/2019 \$ | 1,204.00 |
| Total Installment Due | | | | \$ 1,204.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,919.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,204.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20350

PAROCA REALTY INC
632 BOULEVARD
KENILWORTH, NJ 07033

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/15/2018 | 11/15/2019 | Installment | 08/15/2019 | \$ 715.00 |
| Total Future Installments | | | | \$ 715.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20350

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20350
PAROCA REALTY INC
632 BOULEVARD
KENILWORTH, NJ 07033

PRODUCER 229

STANFORD AGENCY
788 SHREWSBURY AVENUE
SUITE 2225
TINTON FALLS, NJ 07724
(908) 241-1180

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 3 | 05/15/2019 \$ | 1,204.00 |
| Total Installment Due | | | | \$ 1,204.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,919.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,204.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM20350

PAROCA REALTY INC
632 BOULEVARD
KENILWORTH, NJ 07033

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/15/2018 | 11/15/2019 | Installment | 08/15/2019 | \$ 715.00 |
| Total Future Installments | | | | \$ 715.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20350

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20351
PASQUALE, CARMEN & RONALD J SCORESE
T/A PCR SCORESE
632 BOULEVARD
KENILWORTH, NJ 07033

PRODUCER 229

STANFORD AGENCY
788 SHREWSBURY AVENUE
SUITE 2225
TINTON FALLS, NJ 07724
(908) 241-1180

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/26/2018 | 12/26/2019 | Renewal - Installment # 2 | 03/26/2019 \$ | 2,235.00 |
| Total Installment Due | | | | \$ 2,235.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,793.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,235.00

Thank you for your business

Policy Number: AXCM20351

PASQUALE, CARMEN & RONALD J SCORESE
T/A PCR SCORESE
632 BOULEVARD
KENILWORTH, NJ 07033

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/26/2018 | 12/26/2019 | Installment | 06/26/2019 | \$ 2,225.00 |
| 12/26/2018 | 12/26/2019 | Installment | 09/26/2019 | \$ 1,333.00 |
| Total Future Installments | | | | \$ 3,558.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20351

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20351
PASQUALE, CARMEN & RONALD J SCORESE
T/A PCR SCORESE
632 BOULEVARD
KENILWORTH, NJ 07033

PRODUCER 229

STANFORD AGENCY
788 SHREWSBURY AVENUE
SUITE 2225
TINTON FALLS, NJ 07724
(908) 241-1180

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/26/2018 | 12/26/2019 | Renewal - Installment # 2 | 03/26/2019 \$ | 2,235.00 |
| Total Installment Due | | | | \$ 2,235.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,793.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,235.00

Thank you for your business

Policy Number: AXCM20351

PASQUALE, CARMEN & RONALD J SCORESE
T/A PCR SCORESE
632 BOULEVARD
KENILWORTH, NJ 07033

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/26/2018 | 12/26/2019 | Installment | 06/26/2019 | \$ 2,225.00 |
| 12/26/2018 | 12/26/2019 | Installment | 09/26/2019 | \$ 1,333.00 |
| Total Future Installments | | | | \$ 3,558.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20351

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20355
STEVEN POOLE
C/O CENTRAL TITLE AGENCY
445 BRICK BOULEVARD, SUITE 305
BRICK, NJ 08723

PRODUCER 742

COE-BROOKE INSURANCE AGENCY
2801 BRIDGE AVENUE
POINT PLEASANT, NJ 08742
(732) 899-6800

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 3,958.00 |
| Total Installment Due | | | | \$ 3,958.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,329.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PNC BANK
CONSUMER LOAN CENTER
PO BOX 808
PITTSBURGH, PA 15230-0808

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,958.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20355

STEVEN POOLE
C/O CENTRAL TITLE AGENCY
445 BRICK BOULEVARD, SUITE 305
BRICK, NJ 08723

Mortgagee Information

PNC BANK
CONSUMER LOAN CENTER
PO BOX 808
PITTSBURGH, PA 15230-0808

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 11/29/2018 | 11/29/2019 | Installment | 08/29/2019 | \$ 2,371.00 |
| Total Future Installments | | | | \$ 2,371.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM20355
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20355
STEVEN POOLE
C/O CENTRAL TITLE AGENCY
445 BRICK BOULEVARD, SUITE 305
BRICK, NJ 08723

PRODUCER 742

COE-BROOKE INSURANCE AGENCY
2801 BRIDGE AVENUE
POINT PLEASANT, NJ 08742
(732) 899-6800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 11/29/2018 | 11/29/2019 | Renewal - Installment # 3 | 05/29/2019 \$ | 3,958.00 |
| Total Installment Due | | | | \$ 3,958.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,329.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PNC BANK
CONSUMER LOAN CENTER
PO BOX 808
PITTSBURGH, PA 15230-0808

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,958.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20355

STEVEN POOLE
C/O CENTRAL TITLE AGENCY
445 BRICK BOULEVARD, SUITE 305
BRICK, NJ 08723

Mortgagee Information

PNC BANK
CONSUMER LOAN CENTER
PO BOX 808
PITTSBURGH, PA 15230-0808

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/29/2018 | 11/29/2019 | Installment | 08/29/2019 | \$ 2,371.00 |
| Total Future Installments | | | | \$ 2,371.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20355

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL20365
ZAPP MAINTENANCE CLEANING LLC
PO BOX 13
ATCO, NJ 08004

PRODUCER 743

ABCO INSURANCE AGENCY INC
403 ROUTE 70 EAST
SUITE 100
CHERRY HILL, NJ 08034
(856) 488-5333

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/02/2018 | 12/02/2019 | Renewal - Installment # 5 | 04/02/2019 \$ | 151.00 |
| 12/02/2018 | 12/02/2019 | Renewal - Installment # 6 | 05/02/2019 \$ | 141.00 |
| Total Installment Due | | | | \$ 292.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$840.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 292.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL20365

ZAPP MAINTENANCE CLEANING LLC
PO BOX 13
ATCO, NJ 08004

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/02/2018 | 12/02/2019 | Installment | 06/02/2019 | \$ 141.00 |
| 12/02/2018 | 12/02/2019 | Installment | 07/02/2019 | \$ 141.00 |
| 12/02/2018 | 12/02/2019 | Installment | 08/02/2019 | \$ 141.00 |
| 12/02/2018 | 12/02/2019 | Installment | 09/02/2019 | \$ 125.00 |
| Total Future Installments | | | | \$ 548.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL20365

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL20365
ZAPP MAINTENANCE CLEANING LLC
PO BOX 13
ATCO, NJ 08004

PRODUCER 743

ABCO INSURANCE AGENCY INC
403 ROUTE 70 EAST
SUITE 100
CHERRY HILL, NJ 08034
(856) 488-5333

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/02/2018 | 12/02/2019 | Renewal - Installment # 5 | 04/02/2019 \$ | 151.00 |
| 12/02/2018 | 12/02/2019 | Renewal - Installment # 6 | 05/02/2019 \$ | 141.00 |
| Total Installment Due | | | | \$ 292.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$840.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 292.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL20365

ZAPP MAINTENANCE CLEANING LLC
PO BOX 13
ATCO, NJ 08004

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/02/2018 | 12/02/2019 | Installment | 06/02/2019 | \$ 141.00 |
| 12/02/2018 | 12/02/2019 | Installment | 07/02/2019 | \$ 141.00 |
| 12/02/2018 | 12/02/2019 | Installment | 08/02/2019 | \$ 141.00 |
| 12/02/2018 | 12/02/2019 | Installment | 09/02/2019 | \$ 125.00 |
| Total Future Installments | | | | \$ 548.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL20365

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL20394
CAPE MAY ENTERPRISE LLC
T/A UNION PARK
727 BEACH DRIVE
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/01/2019 | 02/01/2020 | Amount is Past Due | 03/01/2019 \$ | 347.00 |
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 3 | 04/01/2019 \$ | 347.00 |
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 4 | 05/01/2019 \$ | 337.00 |
| Total Installment Due | | | | \$ 1,031.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,031.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL20394

CAPE MAY ENTERPRISE LLC
T/A UNION PARK
727 BEACH DRIVE
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/01/2019 | 02/01/2020 | Installment | 06/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 07/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 09/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 10/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 299.00 |
| Total Future Installments | | | | \$ 1,984.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL20394

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL20394
CAPE MAY ENTERPRISE LLC
T/A UNION PARK
727 BEACH DRIVE
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 02/01/2019 | 02/01/2020 | Amount is Past Due | 03/01/2019 | \$ 347.00 |
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 3 | 04/01/2019 | \$ 347.00 |
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 4 | 05/01/2019 | \$ 337.00 |
| Total Installment Due | | | | \$ 1,031.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,031.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL20394

CAPE MAY ENTERPRISE LLC
T/A UNION PARK
727 BEACH DRIVE
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/01/2019 | 02/01/2020 | Installment | 06/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 07/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 09/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 10/01/2019 | \$ 337.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 299.00 |
| Total Future Installments | | | | \$ 1,984.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL20394

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL20405
SCOTT JILLSON GENERAL CONTRUCTION INC.
C/O BOX 773
MANAHAWKIN, NJ 08050

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/09/2019 | 03/09/2020 | Amount is Past Due | 03/11/2019 \$ | 1,446.00 |
| 03/09/2019 | 03/09/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 638.00 |
| 03/09/2019 | 03/09/2020 | Renewal - Installment # 3 | 05/11/2019 \$ | 628.00 |
| Total Installment Due | | | | \$ 2,712.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,039.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,712.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL20405

SCOTT JILLSON GENERAL CONTRUCTION INC.
C/O BOX 773
MANAHAWKIN, NJ 08050

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/09/2019 | 03/09/2020 | Installment | 06/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 07/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 08/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 09/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 10/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 11/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 12/11/2019 | \$ 559.00 |

Total Future Installments \$ 4,327.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL20405

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL20405
SCOTT JILLSON GENERAL CONTRUCTION INC.
C/O BOX 773
MANAHAWKIN, NJ 08050

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/09/2019 | 03/09/2020 | Amount is Past Due | 03/11/2019 \$ | 1,446.00 |
| 03/09/2019 | 03/09/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 638.00 |
| 03/09/2019 | 03/09/2020 | Renewal - Installment # 3 | 05/11/2019 \$ | 628.00 |
| Total Installment Due | | | | \$ 2,712.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,039.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,712.00

Thank you for your business

Policy Number: AXGL20405

SCOTT JILLSON GENERAL CONTRUCTION INC.
C/O BOX 773
MANAHAWKIN, NJ 08050

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/09/2019 | 03/09/2020 | Installment | 06/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 07/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 08/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 09/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 10/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 11/11/2019 | \$ 628.00 |
| 03/09/2019 | 03/09/2020 | Installment | 12/11/2019 | \$ 559.00 |

Total Future Installments \$ 4,327.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL20405

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20413
DIAMOND SOCIAL CLUB
1241 N MAIN ROAD
VINELAND, NJ 08360

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/08/2019 | 02/08/2020 | Renewal - Installment # 2 | 05/08/2019 \$ | 766.00 |
| Total Installment Due | | | | \$ 766.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,975.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 766.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20413

DIAMOND SOCIAL CLUB
1241 N MAIN ROAD
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/08/2019 | 02/08/2020 | Installment | 08/08/2019 | \$ 756.00 |
| 02/08/2019 | 02/08/2020 | Installment | 11/08/2019 | \$ 453.00 |
| Total Future Installments | | | | \$ 1,209.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20413

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20413
DIAMOND SOCIAL CLUB
1241 N MAIN ROAD
VINELAND, NJ 08360

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/08/2019 | 02/08/2020 | Renewal - Installment # 2 | 05/08/2019 \$ | 766.00 |
| Total Installment Due | | | | \$ 766.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,975.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 766.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20413

DIAMOND SOCIAL CLUB
1241 N MAIN ROAD
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/08/2019 | 02/08/2020 | Installment | 08/08/2019 | \$ 756.00 |
| 02/08/2019 | 02/08/2020 | Installment | 11/08/2019 | \$ 453.00 |
| Total Future Installments | | | | \$ 1,209.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20413

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20437
LEONARD F & RACHELE S ROSENBERG
28 SCARSDALE DRIVE
LIVINGSTON, NJ 07039

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|--------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 | \$ 6,970.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 | \$ 3,052.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 | \$ 3,042.00 |
| Total Installment Due | | | | \$ 13,064.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$34,020.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 13,064.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM20437

LEONARD F & RACHELE S ROSENBERG
28 SCARSDALE DRIVE
LIVINGSTON, NJ 07039

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 2,704.00 |

Total Future Installments \$ 20,956.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20437

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20437
LEONARD F & RACHELE S ROSENBERG
28 SCARSDALE DRIVE
LIVINGSTON, NJ 07039

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 \$ | 6,970.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 \$ | 3,052.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 \$ | 3,042.00 |
| Total Installment Due | | | | \$ 13,064.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$34,020.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 13,064.00

Thank you for your business

Policy Number: AXCM20437

LEONARD F & RACHELE S ROSENBERG
28 SCARSDALE DRIVE
LIVINGSTON, NJ 07039

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 3,042.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 2,704.00 |

Total Future Installments \$ 20,956.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20437

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM20454
DANIEL BUCK & JOY DIAMOND
BRANDYWINE HOLDINGS LLC
TRADEMARK HOLDINGS LLC
PO BOX 984
DEERFIELD BEACH, FL 33443

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 2 | 04/21/2019 \$ | 1,315.00 |
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 3 | 05/21/2019 \$ | 1,305.00 |
| Total Installment Due | | | | \$ 2,620.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$14,600.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 1156782130

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,620.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20454

DANIEL BUCK & JOY DIAMOND
BRANDYWINE HOLDINGS LLC
TRADEMARK HOLDINGS LLC
PO BOX 984
DEERFIELD BEACH, FL 33443

03/18/2019 - Inv

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 1156782130

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/21/2019 | 03/21/2020 | Installment | 06/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 07/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 08/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 09/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 10/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 11/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 12/21/2019 | \$ 1,158.00 |

Total Future Installments \$ 8,988.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20454

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM20454
DANIEL BUCK & JOY DIAMOND
BRANDYWINE HOLDINGS LLC
TRADEMARK HOLDINGS LLC
PO BOX 984
DEERFIELD BEACH, FL 33443

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 2 | 04/21/2019 \$ | 1,315.00 |
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 3 | 05/21/2019 \$ | 1,305.00 |
| Total Installment Due | | | | \$ 2,620.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$14,600.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 1156782130

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,620.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM20454

DANIEL BUCK & JOY DIAMOND
BRANDYWINE HOLDINGS LLC
TRADEMARK HOLDINGS LLC
PO BOX 984
DEERFIELD BEACH, FL 33443

03/18/2019 - Inv

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 1156782130

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|-------------|
| 03/21/2019 | 03/21/2020 | Installment | 06/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 07/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 08/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 09/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 10/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 11/21/2019 | \$ 1,305.00 |
| 03/21/2019 | 03/21/2020 | Installment | 12/21/2019 | \$ 1,158.00 |

Total Future Installments \$ 8,988.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM20454

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP20502
JOHN P GALEZNIAK T/A
GLAZE ELECTRICAL CONTRACTING CO
211 NORTH ATLANTIC AVENUE EAST
STRATFORD, NJ 08084

PRODUCER 227

THE BARCLAY GROUP
601 S WHITE HORSE PIKE
AUDUBON, NJ 08106
(856) 546-2700

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 2 | 05/04/2019 \$ | 137.00 |
| Total Installment Due | | | | \$ 137.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$341.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 137.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP20502

JOHN P GALEZNIAK T/A
GLAZE ELECTRICAL CONTRACTING CO
211 NORTH ATLANTIC AVENUE EAST
STRATFORD, NJ 08084

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/04/2019 | 02/04/2020 | Installment | 08/04/2019 | \$ 127.00 |
| 02/04/2019 | 02/04/2020 | Installment | 11/04/2019 | \$ 77.00 |
| Total Future Installments | | | | \$ 204.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP20502

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP20502
JOHN P GALEZNIAK T/A
GLAZE ELECTRICAL CONTRACTING CO
211 NORTH ATLANTIC AVENUE EAST
STRATFORD, NJ 08084

PRODUCER 227

THE BARCLAY GROUP
601 S WHITE HORSE PIKE
AUDUBON, NJ 08106
(856) 546-2700

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 2 | 05/04/2019 \$ | 137.00 |
| Total Installment Due | | | | \$ 137.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$341.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 137.00

Thank you for your business

Policy Number: AXCP20502

JOHN P GALEZNIAK T/A
GLAZE ELECTRICAL CONTRACTING CO
211 NORTH ATLANTIC AVENUE EAST
STRATFORD, NJ 08084

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/04/2019 | 02/04/2020 | Installment | 08/04/2019 | \$ 127.00 |
| 02/04/2019 | 02/04/2020 | Installment | 11/04/2019 | \$ 77.00 |
| Total Future Installments | | | | \$ 204.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP20502

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB20541
SAL'S PIZZA PLAZA INC T/A
DILISI'S RISTORANTE
34 CORNWELL DRIVE
BRIDGETON, NJ 08302

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 653.00 |
| Total Installment Due | | | | \$ 653.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,681.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 653.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB20541

SAL'S PIZZA PLAZA INC T/A
DILISI'S RISTORANTE
34 CORNWELL DRIVE
BRIDGETON, NJ 08302

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 643.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 385.00 |
| Total Future Installments | | | | \$ 1,028.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB20541

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB20541
SAL'S PIZZA PLAZA INC T/A
DILISI'S RISTORANTE
34 CORNWELL DRIVE
BRIDGETON, NJ 08302

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 653.00 |
| Total Installment Due | | | | \$ 653.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,681.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 653.00

Thank you for your business

Policy Number: AXB20541

SAL'S PIZZA PLAZA INC T/A
DILISI'S RISTORANTE
34 CORNWELL DRIVE
BRIDGETON, NJ 08302

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 643.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 385.00 |
| Total Future Installments | | | | \$ 1,028.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB20541

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP20561
HERMAN PEREZ
19 STEGMAN TERRACE
JERSEY CITY, NJ 07305

PRODUCER 701

JULIUS A ROSE INC
194 BROADWAY
PO BO X456
BAYONNE, NJ 07002
(201) 436-7600

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 323.00 |
| Total Installment Due | | | | \$ 323.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$824.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 323.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP20561

HERMAN PEREZ
19 STEGMAN TERRACE
JERSEY CITY, NJ 07305

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 313.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 188.00 |
| Total Future Installments | | | | \$ 501.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP20561

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP20561
HERMAN PEREZ
19 STEGMAN TERRACE
JERSEY CITY, NJ 07305

PRODUCER 701

JULIUS A ROSE INC
194 BROADWAY
PO BO X456
BAYONNE, NJ 07002
(201) 436-7600

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 323.00 |
| Total Installment Due | | | | \$ 323.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$824.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 323.00

Thank you for your business

Policy Number: AXCP20561

HERMAN PEREZ
19 STEGMAN TERRACE
JERSEY CITY, NJ 07305

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 313.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 188.00 |
| Total Future Installments | | | | \$ 501.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP20561

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB21455
NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

PRODUCER 278

SCIROCCO FINANCIAL GROUP
777 TERRACE AVENUE
SUITE #309
HASBROUCK HEIGHTS, NJ 07604
(201) 727-0070

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/21/2018 | 07/21/2019 | Renewal - Installment # 10 | 04/21/2019 \$ | 1,197.00 |
| Total Installment Due | | | | \$ 1,197.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,197.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21455

NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21455

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21455
NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

PRODUCER 278

SCIROCCO FINANCIAL GROUP
777 TERRACE AVENUE
SUITE #309
HASBROUCK HEIGHTS, NJ 07604
(201) 727-0070

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/21/2018 | 07/21/2019 | Renewal - Installment # 10 | 04/21/2019 \$ | 1,197.00 |
| Total Installment Due | | | | \$ 1,197.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,197.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21455

NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21455

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM21457
NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

PRODUCER 278

SCIROCCO FINANCIAL GROUP
777 TERRACE AVENUE
SUITE #309
HASBROUCK HEIGHTS, NJ 07604
(201) 727-0070

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/21/2018 | 07/21/2019 | Renewal - Installment # 10 | 04/21/2019 \$ | 91.00 |
| Total Installment Due | | | | \$ 91.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 91.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM21457

NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM21457

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM21457
NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

PRODUCER 278

SCIROCCO FINANCIAL GROUP
777 TERRACE AVENUE
SUITE #309
HASBROUCK HEIGHTS, NJ 07604
(201) 727-0070

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/21/2018 | 07/21/2019 | Renewal - Installment # 10 | 04/21/2019 \$ | 91.00 |
| Total Installment Due | | | | \$ 91.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 91.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM21457

NEHRCO ENTERPRISES LLC
P O BOX 491
FANWOOD, NJ 07023

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM21457

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21552
BERNARD J GLYNN
28 NIGHTINGALE ROAD
BLAIRSTOWN, NJ 07825

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/15/2018 | 08/15/2019 | Renewal - Installment # 4 | 05/15/2019 \$ | 197.00 |
| Total Installment Due | | | | \$ 197.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 197.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP21552

BERNARD J GLYNN
28 NIGHTINGALE ROAD
BLAIRSTOWN, NJ 07825

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21552

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21552
BERNARD J GLYNN
28 NIGHTINGALE ROAD
BLAIRSTOWN, NJ 07825

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/15/2018 | 08/15/2019 | Renewal - Installment # 4 | 05/15/2019 \$ | 197.00 |
| Total Installment Due | | | | \$ 197.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 197.00

Thank you for your business

Policy Number: AXCP21552

BERNARD J GLYNN
28 NIGHTINGALE ROAD
BLAIRSTOWN, NJ 07825

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21552

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM21576
JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE., SUITE 3B
LINDEN, NJ 07036

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 8 | 03/28/2019 \$ | 121.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 9 | 04/28/2019 \$ | 111.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 10 | 05/28/2019 \$ | 99.00 |
| Total Installment Due | | | | \$ 331.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$331.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 331.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM21576

JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE., SUITE 3B
LINDEN, NJ 07036

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM21576

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM21576
JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE., SUITE 3B
LINDEN, NJ 07036

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 8 | 03/28/2019 \$ | 121.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 9 | 04/28/2019 \$ | 111.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 10 | 05/28/2019 \$ | 99.00 |
| Total Installment Due | | | | \$ 331.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$331.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 331.00

Thank you for your business

Policy Number: AXUM21576

JAY JAY IMPROVEMENTS CO INC
500 NORTHWOOD AVE., SUITE 3B
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM21576

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB21586
SNAP FAMILY LLC
C/O SARKIS KRICHIAN
232 MILLER RD
MAHWAH, NJ 07430

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 7 | 03/24/2019 \$ | 824.00 |
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 8 | 04/24/2019 \$ | 814.00 |
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 9 | 05/24/2019 \$ | 814.00 |
| Total Installment Due | | | | \$ 2,452.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,175.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809-1386

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,452.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21586

SNAP FAMILY LLC
C/O SARKIS KRICHIAN
232 MILLER RD
MAHWAH, NJ 07430

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809-1386

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/24/2018 | 09/24/2019 | Installment | 06/24/2019 | \$ 723.00 |
| Total Future Installments | | | | \$ 723.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21586
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21586
SNAP FAMILY LLC
C/O SARKIS KRICHIAN
232 MILLER RD
MAHWAH, NJ 07430

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 7 | 03/24/2019 \$ | 824.00 |
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 8 | 04/24/2019 \$ | 814.00 |
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 9 | 05/24/2019 \$ | 814.00 |
| Total Installment Due | | | | \$ 2,452.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,175.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809-1386

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,452.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21586

SNAP FAMILY LLC
C/O SARKIS KRICHIAN
232 MILLER RD
MAHWAH, NJ 07430

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809-1386

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/24/2018 | 09/24/2019 | Installment | 06/24/2019 | \$ 723.00 |
| Total Future Installments | | | | \$ 723.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21586
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB21630
CARLOS & THERESA CIFELLI
110 RAYMOND AVENUE
NUTLEY, NJ 07110

PRODUCER 277
BROWN & BROWN METRO
2000 MIDLANTIC DRIVE
SUITE 440
MOUNT LAUREL, NJ 08054
(856) 558-6330

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/30/2018 | 08/30/2019 | Amount is Past Due | 02/28/2019 | \$ 453.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 8 | 03/30/2019 | \$ 453.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 9 | 04/30/2019 | \$ 443.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 10 | 05/30/2019 | \$ 394.00 |
| Total Installment Due | | | | \$ 1,743.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,743.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB21630

CARLOS & THERESA CIFELLI
110 RAYMOND AVENUE
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21630

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21630
CARLOS & THERESA CIFELLI
110 RAYMOND AVENUE
NUTLEY, NJ 07110

PRODUCER 277

BROWN & BROWN METRO
2000 MIDLANTIC DRIVE
SUITE 440
MOUNT LAUREL, NJ 08054
(856) 558-6330

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/30/2018 | 08/30/2019 | Amount is Past Due | 02/28/2019 | \$ 453.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 8 | 03/30/2019 | \$ 453.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 9 | 04/30/2019 | \$ 443.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 10 | 05/30/2019 | \$ 394.00 |
| Total Installment Due | | | | \$ 1,743.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,743.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21630

CARLOS & THERESA CIFELLI
110 RAYMOND AVENUE
NUTLEY, NJ 07110

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21630

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB21681
PAUL MONTENEGRO
PO BOX 8755
COLLINGSWOOD, NJ 08108

PRODUCER 228
A H MEYERS & COMPANY
1 WEST MAIN STREET
MARLTON, NJ 08053
(856) 596-9555

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 08/30/2018 | 08/30/2019 | Amount is Past Due | 02/28/2019 \$ | 942.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 4 | 05/30/2019 \$ | 570.00 |
| Total Installment Due | | | | \$ 1,512.00 |

Mortgagee Information

SUN NATIONAL BANK
PO BOX 99
MOUNT LAUREL, NJ 08054-9860

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,512.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21681

PAUL MONTENEGRO
PO BOX 8755
COLLINGSWOOD, NJ 08108

Mortgagee Information

SUN NATIONAL BANK
PO BOX 99
MOUNT LAUREL, NJ 08054-9860

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21681

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21681
PAUL MONTENEGRO
PO BOX 8755
COLLINGSWOOD, NJ 08108

PRODUCER 228

A H MEYERS & COMPANY
1 WEST MAIN STREET
MARLTON, NJ 08053
(856) 596-9555

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 08/30/2018 | 08/30/2019 | Amount is Past Due | 02/28/2019 \$ | 942.00 |
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 4 | 05/30/2019 \$ | 570.00 |
| Total Installment Due | | | | \$ 1,512.00 |

Mortgagee Information

SUN NATIONAL BANK
PO BOX 99
MOUNT LAUREL, NJ 08054-9860

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,512.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21681

PAUL MONTENEGRO
PO BOX 8755
COLLINGSWOOD, NJ 08108

Mortgagee Information

SUN NATIONAL BANK
PO BOX 99
MOUNT LAUREL, NJ 08054-9860

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21681

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21770
HOWELL CONSTRUCTION SERVICES, LLC
421 COMMONWEALTH AVENUE
TRENTON, NJ 08629

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/28/2018 | 09/28/2019 | Renewal - Installment # 3 | 03/28/2019 \$ | 361.00 |
| Total Installment Due | | | | \$ 361.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 361.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP21770

HOWELL CONSTRUCTION SERVICES, LLC
421 COMMONWEALTH AVENUE
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21770

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21770
HOWELL CONSTRUCTION SERVICES, LLC
421 COMMONWEALTH AVENUE
TRENTON, NJ 08629

PRODUCER 181

R P BONANNI AGENCY
2659 NOTTINGHAM WAY
MERCERVILLE, NJ 08619
(609) 587-7400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/28/2018 | 09/28/2019 | Renewal - Installment # 3 | 03/28/2019 \$ | 361.00 |
| Total Installment Due | | | | \$ 361.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 361.00

Thank you for your business

Policy Number: AXCP21770

HOWELL CONSTRUCTION SERVICES, LLC
421 COMMONWEALTH AVENUE
TRENTON, NJ 08629

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21770

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB21775
DR. EDWARD TINNEY, DDS
DENTSHORE, LLC
650 TOWNBANK RD
NORTH CAPE MAY, NJ 08204

PRODUCER 263

MARSH & MCLENNAN AGENCY LLC
510 BANK STREET COMMONS
PO BOX 477
CAPE MAY, NJ 08204
(609) 884-8431

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/10/2018 | 10/10/2019 | Renewal - Installment # 3 | 04/10/2019 | \$ 1,739.00 |
| Total Installment Due | | | | \$ 1,739.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,776.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

STURDY SAVINGS BANK, SLA
P.O. BOX 900
CAPE MAY COUR HOUSE, NJ 08210-7992

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,739.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21775

DR. EDWARD TINNEY, DDS
DENTSHORE, LLC
650 TOWNBANK RD
NORTH CAPE MAY, NJ 08204

Mortgagee Information

STURDY SAVINGS BANK, SLA
P.O. BOX 900
CAPE MAY COUR HOUSE, NJ 08210-7992

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/10/2018 | 10/10/2019 | Installment | 07/10/2019 | \$ 1,037.00 |
| Total Future Installments | | | | \$ 1,037.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21775
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21775
DR. EDWARD TINNEY, DDS
DENTSHORE, LLC
650 TOWNBANK RD
NORTH CAPE MAY, NJ 08204

PRODUCER 263

MARSH & MCLENNAN AGENCY LLC
510 BANK STREET COMMONS
PO BOX 477
CAPE MAY, NJ 08204
(609) 884-8431

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/10/2018 | 10/10/2019 | Renewal - Installment # 3 | 04/10/2019 \$ | 1,739.00 |
| Total Installment Due | | | | \$ 1,739.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,776.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

STURDY SAVINGS BANK, SLA
P.O. BOX 900
CAPE MAY COUR HOUSE, NJ 08210-7992

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,739.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21775

DR. EDWARD TINNEY, DDS
DENTSHORE, LLC
650 TOWNBANK RD
NORTH CAPE MAY, NJ 08204

Mortgagee Information

STURDY SAVINGS BANK, SLA
P.O. BOX 900
CAPE MAY COUR HOUSE, NJ 08210-7992

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/10/2018 | 10/10/2019 | Installment | 07/10/2019 | \$ 1,037.00 |
| Total Future Installments | | | | \$ 1,037.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21775
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21780
INLET PLUMBING LLC &
JEFFREY R LUDWICK T/A
INLET PLUMBING & HEATING
210 NORTH 12TH STREET
SURF CITY, NJ 08008

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/28/2018 | 09/28/2019 | Renewal - Installment # 3 | 03/28/2019 \$ | 532.00 |
| Total Installment Due | | | | \$ 532.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 532.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP21780

INLET PLUMBING LLC &
JEFFREY R LUDWICK T/A
INLET PLUMBING & HEATING
210 NORTH 12TH STREET
SURF CITY, NJ 08008

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21780

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21780
INLET PLUMBING LLC &
JEFFREY R LUDWICK T/A
INLET PLUMBING & HEATING
210 NORTH 12TH STREET
SURF CITY, NJ 08008

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/28/2018 | 09/28/2019 | Renewal - Installment # 3 | 03/28/2019 \$ | 532.00 |
| Total Installment Due | | | | \$ 532.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 532.00

Thank you for your business

Policy Number: AXCP21780

INLET PLUMBING LLC &
JEFFREY R LUDWICK T/A
INLET PLUMBING & HEATING
210 NORTH 12TH STREET
SURF CITY, NJ 08008

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21780

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21784
M & O CAR LLC
T/A MARVIN'S PLUMBING & HEATING
142 COLUMBIA AVENUE
BERGENFIELD, NJ 07621

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 \$ | 549.00 |
| Total Installment Due | | | | \$ 549.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 549.00

Thank you for your business

Policy Number: AXCP21784

M & O CAR LLC
T/A MARVIN'S PLUMBING & HEATING
142 COLUMBIA AVENUE
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21784

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21784
M & O CAR LLC
T/A MARVIN'S PLUMBING & HEATING
142 COLUMBIA AVENUE
BERGENFIELD, NJ 07621

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/27/2018 | 09/27/2019 | Renewal - Installment # 3 | 03/27/2019 \$ | 549.00 |
| Total Installment Due | | | | \$ 549.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 549.00

Thank you for your business

Policy Number: AXCP21784

M & O CAR LLC
T/A MARVIN'S PLUMBING & HEATING
142 COLUMBIA AVENUE
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21784

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB21837
DR. MARK LERNER
33 LANGTON DRIVE
HOLMDEL, NJ 07733

PRODUCER 712

MICHAEL J. HOCHRON AGENCY
317 HARRINGTON AVENUE
CLOSTER, NJ 07624
(201) 768-9086

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/06/2018 | 10/06/2019 | Renewal - Installment # 3 | 04/06/2019 \$ | 633.00 |
| Total Installment Due | | | | \$ 633.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,007.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 633.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB21837

DR. MARK LERNER
33 LANGTON DRIVE
HOLMDEL, NJ 07733

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/06/2018 | 10/06/2019 | Installment | 07/06/2019 | \$ 374.00 |
| Total Future Installments | | | | \$ 374.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21837
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21837
DR. MARK LERNER
33 LANGTON DRIVE
HOLMDEL, NJ 07733

PRODUCER 712

MICHAEL J. HOCHRON AGENCY
317 HARRINGTON AVENUE
CLOSTER, NJ 07624
(201) 768-9086

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/06/2018 | 10/06/2019 | Renewal - Installment # 3 | 04/06/2019 \$ | 633.00 |
| Total Installment Due | | | | \$ 633.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,007.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 633.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB21837

DR. MARK LERNER
33 LANGTON DRIVE
HOLMDEL, NJ 07733

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/06/2018 | 10/06/2019 | Installment | 07/06/2019 | \$ 374.00 |
| Total Future Installments | | | | \$ 374.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21837

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21893
JWF CONTRACTING SERVICES LLC
48 SANDHURST STREET
MANCHESTER, NJ 08759

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 3 | 05/01/2019 \$ | 312.00 |
| Total Installment Due | | | | \$ 312.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$494.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 312.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP21893

JWF CONTRACTING SERVICES LLC
48 SANDHURST STREET
MANCHESTER, NJ 08759

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/01/2018 | 11/01/2019 | Installment | 08/01/2019 | \$ 182.00 |
| Total Future Installments | | | | \$ 182.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP21893
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21893
JWF CONTRACTING SERVICES LLC
48 SANDHURST STREET
MANCHESTER, NJ 08759

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 3 | 05/01/2019 \$ | 312.00 |
| Total Installment Due | | | | \$ 312.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$494.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 312.00

Thank you for your business

Policy Number: AXCP21893

JWF CONTRACTING SERVICES LLC
48 SANDHURST STREET
MANCHESTER, NJ 08759

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/01/2018 | 11/01/2019 | Installment | 08/01/2019 | \$ 182.00 |
| Total Future Installments | | | | \$ 182.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP21893
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB21904
AMMOS INC
T/A BOULEVARD DRINKS
48 JOURNAL SQUARE
JERSEY CITY, NJ 07306

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 3 | 05/03/2019 \$ | 879.00 |
| Total Installment Due | | | | \$ 879.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,400.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 879.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB21904

AMMOS INC
T/A BOULEVARD DRINKS
48 JOURNAL SQUARE
JERSEY CITY, NJ 07306

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/03/2018 | 11/03/2019 | Installment | 08/03/2019 | \$ 521.00 |
| Total Future Installments | | | | \$ 521.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21904
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21904
AMMOS INC
T/A BOULEVARD DRINKS
48 JOURNAL SQUARE
JERSEY CITY, NJ 07306

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 3 | 05/03/2019 \$ | 879.00 |
| Total Installment Due | | | | \$ 879.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,400.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 879.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB21904

AMMOS INC
T/A BOULEVARD DRINKS
48 JOURNAL SQUARE
JERSEY CITY, NJ 07306

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/03/2018 | 11/03/2019 | Installment | 08/03/2019 | \$ 521.00 |
| Total Future Installments | | | | \$ 521.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB21904
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB21933
NANCY MAURIELLO
167 E BEEBETOWN ROAD
HAMMONTON, NJ 08037

PRODUCER 151
INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 11/15/2018 | 11/15/2019 | Amount is Past Due | 03/15/2019 | \$ 370.00 |
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 6 | 04/15/2019 | \$ 370.00 |
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 7 | 05/15/2019 | \$ 360.00 |
| Total Installment Due | | | | \$ 1,100.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,100.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB21933

NANCY MAURIELLO
167 E BEEBETOWN ROAD
HAMMONTON, NJ 08037

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/15/2018 | 11/15/2019 | Installment | 06/15/2019 | \$ 360.00 |
| 11/15/2018 | 11/15/2019 | Installment | 07/15/2019 | \$ 360.00 |
| 11/15/2018 | 11/15/2019 | Installment | 08/15/2019 | \$ 321.00 |
| Total Future Installments | | | | \$ 1,041.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21933

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB21933
NANCY MAURIELLO
167 E BEEBETOWN ROAD
HAMMONTON, NJ 08037

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 11/15/2018 | 11/15/2019 | Amount is Past Due | 03/15/2019 | \$ 370.00 |
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 6 | 04/15/2019 | \$ 370.00 |
| 11/15/2018 | 11/15/2019 | Renewal - Installment # 7 | 05/15/2019 | \$ 360.00 |
| Total Installment Due | | | | \$ 1,100.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,100.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB21933

NANCY MAURIELLO
167 E BEEBETOWN ROAD
HAMMONTON, NJ 08037

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/15/2018 | 11/15/2019 | Installment | 06/15/2019 | \$ 360.00 |
| 11/15/2018 | 11/15/2019 | Installment | 07/15/2019 | \$ 360.00 |
| 11/15/2018 | 11/15/2019 | Installment | 08/15/2019 | \$ 321.00 |
| Total Future Installments | | | | \$ 1,041.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB21933

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21950
GAFFNEY'S, INC.
414 MONROE AVE
LINWOOD, NJ 08221

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 351.00 |
| Total Installment Due | | | | \$ 351.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$556.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 351.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP21950

GAFFNEY'S, INC.
414 MONROE AVE
LINWOOD, NJ 08221

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 205.00 |
| Total Future Installments | | | | \$ 205.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP21950
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21950
GAFFNEY'S, INC.
414 MONROE AVE
LINWOOD, NJ 08221

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/08/2018 | 11/08/2019 | Renewal - Installment # 3 | 05/08/2019 \$ | 351.00 |
| Total Installment Due | | | | \$ 351.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$556.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 351.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP21950

GAFFNEY'S, INC.
414 MONROE AVE
LINWOOD, NJ 08221

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/08/2018 | 11/08/2019 | Installment | 08/08/2019 | \$ 205.00 |
| Total Future Installments | | | | \$ 205.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP21950
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP21997
JACOB VIVAT
D/B/A COMFORTABLE AIR
158 W. MADISON AVENUE
DUMONT, NJ 07628

PRODUCER 805

CODA INSURANCE GROUP LLC
T/A THE INSURANCE PLACE
18 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
(201) 384-7000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/03/2018 | 11/03/2019 | Amount is Past Due | 03/03/2019 \$ | 326.00 |
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 6 | 04/03/2019 \$ | 326.00 |
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 7 | 05/03/2019 \$ | 316.00 |
| Total Installment Due | | | | \$ 968.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 968.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP21997

JACOB VIVAT
D/B/A COMFORTABLE AIR
158 W. MADISON AVENUE
DUMONT, NJ 07628

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/03/2018 | 11/03/2019 | Installment | 06/03/2019 | \$ 316.00 |
| 11/03/2018 | 11/03/2019 | Installment | 07/03/2019 | \$ 316.00 |
| 11/03/2018 | 11/03/2019 | Installment | 08/03/2019 | \$ 280.00 |
| Total Future Installments | | | | \$ 912.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21997

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP21997
JACOB VIVAT
D/B/A COMFORTABLE AIR
158 W. MADISON AVENUE
DUMONT, NJ 07628

PRODUCER 805

CODA INSURANCE GROUP LLC
T/A THE INSURANCE PLACE
18 WEST PASSAIC STREET
ROCHELLE PARK, NJ 07662
(201) 384-7000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/03/2018 | 11/03/2019 | Amount is Past Due | 03/03/2019 \$ | 326.00 |
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 6 | 04/03/2019 \$ | 326.00 |
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 7 | 05/03/2019 \$ | 316.00 |
| Total Installment Due | | | | \$ 968.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 968.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP21997

JACOB VIVAT
D/B/A COMFORTABLE AIR
158 W. MADISON AVENUE
DUMONT, NJ 07628

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/03/2018 | 11/03/2019 | Installment | 06/03/2019 | \$ 316.00 |
| 11/03/2018 | 11/03/2019 | Installment | 07/03/2019 | \$ 316.00 |
| 11/03/2018 | 11/03/2019 | Installment | 08/03/2019 | \$ 280.00 |
| Total Future Installments | | | | \$ 912.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP21997

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP22036
GERASIMOS ANTONATOS
T/A ANTONATOS GENERAL HOME IMPROVEMENTS
73 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Amount is Past Due | 03/06/2019 | \$ 132.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 5 | 04/06/2019 | \$ 132.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 6 | 05/06/2019 | \$ 122.00 |
| Total Installment Due | | | | \$ 386.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 386.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP22036

GERASIMOS ANTONATOS
T/A ANTONATOS GENERAL HOME IMPROVEMENTS
73 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Installment | 06/06/2019 | \$ 122.00 |
| 12/06/2018 | 12/06/2019 | Installment | 07/06/2019 | \$ 122.00 |
| 12/06/2018 | 12/06/2019 | Installment | 08/06/2019 | \$ 122.00 |
| 12/06/2018 | 12/06/2019 | Installment | 09/06/2019 | \$ 109.00 |
| Total Future Installments | | | | \$ 475.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22036

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP22036
GERASIMOS ANTONATOS
T/A ANTONATOS GENERAL HOME IMPROVEMENTS
73 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLO
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Amount is Past Due | 03/06/2019 | \$ 132.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 5 | 04/06/2019 | \$ 132.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 6 | 05/06/2019 | \$ 122.00 |
| Total Installment Due | | | | \$ 386.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 386.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP22036

GERASIMOS ANTONATOS
T/A ANTONATOS GENERAL HOME IMPROVEMENTS
73 FIRST AVE
ATLANTIC HIGHLANDS, NJ 07716

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Installment | 06/06/2019 | \$ 122.00 |
| 12/06/2018 | 12/06/2019 | Installment | 07/06/2019 | \$ 122.00 |
| 12/06/2018 | 12/06/2019 | Installment | 08/06/2019 | \$ 122.00 |
| 12/06/2018 | 12/06/2019 | Installment | 09/06/2019 | \$ 109.00 |
| Total Future Installments | | | | \$ 475.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22036

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP22154
CHAROP, LLC
C/O CHARLES ROPKA
8 STEVENS DRIVE
VOORHEES, NJ 08043

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/12/2019 | 01/12/2020 | Renewal - Installment # 2 | 04/12/2019 \$ | 282.00 |
| Total Installment Due | | | | \$ 282.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$717.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 282.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP22154

CHAROP, LLC
C/O CHARLES ROPKA
8 STEVENS DRIVE
VOORHEES, NJ 08043

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/12/2019 | 01/12/2020 | Installment | 07/12/2019 | \$ 272.00 |
| 01/12/2019 | 01/12/2020 | Installment | 10/12/2019 | \$ 163.00 |
| Total Future Installments | | | | \$ 435.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22154

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP22154
CHAROP, LLC
C/O CHARLES ROPKA
8 STEVENS DRIVE
VOORHEES, NJ 08043

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/12/2019 | 01/12/2020 | Renewal - Installment # 2 | 04/12/2019 \$ | 282.00 |
| Total Installment Due | | | | \$ 282.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$717.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 282.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP22154

CHAROP, LLC
C/O CHARLES ROPKA
8 STEVENS DRIVE
VOORHEES, NJ 08043

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/12/2019 | 01/12/2020 | Installment | 07/12/2019 | \$ 272.00 |
| 01/12/2019 | 01/12/2020 | Installment | 10/12/2019 | \$ 163.00 |
| Total Future Installments | | | | \$ 435.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22154

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB22156
RELATED STILES LLC
C/O KREVSky, SILBER & BERGEN
123 NO UNION AVE SUITE 202
CRANFORD, NJ 07016

PRODUCER 229
STANFORD AGENCY
788 SHREWSBURY AVENUE
SUITE 2225
TINTON FALLS, NJ 07724
(908) 241-1180

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/28/2018 | 12/28/2019 | Amount is Past Due | 02/28/2019 | \$ 1,165.00 |
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 4 | 03/28/2019 | \$ 1,165.00 |
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 5 | 04/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 6 | 05/28/2019 | \$ 1,155.00 |
| Total Installment Due | | | | \$ 4,640.00 |

Mortgagee Information

SANTANDER BANK NA- INSURANCE DEPT
MAIL STOP 10-6438-C08
601 PENN STREET
READING, PA 19601

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,640.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22156

RELATED STILES LLC
C/O KREVSky, SILBER & BERGEN
123 NO UNION AVE SUITE 202
CRANFORD, NJ 07016

03/18/2019 - Inv

Mortgagee Information

SANTANDER BANK NA- INSURANCE DEPT
MAIL STOP 10-6438-C08
601 PENN STREET
READING, PA 19601

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/28/2018 | 12/28/2019 | Installment | 06/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Installment | 07/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Installment | 08/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Installment | 09/28/2019 | \$ 1,026.00 |
| Total Future Installments | | | | \$ 4,491.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22156

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB22156
RELATED STILES LLC
C/O KREVSky, SILBER & BERGEN
123 NO UNION AVE SUITE 202
CRANFORD, NJ 07016

PRODUCER 229

STANFORD AGENCY
788 SHREWSBURY AVENUE
SUITE 2225
TINTON FALLS, NJ 07724
(908) 241-1180

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/28/2018 | 12/28/2019 | Amount is Past Due | 02/28/2019 | \$ 1,165.00 |
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 4 | 03/28/2019 | \$ 1,165.00 |
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 5 | 04/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Renewal - Installment # 6 | 05/28/2019 | \$ 1,155.00 |
| Total Installment Due | | | | \$ 4,640.00 |

Mortgagee Information

SANTANDER BANK NA- INSURANCE DEPT
MAIL STOP 10-6438-C08
601 PENN STREET
READING, PA 19601

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,640.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22156

RELATED STILES LLC
C/O KREVSky, SILBER & BERGEN
123 NO UNION AVE SUITE 202
CRANFORD, NJ 07016

Mortgagee Information

SANTANDER BANK NA- INSURANCE DEPT
MAIL STOP 10-6438-C08
601 PENN STREET
READING, PA 19601

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/28/2018 | 12/28/2019 | Installment | 06/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Installment | 07/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Installment | 08/28/2019 | \$ 1,155.00 |
| 12/28/2018 | 12/28/2019 | Installment | 09/28/2019 | \$ 1,026.00 |
| Total Future Installments | | | | \$ 4,491.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22156

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB22194
FRANCIS LEWTHWAITE
99 WEST CENTRAL AVENUE
WHARTON, NJ 07885

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 1,086.00 |
| Total Installment Due | | | | \$ 1,086.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,162.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,086.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22194

FRANCIS LEWTHWAITE
99 WEST CENTRAL AVENUE
WHARTON, NJ 07885

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 1,076.00 |
| Total Future Installments | | | | \$ 1,076.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22194

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB22194
FRANCIS LEWTHWAITE
99 WEST CENTRAL AVENUE
WHARTON, NJ 07885

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 1,086.00 |
| Total Installment Due | | | | \$ 1,086.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,162.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,086.00

Thank you for your business

Policy Number: AXB22194

FRANCIS LEWTHWAITE
99 WEST CENTRAL AVENUE
WHARTON, NJ 07885

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 1,076.00 |
| Total Future Installments | | | | \$ 1,076.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22194

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB22202
NIDIA DAVILA-COLON
338 SECOND STREET
JERSEY CITY, NJ 07302

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/05/2019 | 01/05/2020 | Amount is Past Due | 03/05/2019 | \$ 762.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 4 | 04/05/2019 | \$ 762.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 5 | 05/05/2019 | \$ 752.00 |
| Total Installment Due | | | | \$ 2,276.00 |

Mortgagee Information

CAPITAL ONE NA
ATTN CUSTOMER SERVICE, MORTGAGEE
P O BOX 100595
FLORENCE, SC 29502-0595
LOAN NO.: 76038982

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,276.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22202

NIDIA DAVILA-COLON
338 SECOND STREET
JERSEY CITY, NJ 07302

Mortgagee Information

CAPITAL ONE NA
ATTN CUSTOMER SERVICE, MORTGAGEE
P O BOX 100595
FLORENCE, SC 29502-0595
LOAN NO.: 76038982

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/05/2019 | 01/05/2020 | Installment | 06/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 07/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 08/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 09/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 10/05/2019 | \$ 668.00 |
| Total Future Installments | | | | \$ 3,676.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22202

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB22202
NIDIA DAVILA-COLON
338 SECOND STREET
JERSEY CITY, NJ 07302

PRODUCER 165

JAMES A CONNORS ASSOC INC
225 MADISON AVENUE
PO BOX 336
MORRISTOWN, NJ 07963
(973) 539-9300

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/05/2019 | 01/05/2020 | Amount is Past Due | 03/05/2019 | \$ 762.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 4 | 04/05/2019 | \$ 762.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 5 | 05/05/2019 | \$ 752.00 |
| Total Installment Due | | | | \$ 2,276.00 |

Mortgagee Information

CAPITAL ONE NA
ATTN CUSTOMER SERVICE, MORTGAGEE
P O BOX 100595
FLORENCE, SC 29502-0595
LOAN NO.: 76038982

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,276.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22202

NIDIA DAVILA-COLON
338 SECOND STREET
JERSEY CITY, NJ 07302

Mortgagee Information

CAPITAL ONE NA
ATTN CUSTOMER SERVICE, MORTGAGEE
P O BOX 100595
FLORENCE, SC 29502-0595
LOAN NO.: 76038982

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/05/2019 | 01/05/2020 | Installment | 06/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 07/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 08/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 09/05/2019 | \$ 752.00 |
| 01/05/2019 | 01/05/2020 | Installment | 10/05/2019 | \$ 668.00 |
| Total Future Installments | | | | \$ 3,676.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22202

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR22238
28 BARBECUE & RESTAURANT LLC
T/A 28 BBQ
303 WEST UNION AVENUE
BOUND BROOK, NJ 08805

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/21/2019 | 01/21/2020 | Renewal - Installment # 2 | 04/21/2019 \$ | 872.00 |
| Total Installment Due | | | | \$ 872.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,251.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 872.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR22238

28 BARBECUE & RESTAURANT LLC
T/A 28 BBQ
303 WEST UNION AVENUE
BOUND BROOK, NJ 08805

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/21/2019 | 01/21/2020 | Installment | 07/21/2019 | \$ 862.00 |
| 01/21/2019 | 01/21/2020 | Installment | 10/21/2019 | \$ 517.00 |
| Total Future Installments | | | | \$ 1,379.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR22238

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR22238
28 BARBECUE & RESTAURANT LLC
T/A 28 BBQ
303 WEST UNION AVENUE
BOUND BROOK, NJ 08805

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/21/2019 | 01/21/2020 | Renewal - Installment # 2 | 04/21/2019 \$ | 872.00 |
| Total Installment Due | | | | \$ 872.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,251.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 872.00

Thank you for your business

Policy Number: AXBR22238

28 BARBECUE & RESTAURANT LLC
T/A 28 BBQ
303 WEST UNION AVENUE
BOUND BROOK, NJ 08805

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/21/2019 | 01/21/2020 | Installment | 07/21/2019 | \$ 862.00 |
| 01/21/2019 | 01/21/2020 | Installment | 10/21/2019 | \$ 517.00 |
| Total Future Installments | | | | \$ 1,379.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR22238

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB22250
PETER HARNOS
302 HOOPER AVENUE
TOMS RIVER, NJ 08753

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/26/2019 | 01/26/2020 | Renewal - Installment # 2 | 04/26/2019 \$ | 387.00 |
| Total Installment Due | | | | \$ 387.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$990.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

OCEAN FIRST BANK
975 HOOPER AVE., POB 2009
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 387.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22250

PETER HARNOS
302 HOOPER AVENUE
TOMS RIVER, NJ 08753

Mortgagee Information

OCEAN FIRST BANK
975 HOOPER AVE., POB 2009
TOMS RIVER, NJ 08754

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/26/2019 | 01/26/2020 | Installment | 07/26/2019 | \$ 377.00 |
| 01/26/2019 | 01/26/2020 | Installment | 10/26/2019 | \$ 226.00 |
| Total Future Installments | | | | \$ 603.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22250

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB22250
PETER HARNOS
302 HOOPER AVENUE
TOMS RIVER, NJ 08753

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/26/2019 | 01/26/2020 | Renewal - Installment # 2 | 04/26/2019 \$ | 387.00 |
| Total Installment Due | | | | \$ 387.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$990.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

OCEAN FIRST BANK
975 HOOPER AVE., POB 2009
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 387.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22250

PETER HARNOS
302 HOOPER AVENUE
TOMS RIVER, NJ 08753

Mortgagee Information

OCEAN FIRST BANK
975 HOOPER AVE., POB 2009
TOMS RIVER, NJ 08754

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/26/2019 | 01/26/2020 | Installment | 07/26/2019 | \$ 377.00 |
| 01/26/2019 | 01/26/2020 | Installment | 10/26/2019 | \$ 226.00 |
| Total Future Installments | | | | \$ 603.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22250

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR22294
JERSEY DEVIL COUNTRY CLUB INC D/B/A
LINKS CLUB
PO BOX 801
CAPE MAY COURT HOUSE, NJ 08210

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 2 | 05/04/2019 \$ | 1,124.00 |
| Total Installment Due | | | | \$ 1,124.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,238.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,124.00

Thank you for your business

Policy Number: AXBR22294

JERSEY DEVIL COUNTRY CLUB INC D/B/A
LINKS CLUB
PO BOX 801
CAPE MAY COURT HOUSE, NJ 08210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/04/2019 | 02/04/2020 | Installment | 08/04/2019 | \$ 1,114.00 |
| Total Future Installments | | | | \$ 1,114.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBR22294
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR22294
JERSEY DEVIL COUNTRY CLUB INC D/B/A
LINKS CLUB
PO BOX 801
CAPE MAY COURT HOUSE, NJ 08210

PRODUCER 266

ASSURED PARTNERS OF NEW JERSEY LLC
1317 ROUTE 73
SUITE 101
MT LAUREL, NJ 08054
(856) 795-4020

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 2 | 05/04/2019 \$ | 1,124.00 |
| Total Installment Due | | | | \$ 1,124.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,238.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,124.00

Thank you for your business

Policy Number: AXBR22294

JERSEY DEVIL COUNTRY CLUB INC D/B/A
LINKS CLUB
PO BOX 801
CAPE MAY COURT HOUSE, NJ 08210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/04/2019 | 02/04/2020 | Installment | 08/04/2019 | \$ 1,114.00 |
| Total Future Installments | | | | \$ 1,114.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXBR22294
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP22358
ANDREW KOVACS LLC
D/B/A EUROLINE CARPENTRY
404 MOORE ROAD
NEPTUNE, NJ 07753

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 279.00 |
| Total Installment Due | | | | \$ 279.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$709.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 279.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP22358

ANDREW KOVACS LLC
D/B/A EUROLINE CARPENTRY
404 MOORE ROAD
NEPTUNE, NJ 07753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 269.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 161.00 |
| Total Future Installments | | | | \$ 430.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22358

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP22358
ANDREW KOVACS LLC
D/B/A EUROLINE CARPENTRY
404 MOORE ROAD
NEPTUNE, NJ 07753

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 279.00 |
| Total Installment Due | | | | \$ 279.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$709.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 279.00

Thank you for your business

Policy Number: AXCP22358

ANDREW KOVACS LLC
D/B/A EUROLINE CARPENTRY
404 MOORE ROAD
NEPTUNE, NJ 07753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 269.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 161.00 |
| Total Future Installments | | | | \$ 430.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22358

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP22511
SEVEN LAKES CONSTRUCTION
LLC
85 TILT STREET
HALEDON, NJ 07508

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 356.00 |
| Total Installment Due | | | | \$ 356.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$910.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 356.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP22511

SEVEN LAKES CONSTRUCTION
LLC
85 TILT STREET
HALEDON, NJ 07508

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 346.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 208.00 |
| Total Future Installments | | | | \$ 554.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22511

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP22511
SEVEN LAKES CONSTRUCTION
LLC
85 TILT STREET
HALEDON, NJ 07508

PRODUCER 146

HANSON & RYAN INC
PO BOX 347
87 LACKAWANNA AVENUE
TOTOWA, NJ 07511
(973) 256-6000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 356.00 |
| Total Installment Due | | | | \$ 356.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$910.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 356.00

Thank you for your business

Policy Number: AXCP22511

SEVEN LAKES CONSTRUCTION
LLC
85 TILT STREET
HALEDON, NJ 07508

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 346.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 208.00 |
| Total Future Installments | | | | \$ 554.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP22511

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB22606
RIGHTHAND FAMILY HOLDINGS LLC
691 PALISADES AVENUE
CLIFFSIDE PARK, NJ 07010

PRODUCER 132
D & G SAYLES INSURANCE SERVICES
899 LINCOLN AVENUE
GLEN ROCK, NJ 07452
(201) 652-0407

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 | \$ 904.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 | \$ 397.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 | \$ 387.00 |
| Total Installment Due | | | | \$ 1,688.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,355.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK NORTH NA
1000 MACARTHUR BOULEVARD
MAHWAH, NJ 07430

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,688.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB22606

RIGHTHAND FAMILY HOLDINGS LLC
691 PALISADES AVENUE
CLIFFSIDE PARK, NJ 07010

Mortgagee Information

TD BANK NORTH NA
1000 MACARTHUR BOULEVARD
MAHWAH, NJ 07430

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 345.00 |

Total Future Installments \$ 2,667.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22606

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB22606
RIGHTHAND FAMILY HOLDINGS LLC
691 PALISADES AVENUE
CLIFFSIDE PARK, NJ 07010

PRODUCER 132

D & G SAYLES INSURANCE SERVICES
899 LINCOLN AVENUE
GLEN ROCK, NJ 07452
(201) 652-0407

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/15/2019 | 03/15/2020 | Amount is Past Due | 03/15/2019 | \$ 904.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 2 | 04/15/2019 | \$ 397.00 |
| 03/15/2019 | 03/15/2020 | Renewal - Installment # 3 | 05/15/2019 | \$ 387.00 |
| Total Installment Due | | | | \$ 1,688.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,355.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK NORTH NA
1000 MACARTHUR BOULEVARD
MAHWAH, NJ 07430

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,688.00

Thank you for your business

Policy Number: AXB22606

RIGHTHAND FAMILY HOLDINGS LLC
691 PALISADES AVENUE
CLIFFSIDE PARK, NJ 07010

Mortgagee Information

TD BANK NORTH NA
1000 MACARTHUR BOULEVARD
MAHWAH, NJ 07430

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/15/2019 | 03/15/2020 | Installment | 06/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 07/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 08/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 09/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 10/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 11/15/2019 | \$ 387.00 |
| 03/15/2019 | 03/15/2020 | Installment | 12/15/2019 | \$ 345.00 |

Total Future Installments \$ 2,667.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22606

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB22775
SY AND PAT BAGEL CO INC &
TRIPLE J BAGELS LLC
210 SOUTH AVE W
WESTFIELD, NJ 07090

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/30/2019 | 03/30/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 758.00 |
| 03/30/2019 | 03/30/2020 | Renewal - Installment # 3 | 05/30/2019 \$ | 748.00 |
| Total Installment Due | | | | \$ 1,506.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$8,387.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,506.00

Thank you for your business

Policy Number: AXB22775

SY AND PAT BAGEL CO INC &
TRIPLE J BAGELS LLC
210 SOUTH AVE W
WESTFIELD, NJ 07090

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/30/2019 | 03/30/2020 | Installment | 06/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 07/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 08/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 09/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 10/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 11/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 12/30/2019 | \$ 665.00 |

Total Future Installments \$ 5,153.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22775

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB22775
SY AND PAT BAGEL CO INC &
TRIPLE J BAGELS LLC
210 SOUTH AVE W
WESTFIELD, NJ 07090

PRODUCER 268

ALLIANCE BROKERAGE FIRM
JOHN MANCINI
PO BOX 57
WESTFIELD, NJ 07091
(908) 447-4517

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/30/2019 | 03/30/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 758.00 |
| 03/30/2019 | 03/30/2020 | Renewal - Installment # 3 | 05/30/2019 \$ | 748.00 |
| Total Installment Due | | | | \$ 1,506.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$8,387.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,506.00

Thank you for your business

Policy Number: AXB22775

SY AND PAT BAGEL CO INC &
TRIPLE J BAGELS LLC
210 SOUTH AVE W
WESTFIELD, NJ 07090

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/30/2019 | 03/30/2020 | Installment | 06/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 07/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 08/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 09/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 10/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 11/30/2019 | \$ 748.00 |
| 03/30/2019 | 03/30/2020 | Installment | 12/30/2019 | \$ 665.00 |

Total Future Installments \$ 5,153.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB22775

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23052
HAROLD BOBROW
D/B/A HBRE REALTY
PO BOX 310
MAPLEWOOD, NJ 07040

PRODUCER 201

SCHECHNER LIFSON CORPORATION
4 CHATHAM ROAD
SUMMIT, NJ 07901
(908) 598-7800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/04/2018 | 07/04/2019 | Renewal - Installment # 10 | 04/04/2019 \$ | 3,616.00 |
| Total Installment Due | | | | \$ 3,616.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 3,616.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23052

HAROLD BOBROW
D/B/A HBRE REALTY
PO BOX 310
MAPLEWOOD, NJ 07040

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23052

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23052
HAROLD BOBROW
D/B/A HBRE REALTY
PO BOX 310
MAPLEWOOD, NJ 07040

PRODUCER 201

SCHECHNER LIFSON CORPORATION
4 CHATHAM ROAD
SUMMIT, NJ 07901
(908) 598-7800

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/04/2018 | 07/04/2019 | Renewal - Installment # 10 | 04/04/2019 \$ | 3,616.00 |
| Total Installment Due | | | | \$ 3,616.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,616.00

Thank you for your business

Policy Number: AXCM23052

HAROLD BOBROW
D/B/A HBRE REALTY
PO BOX 310
MAPLEWOOD, NJ 07040

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23052

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23053
LTH, INC
C/O MICHAEL LANG
205 DENSTEN ROAD
SEWELL, NJ 08080

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 4 | 04/01/2019 \$ | 441.00 |
| Total Installment Due | | | | \$ 441.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

CARRINGTON MORTGAGE SERVICES LLC
PO BOX 692408
SAN ANTONIO, TX 78269

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 441.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23053

LTH, INC
C/O MICHAEL LANG
205 DENSTEN ROAD
SEWELL, NJ 08080

03/18/2019 - Inv

Mortgagee Information

CARRINGTON MORTGAGE SERVICES LLC
PO BOX 692408
SAN ANTONIO, TX 78269

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23053

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23053
LTH, INC
C/O MICHAEL LANG
205 DENSTEN ROAD
SEWELL, NJ 08080

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 4 | 04/01/2019 \$ | 441.00 |
| Total Installment Due | | | | \$ 441.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

CARRINGTON MORTGAGE SERVICES LLC
PO BOX 692408
SAN ANTONIO, TX 78269

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 441.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23053

LTH, INC
C/O MICHAEL LANG
205 DENSTEN ROAD
SEWELL, NJ 08080

03/18/2019 - Inv

Mortgagee Information

CARRINGTON MORTGAGE SERVICES LLC
PO BOX 692408
SAN ANTONIO, TX 78269

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23053

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23060
TP&S PROPERTIES LLC
PO BOX 360
KEYPORT, NJ 07735

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 | \$ 737.00 |
| Total Installment Due | | | | \$ 737.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

SOMERSET HILLS BANK
155 MORRISTOWN ROAD
BERNARDSVILLE, NJ 07924
LOAN NO.: 908509210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 737.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23060

TP&S PROPERTIES LLC
PO BOX 360
KEYPORT, NJ 07735

Mortgagee Information

SOMERSET HILLS BANK
155 MORRISTOWN ROAD
BERNARDSVILLE, NJ 07924
LOAN NO.: 908509210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23060

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23060
TP&S PROPERTIES LLC
PO BOX 360
KEYPORT, NJ 07735

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 | \$ 737.00 |
| Total Installment Due | | | | \$ 737.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

SOMERSET HILLS BANK
155 MORRISTOWN ROAD
BERNARDSVILLE, NJ 07924
LOAN NO.: 908509210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 737.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23060

TP&S PROPERTIES LLC
PO BOX 360
KEYPORT, NJ 07735

Mortgagee Information

SOMERSET HILLS BANK
155 MORRISTOWN ROAD
BERNARDSVILLE, NJ 07924
LOAN NO.: 908509210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23060

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL23064
STOCKTON ENTERPRISES INC,
GROETSCH REAL ESTATE PTR &
GROETSCH PTR II LLC T/A STOCKTON INNS
809 BEACH DRIVE
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 10 | 04/01/2019 \$ | 579.00 |
| Total Installment Due | | | | \$ 579.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 579.00

Thank you for your business

Policy Number: AXGL23064

STOCKTON ENTERPRISES INC,
GROETSCH REAL ESTATE PTR &
GROETSCH PTR II LLC T/A STOCKTON INNS
809 BEACH DRIVE
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL23064

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL23064
STOCKTON ENTERPRISES INC,
GROETSCH REAL ESTATE PTR &
GROETSCH PTR II LLC T/A STOCKTON INNS
809 BEACH DRIVE
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 10 | 04/01/2019 \$ | 579.00 |
| Total Installment Due | | | | \$ 579.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 579.00

Thank you for your business

Policy Number: AXGL23064

STOCKTON ENTERPRISES INC,
GROETSCH REAL ESTATE PTR &
GROETSCH PTR II LLC T/A STOCKTON INNS
809 BEACH DRIVE
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL23064

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23118
OXFORD 3 FAMILY, LLC
76 GREENDELL ROAD
NEWTON, NJ 07860

PRODUCER 277

BROWN & BROWN METRO
2000 MIDLANTIC DRIVE
SUITE 440
MOUNT LAUREL, NJ 08054
(856) 558-6330

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 3 | 04/14/2019 \$ | 369.00 |
| Total Installment Due | | | | \$ 369.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$783.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 369.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23118

OXFORD 3 FAMILY, LLC
76 GREENDELL ROAD
NEWTON, NJ 07860

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 414.00 |
| Total Future Installments | | | | \$ 414.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23118

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23118
OXFORD 3 FAMILY, LLC
76 GREENDELL ROAD
NEWTON, NJ 07860

PRODUCER 277

BROWN & BROWN METRO
2000 MIDLANTIC DRIVE
SUITE 440
MOUNT LAUREL, NJ 08054
(856) 558-6330

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 3 | 04/14/2019 \$ | 369.00 |
| Total Installment Due | | | | \$ 369.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$783.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 369.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23118

OXFORD 3 FAMILY, LLC
76 GREENDELL ROAD
NEWTON, NJ 07860

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 414.00 |
| Total Future Installments | | | | \$ 414.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM23118
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23121
PETER ENTERPRISES II, LLC
209-211 HARRISON AVENUE LLC
232 LINCOLN AVENUE LLC
139 DOREMUS AVENUE
RIDGEWOOD, NJ 07450

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/22/2018 | 10/22/2019 | Renewal - Installment # 3 | 04/22/2019 \$ | 3,801.00 |
| Total Installment Due | | | | \$ 3,801.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,077.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,801.00

Thank you for your business

Policy Number: AXCM23121

PETER ENTERPRISES II, LLC
209-211 HARRISON AVENUE LLC
232 LINCOLN AVENUE LLC
139 DOREMUS AVENUE
RIDGEWOOD, NJ 07450

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/22/2018 | 10/22/2019 | Installment | 07/22/2019 | \$ 2,276.00 |
| Total Future Installments | | | | \$ 2,276.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM23121
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23121
PETER ENTERPRISES II, LLC
209-211 HARRISON AVENUE LLC
232 LINCOLN AVENUE LLC
139 DOREMUS AVENUE
RIDGEWOOD, NJ 07450

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/22/2018 | 10/22/2019 | Renewal - Installment # 3 | 04/22/2019 \$ | 3,801.00 |
| Total Installment Due | | | | \$ 3,801.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,077.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,801.00

Thank you for your business

Policy Number: AXCM23121

PETER ENTERPRISES II, LLC
209-211 HARRISON AVENUE LLC
232 LINCOLN AVENUE LLC
139 DOREMUS AVENUE
RIDGEWOOD, NJ 07450

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/22/2018 | 10/22/2019 | Installment | 07/22/2019 | \$ 2,276.00 |
| Total Future Installments | | | | \$ 2,276.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM23121
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23126
DAVID DIAMOND
& ROCK KEY LLC
ROCK ROCK LLC
PO BOX 181
MEDFORD, NJ 08055

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/05/2018 | 10/05/2019 | Renewal - Installment # 3 | 04/05/2019 \$ | 2,769.00 |
| Total Installment Due | | | | \$ 2,769.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,425.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 100564
FLORENCE, SC 29502
LOAN NO.: 0045473071

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,769.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23126

DAVID DIAMOND
& ROCK KEY LLC
ROCK ROCK LLC
PO BOX 181
MEDFORD, NJ 08055

03/18/2019 - Inv

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 100564
FLORENCE, SC 29502
LOAN NO.: 0045473071

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/05/2018 | 10/05/2019 | Installment | 07/05/2019 | \$ 1,656.00 |
| Total Future Installments | | | | \$ 1,656.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM23126
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23126
DAVID DIAMOND
& ROCK KEY LLC
ROCK ROCK LLC
PO BOX 181
MEDFORD, NJ 08055

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/05/2018 | 10/05/2019 | Renewal - Installment # 3 | 04/05/2019 \$ | 2,769.00 |
| Total Installment Due | | | | \$ 2,769.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,425.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 100564
FLORENCE, SC 29502
LOAN NO.: 0045473071

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,769.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23126

DAVID DIAMOND
& ROCK KEY LLC
ROCK ROCK LLC
PO BOX 181
MEDFORD, NJ 08055

03/18/2019 - Inv

Mortgagee Information

JP MORGAN CHASE BANK NA
PO BOX 100564
FLORENCE, SC 29502
LOAN NO.: 0045473071

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 10/05/2018 | 10/05/2019 | Installment | 07/05/2019 | \$ 1,656.00 |
| Total Future Installments | | | | \$ 1,656.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCM23126
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23139
DON'S UPHOLSTRY & REFINISHING, INC.
92 REED AVENUE
TRENTON, NJ 08610

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/14/2018 | 11/14/2019 | Renewal - Installment # 3 | 05/14/2019 \$ | 525.00 |
| Total Installment Due | | | | \$ 525.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$833.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 525.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23139

DON'S UPHOLSTRY & REFINISHING, INC.
92 REED AVENUE
TRENTON, NJ 08610

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/14/2018 | 11/14/2019 | Installment | 08/14/2019 | \$ 308.00 |
| Total Future Installments | | | | \$ 308.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23139

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23139
DON'S UPHOLSTRY & REFINISHING, INC.
92 REED AVENUE
TRENTON, NJ 08610

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/14/2018 | 11/14/2019 | Renewal - Installment # 3 | 05/14/2019 \$ | 525.00 |
| Total Installment Due | | | | \$ 525.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$833.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 525.00

Thank you for your business

Policy Number: AXCM23139

DON'S UPHOLSTRY & REFINISHING, INC.
92 REED AVENUE
TRENTON, NJ 08610

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/14/2018 | 11/14/2019 | Installment | 08/14/2019 | \$ 308.00 |
| Total Future Installments | | | | \$ 308.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23139

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23177
TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/06/2018 | 12/06/2019 | Amount is Past Due | 03/06/2019 | \$ 908.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 5 | 04/06/2019 | \$ 908.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 6 | 05/06/2019 | \$ 898.00 |
| Total Installment Due | | | | \$ 2,714.00 |

Mortgagee Information

NATIONSTAR MORTGAGEE LLC
PO BOX 7729
SPRINGFIELD, OH 45501-7729

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,714.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23177

Mortgagee Information

NATIONSTAR MORTGAGEE LLC
PO BOX 7729
SPRINGFIELD, OH 45501-7729

TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/06/2018 | 12/06/2019 | Installment | 06/06/2019 | \$ 898.00 |
| 12/06/2018 | 12/06/2019 | Installment | 07/06/2019 | \$ 898.00 |
| 12/06/2018 | 12/06/2019 | Installment | 08/06/2019 | \$ 898.00 |
| 12/06/2018 | 12/06/2019 | Installment | 09/06/2019 | \$ 800.00 |
| Total Future Installments | | | | \$ 3,494.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23177

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23177
TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/06/2018 | 12/06/2019 | Amount is Past Due | 03/06/2019 | \$ 908.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 5 | 04/06/2019 | \$ 908.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 6 | 05/06/2019 | \$ 898.00 |
| Total Installment Due | | | | \$ 2,714.00 |

Mortgagee Information

NATIONSTAR MORTGAGEE LLC
PO BOX 7729
SPRINGFIELD, OH 45501-7729

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,714.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23177

Mortgagee Information

NATIONSTAR MORTGAGEE LLC
PO BOX 7729
SPRINGFIELD, OH 45501-7729

TOOTIES HOME COOKING, INC, ONE LAKEVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/06/2018 | 12/06/2019 | Installment | 06/06/2019 | \$ 898.00 |
| 12/06/2018 | 12/06/2019 | Installment | 07/06/2019 | \$ 898.00 |
| 12/06/2018 | 12/06/2019 | Installment | 08/06/2019 | \$ 898.00 |
| 12/06/2018 | 12/06/2019 | Installment | 09/06/2019 | \$ 800.00 |
| Total Future Installments | | | | \$ 3,494.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23177

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23190
THE CRAB TRAP
CRAB TRAP LTD
LRH PARTNERS, LLC
2 BROADWAY
SOMERS POINT, NJ 08244

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 3 | 03/30/2019 \$ | 6,111.00 |
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 4 | 04/30/2019 \$ | 6,101.00 |
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 5 | 05/30/2019 \$ | 6,101.00 |
| Total Installment Due | | | | \$ 18,313.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$48,141.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 18,313.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCM23190

THE CRAB TRAP
CRAB TRAP LTD
LRH PARTNERS, LLC
2 BROADWAY
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 01/31/2019 | 01/31/2020 | Installment | 06/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 07/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 08/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 09/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 10/30/2019 | \$ 5,424.00 |
| Total Future Installments | | | | \$ 29,828.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23190

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23190
THE CRAB TRAP
CRAB TRAP LTD
LRH PARTNERS, LLC
2 BROADWAY
SOMERS POINT, NJ 08244

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|--------------|
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 3 | 03/30/2019 \$ | 6,111.00 |
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 4 | 04/30/2019 \$ | 6,101.00 |
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 5 | 05/30/2019 \$ | 6,101.00 |
| Total Installment Due | | | | \$ 18,313.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$48,141.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 18,313.00

Thank you for your business

Policy Number: AXCM23190

THE CRAB TRAP
CRAB TRAP LTD
LRH PARTNERS, LLC
2 BROADWAY
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 01/31/2019 | 01/31/2020 | Installment | 06/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 07/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 08/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 09/30/2019 | \$ 6,101.00 |
| 01/31/2019 | 01/31/2020 | Installment | 10/30/2019 | \$ 5,424.00 |
| Total Future Installments | | | | \$ 29,828.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23190

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23205
GROVELAND MANOR APARTMENTS, LLC
C/O IRA & SHARI TROCKI
P.O. BOX 689
NORTHFIELD, NJ 08225

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|--------------|
| 02/28/2019 | 02/28/2020 | Amount is Past Due | 02/28/2019 | \$ 7,230.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 03/31/2019 | \$ 3,162.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 3 | 04/30/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 4 | 05/31/2019 | \$ 3,152.00 |
| Total Installment Due | | | | \$ 16,696.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$35,258.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

STURDY SAVING BANK
COMMERCIAL LENDING DIVISION
506 S MAIN ST
CAPE MAY COURTHOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 16,696.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23205

GROVELAND MANOR APARTMENTS, LLC
C/O IRA & SHARI TROCKI
P.O. BOX 689
NORTHFIELD, NJ 08225

Mortgagee Information

STURDY SAVING BANK
COMMERCIAL LENDING DIVISION
506 S MAIN ST
CAPE MAY COURTHOUSE, NJ 08210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 02/28/2019 | 02/28/2020 | Installment | 06/30/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 07/31/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 09/30/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 10/31/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 2,802.00 |
| Total Future Installments | | | | \$ 18,562.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23205

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23205
GROVELAND MANOR APARTMENTS, LLC
C/O IRA & SHARI TROCKI
P.O. BOX 689
NORTHFIELD, NJ 08225

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|--------------|
| 02/28/2019 | 02/28/2020 | Amount is Past Due | 02/28/2019 | \$ 7,230.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 03/31/2019 | \$ 3,162.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 3 | 04/30/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 4 | 05/31/2019 | \$ 3,152.00 |
| Total Installment Due | | | | \$ 16,696.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$35,258.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

STURDY SAVING BANK
COMMERCIAL LENDING DIVISION
506 S MAIN ST
CAPE MAY COURTHOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 16,696.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23205

GROVELAND MANOR APARTMENTS, LLC
C/O IRA & SHARI TROCKI
P.O. BOX 689
NORTHFIELD, NJ 08225

Mortgagee Information

STURDY SAVING BANK
COMMERCIAL LENDING DIVISION
506 S MAIN ST
CAPE MAY COURTHOUSE, NJ 08210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 02/28/2019 | 02/28/2020 | Installment | 06/30/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 07/31/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 09/30/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 10/31/2019 | \$ 3,152.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 2,802.00 |
| Total Future Installments | | | | \$ 18,562.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23205

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF23219
CENTRAL AVENUE APARTMENTS LLC
C/O JULIAN VEGAS
634 FAIRVIEW AVENUE
HAMMONTON, NJ 08037

PRODUCER 754

M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037
(609) 561-1200

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/03/2019 | 03/03/2020 | Amount is Past Due | 03/03/2019 | \$ 1,520.00 |
| 03/03/2019 | 03/03/2020 | Renewal - Installment # 2 | 04/03/2019 | \$ 668.00 |
| 03/03/2019 | 03/03/2020 | Renewal - Installment # 3 | 05/03/2019 | \$ 658.00 |
| Total Installment Due | | | | \$ 2,846.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,380.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

OCEAN CITY HOME BANK
PO BOX 388
LINWOOD, NJ 08221

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,846.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF23219

Mortgagee Information

OCEAN CITY HOME BANK
PO BOX 388
LINWOOD, NJ 08221

CENTRAL AVENUE APARTMENTS LLC
C/O JULIAN VEGAS
634 FAIRVIEW AVENUE
HAMMONTON, NJ 08037

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/03/2019 | 03/03/2020 | Installment | 06/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 07/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 08/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 09/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 10/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 11/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 12/03/2019 | \$ 586.00 |

Total Future Installments \$ 4,534.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF23219

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF23219
CENTRAL AVENUE APARTMENTS LLC
C/O JULIAN VEGAS
634 FAIRVIEW AVENUE
HAMMONTON, NJ 08037

PRODUCER 754

M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037
(609) 561-1200

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/03/2019 | 03/03/2020 | Amount is Past Due | 03/03/2019 | \$ 1,520.00 |
| 03/03/2019 | 03/03/2020 | Renewal - Installment # 2 | 04/03/2019 | \$ 668.00 |
| 03/03/2019 | 03/03/2020 | Renewal - Installment # 3 | 05/03/2019 | \$ 658.00 |
| Total Installment Due | | | | \$ 2,846.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,380.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

OCEAN CITY HOME BANK
PO BOX 388
LINWOOD, NJ 08221

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,846.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF23219

CENTRAL AVENUE APARTMENTS LLC
C/O JULIAN VEGAS
634 FAIRVIEW AVENUE
HAMMONTON, NJ 08037

Mortgagee Information

OCEAN CITY HOME BANK
PO BOX 388
LINWOOD, NJ 08221

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/03/2019 | 03/03/2020 | Installment | 06/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 07/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 08/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 09/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 10/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 11/03/2019 | \$ 658.00 |
| 03/03/2019 | 03/03/2020 | Installment | 12/03/2019 | \$ 586.00 |

Total Future Installments \$ 4,534.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF23219

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23230
DWORKIN REAL ESTATE LLC
153 VALLEY ROAD, 2ND FLOOR
MONTCLAIR, NJ 07042

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/14/2019 | 03/14/2020 | Amount is Past Due | 03/14/2019 | \$ 2,103.00 |
| 03/14/2019 | 03/14/2020 | Renewal - Installment # 2 | 04/14/2019 | \$ 928.00 |
| 03/14/2019 | 03/14/2020 | Renewal - Installment # 3 | 05/14/2019 | \$ 918.00 |
| Total Installment Due | | | | \$ 3,949.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,272.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

MAGYAR BANK
P.O. BOX 1365
NEW BRUNSWICK, NJ 08901

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,949.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23230

DWORKIN REAL ESTATE LLC
153 VALLEY ROAD, 2ND FLOOR
MONTCLAIR, NJ 07042

Mortgagee Information

MAGYAR BANK
P.O. BOX 1365
NEW BRUNSWICK, NJ 08901

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/14/2019 | 03/14/2020 | Installment | 06/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 07/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 08/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 09/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 10/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 11/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 12/14/2019 | \$ 815.00 |

Total Future Installments \$ 6,323.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23230

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23230
DWORKIN REAL ESTATE LLC
153 VALLEY ROAD, 2ND FLOOR
MONTCLAIR, NJ 07042

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:

SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/14/2019 | 03/14/2020 | Amount is Past Due | 03/14/2019 | \$ 2,103.00 |
| 03/14/2019 | 03/14/2020 | Renewal - Installment # 2 | 04/14/2019 | \$ 928.00 |
| 03/14/2019 | 03/14/2020 | Renewal - Installment # 3 | 05/14/2019 | \$ 918.00 |
| Total Installment Due | | | | \$ 3,949.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,272.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

MAGYAR BANK
P.O. BOX 1365
NEW BRUNSWICK, NJ 08901

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,949.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23230

DWORKIN REAL ESTATE LLC
153 VALLEY ROAD, 2ND FLOOR
MONTCLAIR, NJ 07042

Mortgagee Information

MAGYAR BANK
P.O. BOX 1365
NEW BRUNSWICK, NJ 08901

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/14/2019 | 03/14/2020 | Installment | 06/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 07/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 08/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 09/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 10/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 11/14/2019 | \$ 918.00 |
| 03/14/2019 | 03/14/2020 | Installment | 12/14/2019 | \$ 815.00 |

Total Future Installments \$ 6,323.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23230

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23238
JODAN ARMS CONDO ASSOCIATION
C/O GEM PROPERTY MANAGEMENT
PO BOX 145
TOTOWA, NJ 07512

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/11/2019 | 03/11/2020 | Amount is Past Due | 03/11/2019 \$ | 2,299.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 1,008.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 3 | 05/11/2019 \$ | 998.00 |
| Total Installment Due | | | | \$ 4,305.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$11,181.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 4,305.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23238

JODAN ARMS CONDO ASSOCIATION
C/O GEM PROPERTY MANAGEMENT
PO BOX 145
TOTOWA, NJ 07512

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/11/2019 | 03/11/2020 | Installment | 06/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 07/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 08/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 09/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 10/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 11/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 12/11/2019 | \$ 888.00 |

Total Future Installments \$ 6,876.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23238

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23238
JODAN ARMS CONDO ASSOCIATION
C/O GEM PROPERTY MANAGEMENT
PO BOX 145
TOTOWA, NJ 07512

PRODUCER 224

EVERGREEN INSURANCE & RISK MANAGEMENT
25 ROBERT PITT DRIVE
SUITE #200-F
MONSEY, NY 10952
(845) 789-4433

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/11/2019 | 03/11/2020 | Amount is Past Due | 03/11/2019 \$ | 2,299.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 1,008.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 3 | 05/11/2019 \$ | 998.00 |
| Total Installment Due | | | | \$ 4,305.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$11,181.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 4,305.00

Thank you for your business

Policy Number: AXCM23238

JODAN ARMS CONDO ASSOCIATION
C/O GEM PROPERTY MANAGEMENT
PO BOX 145
TOTOWA, NJ 07512

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/11/2019 | 03/11/2020 | Installment | 06/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 07/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 08/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 09/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 10/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 11/11/2019 | \$ 998.00 |
| 03/11/2019 | 03/11/2020 | Installment | 12/11/2019 | \$ 888.00 |

Total Future Installments \$ 6,876.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23238

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCM23298
PEREL PROPERTIES, ALDINE
INVESTMENTS LLC, DARBY
ENTERPRISES LLC,
PO BOX 512
UNION, NJ 07083

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/30/2018 | 06/30/2019 | Renewal - Installment # 10 | 03/31/2019 \$ | 3,344.00 |
| Total Installment Due | | | | \$ 3,344.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,344.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23298

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

PEREL PROPERTIES, ALDINE
INVESTMENTS LLC, DARBY
ENTERPRISES LLC,
PO BOX 512
UNION, NJ 07083

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCM23298

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCM23298
PEREL PROPERTIES, ALDINE
INVESTMENTS LLC, DARBY
ENTERPRISES LLC,
PO BOX 512
UNION, NJ 07083

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
SPECIAL MULTI-PERIL

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/30/2018 | 06/30/2019 | Renewal - Installment # 10 | 03/31/2019 \$ | 3,344.00 |
| Total Installment Due | | | | \$ 3,344.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,344.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCM23298

PEREL PROPERTIES, ALDINE
INVESTMENTS LLC, DARBY
ENTERPRISES LLC,
PO BOX 512
UNION, NJ 07083

03/18/2019 - Inv

Mortgagee Information

REGAL BANK
570 WEST MT PLEASANT AVENUE
LIVINGSTON, NJ 07039

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.: AXCM23298

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23621
MARK DIEDOLF T/A
DIEDOLF & SON PLUMBING & HEATING
532 BURLINGTON STREET
PARAMUS, NJ 07652

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 \$ | 212.00 |
| Total Installment Due | | | | \$ 212.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 212.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23621

MARK DIEDOLF T/A
DIEDOLF & SON PLUMBING & HEATING
532 BURLINGTON STREET
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23621

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23621
MARK DIEDOLF T/A
DIEDOLF & SON PLUMBING & HEATING
532 BURLINGTON STREET
PARAMUS, NJ 07652

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/27/2018 | 06/27/2019 | Renewal - Installment # 4 | 03/27/2019 \$ | 212.00 |
| Total Installment Due | | | | \$ 212.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 212.00

Thank you for your business

Policy Number: AXCP23621

MARK DIEDOLF T/A
DIEDOLF & SON PLUMBING & HEATING
532 BURLINGTON STREET
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23621

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB23643
ROSE YOUNG
225 S. CLINTON AVENUE
MAPLE SHADE, NJ 08052

PRODUCER 743

ABCO INSURANCE AGENCY INC
403 ROUTE 70 EAST
SUITE 100
CHERRY HILL, NJ 08034
(856) 488-5333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/20/2018 | 06/20/2019 | Renewal - Installment # 10 | 03/23/2019 \$ | 238.00 |
| Total Installment Due | | | | \$ 238.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 238.00

Thank you for your business

Policy Number: AXB23643

ROSE YOUNG
225 S. CLINTON AVENUE
MAPLE SHADE, NJ 08052

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23643

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB23643
ROSE YOUNG
225 S. CLINTON AVENUE
MAPLE SHADE, NJ 08052

PRODUCER 743

ABCO INSURANCE AGENCY INC
403 ROUTE 70 EAST
SUITE 100
CHERRY HILL, NJ 08034
(856) 488-5333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/20/2018 | 06/20/2019 | Renewal - Installment # 10 | 03/23/2019 \$ | 238.00 |
| Total Installment Due | | | | \$ 238.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 238.00

Thank you for your business

Policy Number: AXB23643

ROSE YOUNG
225 S. CLINTON AVENUE
MAPLE SHADE, NJ 08052

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23643

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR23745
STAIANO FAMILY LLC
T/A GIUSEPPE RESTAURANT
5 SICOMAC ROAD
NORTH HALEDON, NJ 07508

PRODUCER 755

THE DE GISE AGENCY, INC
615 WYCKOFF AVENUE
WYCKOFF, NJ 07481
(201) 689-9910

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 08/24/2018 | 08/24/2019 | Amount is Past Due | 02/24/2019 \$ | 603.00 |
| 08/24/2018 | 08/24/2019 | Renewal - Installment # 8 | 03/24/2019 \$ | 603.00 |
| Total Installment Due | | | | \$ 1,206.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,206.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR23745

STAIANO FAMILY LLC
T/A GIUSEPPE RESTAURANT
5 SICOMAC ROAD
NORTH HALEDON, NJ 07508

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR23745

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR23745
STAIANO FAMILY LLC
T/A GIUSEPPE RESTAURANT
5 SICOMAC ROAD
NORTH HALEDON, NJ 07508

PRODUCER 755

THE DE GISE AGENCY, INC
615 WYCKOFF AVENUE
WYCKOFF, NJ 07481
(201) 689-9910

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 08/24/2018 | 08/24/2019 | Amount is Past Due | 02/24/2019 \$ | 603.00 |
| 08/24/2018 | 08/24/2019 | Renewal - Installment # 8 | 03/24/2019 \$ | 603.00 |
| Total Installment Due | | | | \$ 1,206.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,206.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXBR23745

STAIANO FAMILY LLC
T/A GIUSEPPE RESTAURANT
5 SICOMAC ROAD
NORTH HALEDON, NJ 07508

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR23745

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBC23777
PARK AVE CONDO ASSOC
PO BOX 1221
HAMMONTON, NJ 08037

PRODUCER 754

M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037
(609) 561-1200

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/01/2018 | 07/01/2019 | Amount is Past Due | 03/01/2019 \$ | 1,132.00 |
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 10 | 04/01/2019 \$ | 1,008.00 |
| Total Installment Due | | | | \$ 2,140.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,140.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBC23777

PARK AVE CONDO ASSOC
PO BOX 1221
HAMMONTON, NJ 08037

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBC23777

Your New Address is:

Phone No.:

INVOICE

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Insured

AXBC23777
PARK AVE CONDO ASSOC
PO BOX 1221
HAMMONTON, NJ 08037

PRODUCER 754

M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037
(609) 561-1200

Policy Type:
CONDO BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/01/2018 | 07/01/2019 | Amount is Past Due | 03/01/2019 \$ | 1,132.00 |
| 07/01/2018 | 07/01/2019 | Renewal - Installment # 10 | 04/01/2019 \$ | 1,008.00 |
| Total Installment Due | | | | \$ 2,140.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,140.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBC23777

PARK AVE CONDO ASSOC
PO BOX 1221
HAMMONTON, NJ 08037

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBC23777

Your New Address is:

Phone No.:

INVOICE

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Insured

AXCP23781
BPW HOME REPAIRS LLC
72 CARLTON ROAD
MILLINGTON, NJ 07946

PRODUCER 745

THE FRIEDLANDER GROUP
56 PAYNE ROAD
SUITE 2
LEBANON, NJ 08833
(908) 730-6443

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/09/2018 | 07/09/2019 | Renewal - Installment # 4 | 04/09/2019 \$ | 173.00 |
| Total Installment Due | | | | \$ 173.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 173.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23781

BPW HOME REPAIRS LLC
72 CARLTON ROAD
MILLINGTON, NJ 07946

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23781

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23781
BPW HOME REPAIRS LLC
72 CARLTON ROAD
MILLINGTON, NJ 07946

PRODUCER 745

THE FRIEDLANDER GROUP
56 PAYNE ROAD
SUITE 2
LEBANON, NJ 08833
(908) 730-6443

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/09/2018 | 07/09/2019 | Renewal - Installment # 4 | 04/09/2019 \$ | 173.00 |
| Total Installment Due | | | | \$ 173.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 173.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23781

BPW HOME REPAIRS LLC
72 CARLTON ROAD
MILLINGTON, NJ 07946

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23781

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23796
THOMAS MORGAN T/A
TOM MORGAN SIDING
64 PRINCETON LANE
WILLINGBORO, NJ 08046

PRODUCER 166

EJA CAPACITY INS AGENCY LLC
217 ROUTE 130
BORDENTOWN, NJ 08505
(609) 291-9950

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/12/2018 | 07/12/2019 | Renewal - Installment # 4 | 04/12/2019 \$ | 188.00 |
| Total Installment Due | | | | \$ 188.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 188.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23796

THOMAS MORGAN T/A
TOM MORGAN SIDING
64 PRINCETON LANE
WILLINGBORO, NJ 08046

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23796

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23796
THOMAS MORGAN T/A
TOM MORGAN SIDING
64 PRINCETON LANE
WILLINGBORO, NJ 08046

PRODUCER 166

EJA CAPACITY INS AGENCY LLC
217 ROUTE 130
BORDENTOWN, NJ 08505
(609) 291-9950

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/12/2018 | 07/12/2019 | Renewal - Installment # 4 | 04/12/2019 \$ | 188.00 |
| Total Installment Due | | | | \$ 188.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 188.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23796

THOMAS MORGAN T/A
TOM MORGAN SIDING
64 PRINCETON LANE
WILLINGBORO, NJ 08046

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23796

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23807
R.A.M. CARPENTRY CONTRACTORS LLC
10 AVALON DRIVE
MONTVILLE, NJ 07045

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 4 | 04/22/2019 \$ | 200.00 |
| Total Installment Due | | | | \$ 200.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 200.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP23807

R.A.M. CARPENTRY CONTRACTORS LLC
10 AVALON DRIVE
MONTVILLE, NJ 07045

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23807

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23807
R.A.M. CARPENTRY CONTRACTORS LLC
10 AVALON DRIVE
MONTVILLE, NJ 07045

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 4 | 04/22/2019 \$ | 200.00 |
| Total Installment Due | | | | \$ 200.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

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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

Pay This Amount: \$ 200.00

Thank you for your business

Policy Number: AXCP23807

R.A.M. CARPENTRY CONTRACTORS LLC
10 AVALON DRIVE
MONTVILLE, NJ 07045

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

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Change of Address

Policy No.: AXCP23807

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB23808
BETTY LOU STYPA
C/O KATHRYN BEROWITZ
436 BIRCH PLACE
WESTFIELD, NJ 07090

PRODUCER 740

UNITED COUNTIES INSURANCE GROUP LLC
281 ROUTE 34
SUITE 817
COLTS NECK, NJ 07722
(732) 548-3445

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/20/2018 | 07/20/2019 | Renewal - Installment # 10 | 04/20/2019 \$ | 758.00 |
| Total Installment Due | | | | \$ 758.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 758.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB23808

BETTY LOU STYPA
C/O KATHRYN BEROWITZ
436 BIRCH PLACE
WESTFIELD, NJ 07090

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23808

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB23808
BETTY LOU STYPA
C/O KATHRYN BEROWITZ
436 BIRCH PLACE
WESTFIELD, NJ 07090

PRODUCER 740

UNITED COUNTIES INSURANCE GROUP LLC
281 ROUTE 34
SUITE 817
COLTS NECK, NJ 07722
(732) 548-3445

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/20/2018 | 07/20/2019 | Renewal - Installment # 10 | 04/20/2019 \$ | 758.00 |
| Total Installment Due | | | | \$ 758.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 758.00

Thank you for your business

Policy Number: AXB23808

BETTY LOU STYPA
C/O KATHRYN BEROWITZ
436 BIRCH PLACE
WESTFIELD, NJ 07090

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23808

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23812
KARL BAKER CONSTRUCTION LLC
25 NORTHFIELD PLAZA
NORTHFIELD, NJ 08225

PRODUCER 124

CHRIS FERRY INSURANCE AGENCY
PO BOX 356
LINWOOD, NJ 08221
(609) 653-6600

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/12/2018 | 07/12/2019 | Renewal - Installment # 4 | 04/12/2019 \$ | 176.00 |
| Total Installment Due | | | | \$ 176.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 176.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23812

KARL BAKER CONSTRUCTION LLC
25 NORTHFIELD PLAZA
NORTHFIELD, NJ 08225

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23812

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23812
KARL BAKER CONSTRUCTION LLC
25 NORTHFIELD PLAZA
NORTHFIELD, NJ 08225

PRODUCER 124

CHRIS FERRY INSURANCE AGENCY
PO BOX 356
LINWOOD, NJ 08221
(609) 653-6600

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/12/2018 | 07/12/2019 | Renewal - Installment # 4 | 04/12/2019 \$ | 176.00 |
| Total Installment Due | | | | \$ 176.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 176.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23812

KARL BAKER CONSTRUCTION LLC
25 NORTHFIELD PLAZA
NORTHFIELD, NJ 08225

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23812

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB23881
RICHARD LEONARD
12 FERNWOOD AVENUE
ROSELAND, NJ 07068

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/25/2018 | 07/25/2019 | Renewal - Installment # 4 | 04/25/2019 \$ | 958.00 |
| Total Installment Due | | | | \$ 958.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

BCB COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 958.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB23881

RICHARD LEONARD
12 FERNWOOD AVENUE
ROSELAND, NJ 07068

Mortgagee Information

BCB COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23881

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB23881
RICHARD LEONARD
12 FERNWOOD AVENUE
ROSELAND, NJ 07068

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/25/2018 | 07/25/2019 | Renewal - Installment # 4 | 04/25/2019 \$ | 958.00 |
| Total Installment Due | | | | \$ 958.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

BCB COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

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To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 958.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB23881

RICHARD LEONARD
12 FERNWOOD AVENUE
ROSELAND, NJ 07068

Mortgagee Information

BCB COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB23881

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23946
ERIC GENERAL CONSTRUCTION, LLC
27 EAST CLAY AVE.
ROSELLE PARK, NJ 07204

PRODUCER 273

ABBOTT/MILANO INSURANCE AGENCY
235 BLOOMFIELD AVENUE
BLOOMFIELD, NJ 07003
(973) 566-6666

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/06/2018 | 08/06/2019 | Renewal - Installment # 4 | 05/06/2019 \$ | 351.00 |
| Total Installment Due | | | | \$ 351.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 351.00

Thank you for your business

Policy Number: AXCP23946

ERIC GENERAL CONSTRUCTION, LLC
27 EAST CLAY AVE.
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23946

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23946
ERIC GENERAL CONSTRUCTION, LLC
27 EAST CLAY AVE.
ROSELLE PARK, NJ 07204

PRODUCER 273

ABBOTT/MILANO INSURANCE AGENCY
235 BLOOMFIELD AVENUE
BLOOMFIELD, NJ 07003
(973) 566-6666

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/06/2018 | 08/06/2019 | Renewal - Installment # 4 | 05/06/2019 \$ | 351.00 |
| Total Installment Due | | | | \$ 351.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 351.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23946

ERIC GENERAL CONSTRUCTION, LLC
27 EAST CLAY AVE.
ROSELLE PARK, NJ 07204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23946

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23951
PRIMAVERA ELECTRIC LLC
121 51ST STREET
SEA ISLE CITY, NJ 08243

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 4 | 05/01/2019 \$ | 135.00 |
| Total Installment Due | | | | \$ 135.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 135.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP23951

PRIMAVERA ELECTRIC LLC
121 51ST STREET
SEA ISLE CITY, NJ 08243

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23951

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23951
PRIMAVERA ELECTRIC LLC
121 51ST STREET
SEA ISLE CITY, NJ 08243

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 4 | 05/01/2019 \$ | 135.00 |
| Total Installment Due | | | | \$ 135.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 135.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP23951

PRIMAVERA ELECTRIC LLC
121 51ST STREET
SEA ISLE CITY, NJ 08243

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP23951

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP23999
KEITH ESPOSITO
T/A ESPOSITO ELECTRIC
3 MALSBURY STREET
ROBBINSVILLE, NJ 08691

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/23/2018 | 09/23/2019 | Renewal - Installment # 3 | 03/23/2019 \$ | 163.00 |
| Total Installment Due | | | | \$ 163.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$264.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 163.00

Thank you for your business

Policy Number: AXCP23999

KEITH ESPOSITO
T/A ESPOSITO ELECTRIC
3 MALSBURY STREET
ROBBINSVILLE, NJ 08691

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/23/2018 | 09/23/2019 | Installment | 06/23/2019 | \$ 101.00 |
| Total Future Installments | | | | \$ 101.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP23999
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP23999
KEITH ESPOSITO
T/A ESPOSITO ELECTRIC
3 MALSBURY STREET
ROBBINSVILLE, NJ 08691

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/23/2018 | 09/23/2019 | Renewal - Installment # 3 | 03/23/2019 \$ | 163.00 |
| Total Installment Due | | | | \$ 163.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$264.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 163.00

Thank you for your business

Policy Number: AXCP23999

KEITH ESPOSITO
T/A ESPOSITO ELECTRIC
3 MALSBURY STREET
ROBBINSVILLE, NJ 08691

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/23/2018 | 09/23/2019 | Installment | 06/23/2019 | \$ 101.00 |
| Total Future Installments | | | | \$ 101.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP23999
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24065
KEVORK KHACHERIAN
DBA: GK SIMON
127 SEMINARY STREET
BERGENFIELD, NJ 07621

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/23/2018 | 09/23/2019 | Renewal - Installment # 3 | 03/23/2019 \$ | 309.00 |
| Total Installment Due | | | | \$ 309.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 309.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24065

KEVORK KHACHERIAN
DBA: GK SIMON
127 SEMINARY STREET
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24065

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24065
KEVORK KHACHERIAN
DBA: GK SIMON
127 SEMINARY STREET
BERGENFIELD, NJ 07621

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/23/2018 | 09/23/2019 | Renewal - Installment # 3 | 03/23/2019 \$ | 309.00 |
| Total Installment Due | | | | \$ 309.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 309.00

Thank you for your business

Policy Number: AXCP24065

KEVORK KHACHERIAN
DBA: GK SIMON
127 SEMINARY STREET
BERGENFIELD, NJ 07621

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24065

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24127
BOB SOBKA ELECTRICAL CONTRACTOR
38 BAY CREEK LANE
TOMS RIVER, NJ 08753

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/10/2018 | 11/10/2019 | Renewal - Installment # 3 | 05/10/2019 \$ | 148.00 |
| Total Installment Due | | | | \$ 148.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$231.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 148.00

Thank you for your business

Policy Number: AXCP24127

BOB SOBKA ELECTRICAL CONTRACTOR
38 BAY CREEK LANE
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/10/2018 | 11/10/2019 | Installment | 08/10/2019 | \$ 83.00 |
| Total Future Installments | | | | \$ 83.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24127

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24127
BOB SOBKA ELECTRICAL CONTRACTOR
38 BAY CREEK LANE
TOMS RIVER, NJ 08753

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/10/2018 | 11/10/2019 | Renewal - Installment # 3 | 05/10/2019 \$ | 148.00 |
| Total Installment Due | | | | \$ 148.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

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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

Pay This Amount: \$ 148.00

Thank you for your business

Policy Number: AXCP24127

BOB SOBKA ELECTRICAL CONTRACTOR
38 BAY CREEK LANE
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/10/2018 | 11/10/2019 | Installment | 08/10/2019 | \$ 83.00 |
| Total Future Installments | | | | \$ 83.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24127

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24139
JACK DICRISTOFALO & JOSE A FREIJE
272 WALKER STREET
FAIRVIEW, NJ 07022

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 3 | 03/24/2019 \$ | 817.00 |
| Total Installment Due | | | | \$ 817.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,301.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 817.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24139

JACK DICRISTOFALO & JOSE A FREIJE
272 WALKER STREET
FAIRVIEW, NJ 07022

Mortgagee Information

TD BANK N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/24/2018 | 09/24/2019 | Installment | 06/24/2019 | \$ 484.00 |
| Total Future Installments | | | | \$ 484.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB24139
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24139
JACK DICRISTOFALO & JOSE A FREIJE
272 WALKER STREET
FAIRVIEW, NJ 07022

PRODUCER 717

WILLIAM P SMART ASSOCIATES, INC
75 LANE ROAD
SUITE 407
FAIRFIELD, NJ 07004
(973) 830-3111

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/24/2018 | 09/24/2019 | Renewal - Installment # 3 | 03/24/2019 \$ | 817.00 |
| Total Installment Due | | | | \$ 817.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,301.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANK N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 817.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24139

JACK DICRISTOFALO & JOSE A FREIJE
272 WALKER STREET
FAIRVIEW, NJ 07022

Mortgagee Information

TD BANK N.A.
2059 SPRINGDALE ROAD
CHERRY HILL, NJ 08003

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/24/2018 | 09/24/2019 | Installment | 06/24/2019 | \$ 484.00 |
| Total Future Installments | | | | \$ 484.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB24139
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24180
MATTHEW STOKES
T/A MJ STOKES HOME RENOVATIONS
7 LOWELL AVENUE
SUMMIT, NJ 07901

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 3 | 04/09/2019 \$ | 303.00 |
| Total Installment Due | | | | \$ 303.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$479.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 303.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24180

MATTHEW STOKES
T/A MJ STOKES HOME RENOVATIONS
7 LOWELL AVENUE
SUMMIT, NJ 07901

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/09/2018 | 10/09/2019 | Installment | 07/09/2019 | \$ 176.00 |
| Total Future Installments | | | | \$ 176.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24180

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24180
MATTHEW STOKES
T/A MJ STOKES HOME RENOVATIONS
7 LOWELL AVENUE
SUMMIT, NJ 07901

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 3 | 04/09/2019 \$ | 303.00 |
| Total Installment Due | | | | \$ 303.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$479.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 303.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24180

MATTHEW STOKES
T/A MJ STOKES HOME RENOVATIONS
7 LOWELL AVENUE
SUMMIT, NJ 07901

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/09/2018 | 10/09/2019 | Installment | 07/09/2019 | \$ 176.00 |
| Total Future Installments | | | | \$ 176.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24180

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24181
EMILCO CONSTRUCTION LLC
C/O EMIL SDRAK
31 BROAD AVENUE
PARAMUS, NJ 07652

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/24/2018 | 10/24/2019 | Renewal - Installment # 3 | 04/24/2019 \$ | 557.00 |
| Total Installment Due | | | | \$ 557.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 557.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24181

EMILCO CONSTRUCTION LLC
C/O EMIL SDRAK
31 BROAD AVENUE
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24181

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24181
EMILCO CONSTRUCTION LLC
C/O EMIL SDRAK
31 BROAD AVENUE
PARAMUS, NJ 07652

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/24/2018 | 10/24/2019 | Renewal - Installment # 3 | 04/24/2019 \$ | 557.00 |
| Total Installment Due | | | | \$ 557.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 557.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24181

EMILCO CONSTRUCTION LLC
C/O EMIL SDRAK
31 BROAD AVENUE
PARAMUS, NJ 07652

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24181

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR24204
CARINI'S PIZZA & RESTAURANT
9854 PACIFIC AVENUE
WILDWOOD CREST, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/30/2018 | 10/30/2019 | Amount is Past Due | 02/28/2019 | \$ 874.00 |
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 6 | 03/30/2019 | \$ 874.00 |
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 7 | 04/30/2019 | \$ 864.00 |
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 8 | 05/30/2019 | \$ 864.00 |
| Total Installment Due | | | | \$ 3,476.00 |

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,476.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR24204

CARINI'S PIZZA & RESTAURANT
9854 PACIFIC AVENUE
WILDWOOD CREST, NJ 08260

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/30/2018 | 10/30/2019 | Installment | 06/30/2019 | \$ 864.00 |
| 10/30/2018 | 10/30/2019 | Installment | 07/30/2019 | \$ 768.00 |
| Total Future Installments | | | | \$ 1,632.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR24204

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR24204
CARINI'S PIZZA & RESTAURANT
9854 PACIFIC AVENUE
WILDWOOD CREST, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/30/2018 | 10/30/2019 | Amount is Past Due | 02/28/2019 | \$ 874.00 |
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 6 | 03/30/2019 | \$ 874.00 |
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 7 | 04/30/2019 | \$ 864.00 |
| 10/30/2018 | 10/30/2019 | Renewal - Installment # 8 | 05/30/2019 | \$ 864.00 |
| Total Installment Due | | | | \$ 3,476.00 |

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 3,476.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR24204

CARINI'S PIZZA & RESTAURANT
9854 PACIFIC AVENUE
WILDWOOD CREST, NJ 08260

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/30/2018 | 10/30/2019 | Installment | 06/30/2019 | \$ 864.00 |
| 10/30/2018 | 10/30/2019 | Installment | 07/30/2019 | \$ 768.00 |
| Total Future Installments | | | | \$ 1,632.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR24204

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24211
SQUARE VOLTAIC ELECTRIC LLC
1921 NORTH 5TH STREET
STROUDSBURG, PA 18360

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/22/2018 | 10/22/2019 | Renewal - Installment # 3 | 04/22/2019 \$ | 226.00 |
| Total Installment Due | | | | \$ 226.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 226.00

Thank you for your business

Policy Number: AXCP24211

SQUARE VOLTAIC ELECTRIC LLC
1921 NORTH 5TH STREET
STROUDSBURG, PA 18360

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24211

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24211
SQUARE VOLTAIC ELECTRIC LLC
1921 NORTH 5TH STREET
STROUDSBURG, PA 18360

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/22/2018 | 10/22/2019 | Renewal - Installment # 3 | 04/22/2019 \$ | 226.00 |
| Total Installment Due | | | | \$ 226.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 226.00

Thank you for your business

Policy Number: AXCP24211

SQUARE VOLTAIC ELECTRIC LLC
1921 NORTH 5TH STREET
STROUDSBURG, PA 18360

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24211

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24221
A2Z MAINTENANCE AND REPAIR, LLC
5 HEMLOCK ROAD
HOWELL, NJ 07731

PRODUCER 720

FIVE STAR INSURANCE AGENCY, LLC
446A NEW BRUNSWICK AVENUE
FORDS, NJ 08863
(732) 738-5755

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/10/2018 | 10/10/2019 | Renewal - Installment # 3 | 04/10/2019 \$ | 371.00 |
| Total Installment Due | | | | \$ 371.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$588.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 371.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24221

A2Z MAINTENANCE AND REPAIR, LLC
5 HEMLOCK ROAD
HOWELL, NJ 07731

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/10/2018 | 10/10/2019 | Installment | 07/10/2019 | \$ 217.00 |
| Total Future Installments | | | | \$ 217.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24221
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24221
A2Z MAINTENANCE AND REPAIR, LLC
5 HEMLOCK ROAD
HOWELL, NJ 07731

PRODUCER 720

FIVE STAR INSURANCE AGENCY, LLC
446A NEW BRUNSWICK AVENUE
FORDS, NJ 08863
(732) 738-5755

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/10/2018 | 10/10/2019 | Renewal - Installment # 3 | 04/10/2019 \$ | 371.00 |
| Total Installment Due | | | | \$ 371.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$588.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 371.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24221

A2Z MAINTENANCE AND REPAIR, LLC
5 HEMLOCK ROAD
HOWELL, NJ 07731

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/10/2018 | 10/10/2019 | Installment | 07/10/2019 | \$ 217.00 |
| Total Future Installments | | | | \$ 217.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24221
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24255
BUDGET BLINDS OF
OCEAN COUNTY, LLC
1800 RIVIERA PARKWAY
POINT PLEASANT, NJ 08742

PRODUCER 742

COE-BROOKE INSURANCE AGENCY
2801 BRIDGE AVENUE
POINT PLEASANT, NJ 08742
(732) 899-6800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/18/2018 | 10/18/2019 | Renewal - Installment # 3 | 04/18/2019 \$ | 280.00 |
| Total Installment Due | | | | \$ 280.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 280.00

Thank you for your business

Policy Number: AXCP24255

BUDGET BLINDS OF
OCEAN COUNTY, LLC
1800 RIVIERA PARKWAY
POINT PLEASANT, NJ 08742

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24255

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24255
BUDGET BLINDS OF
OCEAN COUNTY, LLC
1800 RIVIERA PARKWAY
POINT PLEASANT, NJ 08742

PRODUCER 742

COE-BROOKE INSURANCE AGENCY
2801 BRIDGE AVENUE
POINT PLEASANT, NJ 08742
(732) 899-6800

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/18/2018 | 10/18/2019 | Renewal - Installment # 3 | 04/18/2019 \$ | 280.00 |
| Total Installment Due | | | | \$ 280.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 280.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24255

BUDGET BLINDS OF
OCEAN COUNTY, LLC
1800 RIVIERA PARKWAY
POINT PLEASANT, NJ 08742

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24255

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24256
MARK SCHOMBER
T/A SCHOMBER ELECTRIC
978 LAKEHURST AVE
JACKSON, NJ 08527

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/17/2018 | 10/17/2019 | Renewal - Installment # 3 | 04/17/2019 \$ | 148.00 |
| Total Installment Due | | | | \$ 148.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$231.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 148.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24256

MARK SCHOMBER
T/A SCHOMBER ELECTRIC
978 LAKEHURST AVE
JACKSON, NJ 08527

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/17/2018 | 10/17/2019 | Installment | 07/17/2019 | \$ 83.00 |
| Total Future Installments | | | | \$ 83.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24256
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24256
MARK SCHOMBER
T/A SCHOMBER ELECTRIC
978 LAKEHURST AVE
JACKSON, NJ 08527

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/17/2018 | 10/17/2019 | Renewal - Installment # 3 | 04/17/2019 \$ | 148.00 |
| Total Installment Due | | | | \$ 148.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$231.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: 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: AXCP24256

MARK SCHOMBER
T/A SCHOMBER ELECTRIC
978 LAKEHURST AVE
JACKSON, NJ 08527

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/17/2018 | 10/17/2019 | Installment | 07/17/2019 | \$ 83.00 |
| Total Future Installments | | | | \$ 83.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24256
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM24274
DAVID DIAMOND
& ROCK KEY LLC
PO BOX 181
MEDFORD, NJ 08055

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/05/2018 | 10/05/2019 | Renewal - Installment # 3 | 04/05/2019 \$ | 424.00 |
| Total Installment Due | | | | \$ 424.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$673.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 424.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM24274

DAVID DIAMOND
& ROCK KEY LLC
PO BOX 181
MEDFORD, NJ 08055

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/05/2018 | 10/05/2019 | Installment | 07/05/2019 | \$ 249.00 |
| Total Future Installments | | | | \$ 249.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM24274

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM24274
DAVID DIAMOND
& ROCK KEY LLC
PO BOX 181
MEDFORD, NJ 08055

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/05/2018 | 10/05/2019 | Renewal - Installment # 3 | 04/05/2019 \$ | 424.00 |
| Total Installment Due | | | | \$ 424.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$673.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 424.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXUM24274

DAVID DIAMOND
& ROCK KEY LLC
PO BOX 181
MEDFORD, NJ 08055

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/05/2018 | 10/05/2019 | Installment | 07/05/2019 | \$ 249.00 |
| Total Future Installments | | | | \$ 249.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM24274

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB24293
ADELE CHRISTENSEN
T/A ADELE'S JEWELLED TREASURES
PO BOX 222
VILLAS, NJ 08251

PRODUCER 128
J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/05/2018 | 11/05/2019 | Amount is Past Due | 03/05/2019 \$ | 273.00 |
| 11/05/2018 | 11/05/2019 | Renewal - Installment # 6 | 04/05/2019 \$ | 273.00 |
| 11/05/2018 | 11/05/2019 | Renewal - Installment # 7 | 05/05/2019 \$ | 263.00 |
| Total Installment Due | | | | \$ 809.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 809.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB24293

ADELE CHRISTENSEN
T/A ADELE'S JEWELLED TREASURES
PO BOX 222
VILLAS, NJ 08251

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/05/2018 | 11/05/2019 | Installment | 06/05/2019 | \$ 263.00 |
| 11/05/2018 | 11/05/2019 | Installment | 07/05/2019 | \$ 263.00 |
| 11/05/2018 | 11/05/2019 | Installment | 08/05/2019 | \$ 235.00 |
| Total Future Installments | | | | \$ 761.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24293

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24293
ADELE CHRISTENSEN
T/A ADELE'S JEWELLED TREASURES
PO BOX 222
VILLAS, NJ 08251

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/05/2018 | 11/05/2019 | Amount is Past Due | 03/05/2019 \$ | 273.00 |
| 11/05/2018 | 11/05/2019 | Renewal - Installment # 6 | 04/05/2019 \$ | 273.00 |
| 11/05/2018 | 11/05/2019 | Renewal - Installment # 7 | 05/05/2019 \$ | 263.00 |
| Total Installment Due | | | | \$ 809.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 809.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB24293

ADELE CHRISTENSEN
T/A ADELE'S JEWELLED TREASURES
PO BOX 222
VILLAS, NJ 08251

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/05/2018 | 11/05/2019 | Installment | 06/05/2019 | \$ 263.00 |
| 11/05/2018 | 11/05/2019 | Installment | 07/05/2019 | \$ 263.00 |
| 11/05/2018 | 11/05/2019 | Installment | 08/05/2019 | \$ 235.00 |
| Total Future Installments | | | | \$ 761.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24293

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24297
I.J.J.INC & Z & A MANAGEMENT LLC
D/B/A STOP N SHOP, EAST COAST
CATERING
769 AVENUE A
BAYONNE, NJ 07002

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 11/12/2018 | 11/12/2019 | Amount is Past Due | 03/17/2019 | \$ 995.00 |
| 11/12/2018 | 11/12/2019 | Renewal - Installment # 6 | 04/17/2019 | \$ 995.00 |
| 11/12/2018 | 11/12/2019 | Renewal - Installment # 7 | 05/17/2019 | \$ 985.00 |
| Total Installment Due | | | | \$ 2,975.00 |

Mortgagee Information

BAYONNE COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,975.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24297

Mortgagee Information

BAYONNE COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

I.J.J.INC & Z & A MANAGEMENT LLC
D/B/A STOP N SHOP, EAST COAST
CATERING
769 AVENUE A
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/12/2018 | 11/12/2019 | Installment | 06/17/2019 | \$ 985.00 |
| 11/12/2018 | 11/12/2019 | Installment | 07/17/2019 | \$ 985.00 |
| 11/12/2018 | 11/12/2019 | Installment | 08/17/2019 | \$ 875.00 |
| Total Future Installments | | | | \$ 2,845.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24297

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24297
I.J.J.INC & Z & A MANAGEMENT LLC
D/B/A STOP N SHOP, EAST COAST
CATERING
769 AVENUE A
BAYONNE, NJ 07002

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 11/12/2018 | 11/12/2019 | Amount is Past Due | 03/17/2019 | \$ 995.00 |
| 11/12/2018 | 11/12/2019 | Renewal - Installment # 6 | 04/17/2019 | \$ 995.00 |
| 11/12/2018 | 11/12/2019 | Renewal - Installment # 7 | 05/17/2019 | \$ 985.00 |
| Total Installment Due | | | | \$ 2,975.00 |

Mortgagee Information

BAYONNE COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,975.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24297

Mortgagee Information

BAYONNE COMMUNITY BANK
104-110 AVENUE C
BAYONNE, NJ 07002

I.J.J.INC & Z & A MANAGEMENT LLC
D/B/A STOP N SHOP, EAST COAST
CATERING
769 AVENUE A
BAYONNE, NJ 07002

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/12/2018 | 11/12/2019 | Installment | 06/17/2019 | \$ 985.00 |
| 11/12/2018 | 11/12/2019 | Installment | 07/17/2019 | \$ 985.00 |
| 11/12/2018 | 11/12/2019 | Installment | 08/17/2019 | \$ 875.00 |
| Total Future Installments | | | | \$ 2,845.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24297

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24316
GEORGE F. SCHMID, M.D.
714 SOUTH WHITE HORSE PIKE
AUDUBON, NJ 08106

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/31/2018 | 10/31/2019 | Renewal - Installment # 3 | 04/30/2019 \$ | 496.00 |
| Total Installment Due | | | | \$ 496.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$788.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 496.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24316

GEORGE F. SCHMID, M.D.
714 SOUTH WHITE HORSE PIKE
AUDUBON, NJ 08106

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/31/2018 | 10/31/2019 | Installment | 07/31/2019 | \$ 292.00 |
| Total Future Installments | | | | \$ 292.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24316

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24316
GEORGE F. SCHMID, M.D.
714 SOUTH WHITE HORSE PIKE
AUDUBON, NJ 08106

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/31/2018 | 10/31/2019 | Renewal - Installment # 3 | 04/30/2019 \$ | 496.00 |
| Total Installment Due | | | | \$ 496.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$788.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 496.00

Thank you for your business

Policy Number: AXB24316

GEORGE F. SCHMID, M.D.
714 SOUTH WHITE HORSE PIKE
AUDUBON, NJ 08106

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/31/2018 | 10/31/2019 | Installment | 07/31/2019 | \$ 292.00 |
| Total Future Installments | | | | \$ 292.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24316

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24372
MAINSTREAM 57, LLC
57 WEST MAIN STREET
FREEHOLD, NJ 07728

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 11/01/2018 | 11/01/2019 | Amount is Past Due | 03/12/2019 | \$ 478.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 6 | 04/12/2019 | \$ 478.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 7 | 05/12/2019 | \$ 468.00 |
| Total Installment Due | | | | \$ 1,424.00 |

Mortgagee Information

SUN NATIONAL BANK
CONSUMER LOAN DEPT
PO BOX 99
MT LAUREL, NJ 08055
LOAN NO.: 70014745

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,424.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24372

MAINSTREAM 57, LLC
57 WEST MAIN STREET
FREEHOLD, NJ 07728

Mortgagee Information

SUN NATIONAL BANK
CONSUMER LOAN DEPT
PO BOX 99
MT LAUREL, NJ 08055
LOAN NO.: 70014745

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/01/2018 | 11/01/2019 | Installment | 06/12/2019 | \$ 468.00 |
| 11/01/2018 | 11/01/2019 | Installment | 07/12/2019 | \$ 468.00 |
| 11/01/2018 | 11/01/2019 | Installment | 08/12/2019 | \$ 416.00 |
| Total Future Installments | | | | \$ 1,352.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24372

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24372
MAINSTREAM 57, LLC
57 WEST MAIN STREET
FREEHOLD, NJ 07728

PRODUCER 110

BOYNTON & BOYNTON
PO BOX 887
RED BANK, NJ 07701
(732) 747-0800

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 11/01/2018 | 11/01/2019 | Amount is Past Due | 03/12/2019 | \$ 478.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 6 | 04/12/2019 | \$ 478.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 7 | 05/12/2019 | \$ 468.00 |
| Total Installment Due | | | | \$ 1,424.00 |

Mortgagee Information

SUN NATIONAL BANK
CONSUMER LOAN DEPT
PO BOX 99
MT LAUREL, NJ 08055
LOAN NO.: 70014745

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,424.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24372

MAINSTREAM 57, LLC
57 WEST MAIN STREET
FREEHOLD, NJ 07728

Mortgagee Information

SUN NATIONAL BANK
CONSUMER LOAN DEPT
PO BOX 99
MT LAUREL, NJ 08055
LOAN NO.: 70014745

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 11/01/2018 | 11/01/2019 | Installment | 06/12/2019 | \$ 468.00 |
| 11/01/2018 | 11/01/2019 | Installment | 07/12/2019 | \$ 468.00 |
| 11/01/2018 | 11/01/2019 | Installment | 08/12/2019 | \$ 416.00 |
| Total Future Installments | | | | \$ 1,352.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24372

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24387
TODD ZAFONTE
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT
13 VAN BLARCOM AVE
MIDLAND PARK, NJ 07432

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 3 | 05/24/2019 \$ | 366.00 |
| Total Installment Due | | | | \$ 366.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$580.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 366.00

Thank you for your business

Policy Number: AXCP24387

TODD ZAFONTE
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT
13 VAN BLARCOM AVE
MIDLAND PARK, NJ 07432

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/24/2018 | 11/24/2019 | Installment | 08/24/2019 | \$ 214.00 |
| Total Future Installments | | | | \$ 214.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24387

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24387
TODD ZAFONTE
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT
13 VAN BLARCOM AVE
MIDLAND PARK, NJ 07432

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 3 | 05/24/2019 \$ | 366.00 |
| Total Installment Due | | | | \$ 366.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$580.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 366.00

Thank you for your business

Policy Number: AXCP24387

TODD ZAFONTE
D/B/A KITCHENS & BATHS BY KUSTOM KRAFT
13 VAN BLARCOM AVE
MIDLAND PARK, NJ 07432

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/24/2018 | 11/24/2019 | Installment | 08/24/2019 | \$ 214.00 |
| Total Future Installments | | | | \$ 214.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24387

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24471
YOUNG & CHONG SHIN
T/A DELI PLUS
3001 EAST STATE STREET EXTENSION
HAMILTON, NJ 08619

PRODUCER 700

CHEN & ASSOCIATES INC
750 ROUTE 73 SOUTH
UNIT 309B
MARLTON, NJ 08053
(856) 988-1830

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 2 | 03/24/2019 \$ | 969.00 |
| Total Installment Due | | | | \$ 969.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,504.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PNC BANK, N A
BUSINESS BANKING
TWO- TOWER CENTER BOULEVARD
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 969.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24471

YOUNG & CHONG SHIN
T/A DELI PLUS
3001 EAST STATE STREET EXTENSION
HAMILTON, NJ 08619

Mortgagee Information

PNC BANK, N A
BUSINESS BANKING
TWO- TOWER CENTER BOULEVARD
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/24/2018 | 12/24/2019 | Installment | 06/24/2019 | \$ 959.00 |
| 12/24/2018 | 12/24/2019 | Installment | 09/24/2019 | \$ 576.00 |
| Total Future Installments | | | | \$ 1,535.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24471

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24471
YOUNG & CHONG SHIN
T/A DELI PLUS
3001 EAST STATE STREET EXTENSION
HAMILTON, NJ 08619

PRODUCER 700

CHEN & ASSOCIATES INC
750 ROUTE 73 SOUTH
UNIT 309B
MARLTON, NJ 08053
(856) 988-1830

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 12/24/2018 | 12/24/2019 | Renewal - Installment # 2 | 03/24/2019 | \$ 969.00 |
| Total Installment Due | | | | \$ 969.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,504.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PNC BANK, N A
BUSINESS BANKING
TWO- TOWER CENTER BOULEVARD
EAST BRUNSWICK, NJ 08816

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 969.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB24471

YOUNG & CHONG SHIN
T/A DELI PLUS
3001 EAST STATE STREET EXTENSION
HAMILTON, NJ 08619

Mortgagee Information

PNC BANK, N A
BUSINESS BANKING
TWO- TOWER CENTER BOULEVARD
EAST BRUNSWICK, NJ 08816

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/24/2018 | 12/24/2019 | Installment | 06/24/2019 | \$ 959.00 |
| 12/24/2018 | 12/24/2019 | Installment | 09/24/2019 | \$ 576.00 |
| Total Future Installments | | | | \$ 1,535.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24471

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24501
CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

PRODUCER 760

SANFORD INSURANCE GROUP LLC
210 BELLEVUE AVENUE
UPPER MONTCLAIR, NJ 07043
(973) 783-6600

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/29/2018 | 12/29/2019 | Renewal - Installment # 2 | 03/29/2019 \$ | 2,848.00 |
| Total Installment Due | | | | \$ 2,848.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,686.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,848.00

Thank you for your business

Policy Number: AXB24501

CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 12/29/2018 | 12/29/2019 | Installment | 06/29/2019 | \$ 2,838.00 |
| Total Future Installments | | | | \$ 2,838.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB24501
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24501
CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

PRODUCER 760

SANFORD INSURANCE GROUP LLC
210 BELLEVUE AVENUE
UPPER MONTCLAIR, NJ 07043
(973) 783-6600

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/29/2018 | 12/29/2019 | Renewal - Installment # 2 | 03/29/2019 \$ | 2,848.00 |
| Total Installment Due | | | | \$ 2,848.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,686.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,848.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB24501

CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/29/2018 | 12/29/2019 | Installment | 06/29/2019 | \$ 2,838.00 |
| Total Future Installments | | | | \$ 2,838.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24501

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM24502
CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

PRODUCER 760

SANFORD INSURANCE GROUP LLC
210 BELLEVUE AVENUE
UPPER MONTCLAIR, NJ 07043
(973) 783-6600

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/29/2018 | 12/29/2019 | Renewal - Installment # 2 | 03/29/2019 \$ | 180.00 |
| Total Installment Due | | | | \$ 180.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$350.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 180.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM24502

CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/29/2018 | 12/29/2019 | Installment | 06/29/2019 | \$ 170.00 |
| Total Future Installments | | | | \$ 170.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM24502

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM24502
CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

PRODUCER 760

SANFORD INSURANCE GROUP LLC
210 BELLEVUE AVENUE
UPPER MONTCLAIR, NJ 07043
(973) 783-6600

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/29/2018 | 12/29/2019 | Renewal - Installment # 2 | 03/29/2019 \$ | 180.00 |
| Total Installment Due | | | | \$ 180.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$350.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 180.00

Thank you for your business

Policy Number: AXUM24502

CARMELA DE SIMONE
T/A FRANKLIN CENTER
205 FRANKLIN AVENUE
APT 1
NUTLEY, NJ 07110

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/29/2018 | 12/29/2019 | Installment | 06/29/2019 | \$ 170.00 |
| Total Future Installments | | | | \$ 170.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM24502

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24537
GILCHRIST OFFSHORE LLC
& GILCHRIST ENTERPRISES INC
406 E HIGHLANDS AVENUE
GALLOWAY, NJ 08205

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/08/2019 | 01/08/2020 | Renewal - Installment # 2 | 04/08/2019 \$ | 397.00 |
| Total Installment Due | | | | \$ 397.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,033.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 397.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24537

GILCHRIST OFFSHORE LLC
& GILCHRIST ENTERPRISES INC
406 E HIGHLANDS AVENUE
GALLOWAY, NJ 08205

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/08/2019 | 01/08/2020 | Installment | 07/08/2019 | \$ 397.00 |
| 01/08/2019 | 01/08/2020 | Installment | 10/08/2019 | \$ 239.00 |
| Total Future Installments | | | | \$ 636.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24537

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24537
GILCHRIST OFFSHORE LLC
& GILCHRIST ENTERPRISES INC
406 E HIGHLANDS AVENUE
GALLOWAY, NJ 08205

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/08/2019 | 01/08/2020 | Renewal - Installment # 2 | 04/08/2019 \$ | 397.00 |
| Total Installment Due | | | | \$ 397.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,033.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 397.00

Thank you for your business

Policy Number: AXB24537

GILCHRIST OFFSHORE LLC
& GILCHRIST ENTERPRISES INC
406 E HIGHLANDS AVENUE
GALLOWAY, NJ 08205

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/08/2019 | 01/08/2020 | Installment | 07/08/2019 | \$ 397.00 |
| 01/08/2019 | 01/08/2020 | Installment | 10/08/2019 | \$ 239.00 |
| Total Future Installments | | | | \$ 636.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24537

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXUM24577
TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Amount is Past Due | 03/06/2019 | \$ 110.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 5 | 04/06/2019 | \$ 110.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 6 | 05/06/2019 | \$ 100.00 |
| Total Installment Due | | | | \$ 320.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 320.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM24577

TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Installment | 06/06/2019 | \$ 100.00 |
| 12/06/2018 | 12/06/2019 | Installment | 07/06/2019 | \$ 100.00 |
| 12/06/2018 | 12/06/2019 | Installment | 08/06/2019 | \$ 100.00 |
| 12/06/2018 | 12/06/2019 | Installment | 09/06/2019 | \$ 88.00 |
| Total Future Installments | | | | \$ 388.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM24577

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXUM24577
TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
COMMERCIAL UMBRELLA

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/06/2018 | 12/06/2019 | Amount is Past Due | 03/06/2019 \$ | 110.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 5 | 04/06/2019 \$ | 110.00 |
| 12/06/2018 | 12/06/2019 | Renewal - Installment # 6 | 05/06/2019 \$ | 100.00 |
| Total Installment Due | | | | \$ 320.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 320.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXUM24577

TOOTIES HOME COOKING, INC, ONE LAKVIEW DRIVE, LLC
14 STORY ST, LLC AND HARRY & LORIE BRUSNAHAN
46 MAIN STREET
NEW EGYPT, NJ 08533

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/06/2018 | 12/06/2019 | Installment | 06/06/2019 | \$ 100.00 |
| 12/06/2018 | 12/06/2019 | Installment | 07/06/2019 | \$ 100.00 |
| 12/06/2018 | 12/06/2019 | Installment | 08/06/2019 | \$ 100.00 |
| 12/06/2018 | 12/06/2019 | Installment | 09/06/2019 | \$ 88.00 |
| Total Future Installments | | | | \$ 388.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXUM24577

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24583
JOHN SOWAKINAS
201 BAY COURT
BAYVILLE, NJ 08721

PRODUCER 195

RLM AGENCY
23 COLFAX AVENUE REAR
POMPTON LAKES, NJ 07442
(973) 835-6171

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 406.00 |
| Total Installment Due | | | | \$ 406.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$809.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 406.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24583

JOHN SOWAKINAS
201 BAY COURT
BAYVILLE, NJ 08721

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 403.00 |
| Total Future Installments | | | | \$ 403.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24583

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24583
JOHN SOWAKINAS
201 BAY COURT
BAYVILLE, NJ 08721

PRODUCER 195

RLM AGENCY
23 COLFAX AVENUE REAR
POMPTON LAKES, NJ 07442
(973) 835-6171

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/11/2019 | 01/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 406.00 |
| Total Installment Due | | | | \$ 406.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$809.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 406.00

Thank you for your business

Policy Number: AXCP24583

JOHN SOWAKINAS
201 BAY COURT
BAYVILLE, NJ 08721

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/11/2019 | 01/11/2020 | Installment | 07/11/2019 | \$ 403.00 |
| Total Future Installments | | | | \$ 403.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24583
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24641
611 MAIN STREET, LLC
P.O. BOX 4806
TOMS RIVER, NJ 08754

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/16/2019 | 01/16/2020 | Renewal - Installment # 2 | 04/16/2019 \$ | 1,026.00 |
| Total Installment Due | | | | \$ 1,026.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,652.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

OCEAN FIRST BANK NA
975 HOOPER AVE.
P.O. BOX 2009
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,026.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24641

611 MAIN STREET, LLC
P.O. BOX 4806
TOMS RIVER, NJ 08754

Mortgagee Information

OCEAN FIRST BANK NA
975 HOOPER AVE.
P.O. BOX 2009
TOMS RIVER, NJ 08754

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/16/2019 | 01/16/2020 | Installment | 07/16/2019 | \$ 1,016.00 |
| 01/16/2019 | 01/16/2020 | Installment | 10/16/2019 | \$ 610.00 |
| Total Future Installments | | | | \$ 1,626.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24641

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24641
611 MAIN STREET, LLC
P.O. BOX 4806
TOMS RIVER, NJ 08754

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/16/2019 | 01/16/2020 | Renewal - Installment # 2 | 04/16/2019 \$ | 1,026.00 |
| Total Installment Due | | | | \$ 1,026.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,652.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

OCEAN FIRST BANK NA
975 HOOPER AVE.
P.O. BOX 2009
TOMS RIVER, NJ 08754

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,026.00

Thank you for your business

Policy Number: AXB24641

611 MAIN STREET, LLC
P.O. BOX 4806
TOMS RIVER, NJ 08754

Mortgagee Information

OCEAN FIRST BANK NA
975 HOOPER AVE.
P.O. BOX 2009
TOMS RIVER, NJ 08754

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/16/2019 | 01/16/2020 | Installment | 07/16/2019 | \$ 1,016.00 |
| 01/16/2019 | 01/16/2020 | Installment | 10/16/2019 | \$ 610.00 |
| Total Future Installments | | | | \$ 1,626.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24641

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24675
ECLIPSE HEATING & AIR CONDITIONING, LLC
420 LAURITA STREET
LINDEN, NJ 07036

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/24/2019 | 02/24/2020 | Renewal - Installment # 2 | 05/24/2019 \$ | 447.00 |
| Total Installment Due | | | | \$ 447.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,145.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 447.00

Thank you for your business

Policy Number: AXCP24675

ECLIPSE HEATING & AIR CONDITIONING, LLC
420 LAURITA STREET
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/24/2019 | 02/24/2020 | Installment | 08/24/2019 | \$ 437.00 |
| 02/24/2019 | 02/24/2020 | Installment | 11/24/2019 | \$ 261.00 |
| Total Future Installments | | | | \$ 698.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24675

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24675
ECLIPSE HEATING & AIR CONDITIONING, LLC
420 LAURITA STREET
LINDEN, NJ 07036

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/24/2019 | 02/24/2020 | Renewal - Installment # 2 | 05/24/2019 \$ | 447.00 |
| Total Installment Due | | | | \$ 447.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,145.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 447.00

Thank you for your business

Policy Number: AXCP24675

ECLIPSE HEATING & AIR CONDITIONING, LLC
420 LAURITA STREET
LINDEN, NJ 07036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/24/2019 | 02/24/2020 | Installment | 08/24/2019 | \$ 437.00 |
| 02/24/2019 | 02/24/2020 | Installment | 11/24/2019 | \$ 261.00 |
| Total Future Installments | | | | \$ 698.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24675

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24681
INSETTA ELECTRICAL CONTRACTORS LLC
1204 73RD ST
NORTH BERGEN, NJ 07047

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/16/2019 | 01/16/2020 | Renewal - Installment # 2 | 04/16/2019 \$ | 256.00 |
| Total Installment Due | | | | \$ 256.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$502.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 256.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24681

INSETTA ELECTRICAL CONTRACTORS LLC
1204 73RD ST
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 01/16/2019 | 01/16/2020 | Installment | 07/16/2019 | \$ 246.00 |
| Total Future Installments | | | | \$ 246.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24681
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24681
INSETTA ELECTRICAL CONTRACTORS LLC
1204 73RD ST
NORTH BERGEN, NJ 07047

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/16/2019 | 01/16/2020 | Renewal - Installment # 2 | 04/16/2019 \$ | 256.00 |
| Total Installment Due | | | | \$ 256.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$502.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 256.00

Thank you for your business

Policy Number: AXCP24681

INSETTA ELECTRICAL CONTRACTORS LLC
1204 73RD ST
NORTH BERGEN, NJ 07047

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/16/2019 | 01/16/2020 | Installment | 07/16/2019 | \$ 246.00 |
| Total Future Installments | | | | \$ 246.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24681

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24754
STEVE TANK & CO., INC
327 CLARKSTOWN ROAD
MAYS LANDING, NJ 08330

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/25/2019 | 02/25/2020 | Amount is Past Due | 02/25/2019 \$ | 753.00 |
| 02/25/2019 | 02/25/2020 | Renewal - Installment # 2 | 05/25/2019 \$ | 561.00 |
| Total Installment Due | | | | \$ 1,314.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,865.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,314.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24754

STEVE TANK & CO., INC
327 CLARKSTOWN ROAD
MAYS LANDING, NJ 08330

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/25/2019 | 02/25/2020 | Installment | 08/25/2019 | \$ 551.00 |
| Total Future Installments | | | | \$ 551.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24754
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24754
STEVE TANK & CO., INC
327 CLARKSTOWN ROAD
MAYS LANDING, NJ 08330

PRODUCER 133

DAVIES AND ASSOCIATES
80 FLORAL AVENUE
MURRAY HILL SQUARE
MURRAY HILL, NJ 07974
(908) 464-6100

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/25/2019 | 02/25/2020 | Amount is Past Due | 02/25/2019 \$ | 753.00 |
| 02/25/2019 | 02/25/2020 | Renewal - Installment # 2 | 05/25/2019 \$ | 561.00 |
| Total Installment Due | | | | \$ 1,314.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,865.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,314.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24754

STEVE TANK & CO., INC
327 CLARKSTOWN ROAD
MAYS LANDING, NJ 08330

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/25/2019 | 02/25/2020 | Installment | 08/25/2019 | \$ 551.00 |
| Total Future Installments | | | | \$ 551.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24754
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24766
COMMERCIAL AND INDUSTRIAL INSULATORS INC
1418 CHESTNUT AVENUE
VOORHEES, NJ 08043

PRODUCER 142

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/14/2019 | 02/14/2020 | Renewal - Installment # 3 | 04/14/2019 \$ | 131.00 |
| 02/14/2019 | 02/14/2020 | Renewal - Installment # 4 | 05/14/2019 \$ | 121.00 |
| Total Installment Due | | | | \$ 252.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$965.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 252.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24766

COMMERCIAL AND INDUSTRIAL INSULATORS INC
1418 CHESTNUT AVENUE
VOORHEES, NJ 08043

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/14/2019 | 02/14/2020 | Installment | 06/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 07/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 08/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 09/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 10/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 11/14/2019 | \$ 108.00 |
| Total Future Installments | | | | \$ 713.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24766

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24766
COMMERCIAL AND INDUSTRIAL INSULATORS INC
1418 CHESTNUT AVENUE
VOORHEES, NJ 08043

PRODUCER 142

EHLY-COSENZA INSURANCE
151 EAST EVESHAM ROAD
PO BOX 318
RUNNEMEDE, NJ 08078
(856) 939-1313

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/14/2019 | 02/14/2020 | Renewal - Installment # 3 | 04/14/2019 \$ | 131.00 |
| 02/14/2019 | 02/14/2020 | Renewal - Installment # 4 | 05/14/2019 \$ | 121.00 |
| Total Installment Due | | | | \$ 252.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$965.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 252.00

Thank you for your business

Policy Number: AXCP24766

COMMERCIAL AND INDUSTRIAL INSULATORS INC
1418 CHESTNUT AVENUE
VOORHEES, NJ 08043

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/14/2019 | 02/14/2020 | Installment | 06/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 07/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 08/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 09/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 10/14/2019 | \$ 121.00 |
| 02/14/2019 | 02/14/2020 | Installment | 11/14/2019 | \$ 108.00 |
| Total Future Installments | | | | \$ 713.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24766

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24775
LARRY COLONNA
T/A LARRY COLONNA PLUMBING
5 ARDSLEY COURT
HOLMDEL, NJ 07733

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/05/2019 | 02/05/2020 | Renewal - Installment # 2 | 05/05/2019 \$ | 491.00 |
| Total Installment Due | | | | \$ 491.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$972.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 491.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24775

LARRY COLONNA
T/A LARRY COLONNA PLUMBING
5 ARDSLEY COURT
HOLMDEL, NJ 07733

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/05/2019 | 02/05/2020 | Installment | 08/05/2019 | \$ 481.00 |
| Total Future Installments | | | | \$ 481.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24775
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24775
LARRY COLONNA
T/A LARRY COLONNA PLUMBING
5 ARDSLEY COURT
HOLMDEL, NJ 07733

PRODUCER 173

JAMES C FRANCHINO AGENCY INC
132 COLUMBIA TPKE
FLORHAM PARK, NJ 07932
(973) 377-6100

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/05/2019 | 02/05/2020 | Renewal - Installment # 2 | 05/05/2019 \$ | 491.00 |
| Total Installment Due | | | | \$ 491.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$972.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 491.00

Thank you for your business

Policy Number: AXCP24775

LARRY COLONNA
T/A LARRY COLONNA PLUMBING
5 ARDSLEY COURT
HOLMDEL, NJ 07733

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 02/05/2019 | 02/05/2020 | Installment | 08/05/2019 | \$ 481.00 |
| Total Future Installments | | | | \$ 481.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCP24775
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB24782
HAMMONTON DISCOUNT LIQUOR &
BAR INC T/A RAILROAD BAR & GRILL
250 MIDDLE ROAD
HAMMONTON, NJ 08037

PRODUCER 754

M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037
(609) 561-1200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 1,774.00 |
| Total Installment Due | | | | \$ 1,774.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,538.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

INVESTORS BANK
101 WOOD AVE SOUTH
ISELIN, NJ 08830

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,774.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24782

HAMMONTON DISCOUNT LIQUOR &
BAR INC T/A RAILROAD BAR & GRILL
250 MIDDLE ROAD
HAMMONTON, NJ 08037

Mortgagee Information

INVESTORS BANK
101 WOOD AVE SOUTH
ISELIN, NJ 08830

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 1,764.00 |
| Total Future Installments | | | | \$ 1,764.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB24782
Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24782
HAMMONTON DISCOUNT LIQUOR &
BAR INC T/A RAILROAD BAR & GRILL
250 MIDDLE ROAD
HAMMONTON, NJ 08037

PRODUCER 754

M L RUBERTON AGENCY
401 12TH STREET
HAMMONTON, NJ 08037
(609) 561-1200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/01/2019 | 02/01/2020 | Renewal - Installment # 2 | 05/01/2019 \$ | 1,774.00 |
| Total Installment Due | | | | \$ 1,774.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,538.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

INVESTORS BANK
101 WOOD AVE SOUTH
ISELIN, NJ 08830

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,774.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24782

HAMMONTON DISCOUNT LIQUOR &
BAR INC T/A RAILROAD BAR & GRILL
250 MIDDLE ROAD
HAMMONTON, NJ 08037

Mortgagee Information

INVESTORS BANK
101 WOOD AVE SOUTH
ISELIN, NJ 08830

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 1,764.00 |
| Total Future Installments | | | | \$ 1,764.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB24782
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24842
MATT BARRON INC
3 GLENWOOD DRIVE
MONTVILLE, NJ 07045

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/14/2019 | 02/14/2020 | Renewal - Installment # 2 | 05/14/2019 \$ | 326.00 |
| Total Installment Due | | | | \$ 326.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$832.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 326.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCP24842

MATT BARRON INC
3 GLENWOOD DRIVE
MONTVILLE, NJ 07045

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/14/2019 | 02/14/2020 | Installment | 08/14/2019 | \$ 316.00 |
| 02/14/2019 | 02/14/2020 | Installment | 11/14/2019 | \$ 190.00 |
| Total Future Installments | | | | \$ 506.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24842

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24842
MATT BARRON INC
3 GLENWOOD DRIVE
MONTVILLE, NJ 07045

PRODUCER 150

BIS IMPROVED INSURANCE AGENCY
T./A BIS IMPROVED INSURANCE AGENCY
520 SPEEDWELL AVENUE
SUITE 105
MORRIS PLAINS, NJ 07950
(973) 683-1000

Policy Type:

SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/14/2019 | 02/14/2020 | Renewal - Installment # 2 | 05/14/2019 \$ | 326.00 |
| Total Installment Due | | | | \$ 326.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$832.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 326.00

Thank you for your business

Policy Number: AXCP24842

MATT BARRON INC
3 GLENWOOD DRIVE
MONTVILLE, NJ 07045

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/14/2019 | 02/14/2020 | Installment | 08/14/2019 | \$ 316.00 |
| 02/14/2019 | 02/14/2020 | Installment | 11/14/2019 | \$ 190.00 |
| Total Future Installments | | | | \$ 506.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24842

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured
AXB24865
MONGE CORP.
C/O EDGARDO MONGE
478 VALLEY RD
CLIFTON, NJ 07013

PRODUCER 212
COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/14/2019 | 01/10/2020 | Renewal - Installment # 2 | 04/10/2019 \$ | 6,210.00 |
| Total Installment Due | | | | \$ 6,210.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$12,410.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,210.00

Thank you for your business

Policy Number: AXB24865

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

MONGE CORP.
C/O EDGARDO MONGE
478 VALLEY RD
CLIFTON, NJ 07013

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/14/2019 | 01/10/2020 | Installment | 07/10/2019 | \$ 6,200.00 |
| Total Future Installments | | | | \$ 6,200.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB24865

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB24865
MONGE CORP.
C/O EDGARDO MONGE
478 VALLEY RD
CLIFTON, NJ 07013

PRODUCER 212

COSTELLO & ASSOCIATES INSURANCE GROUP
265 UNION STREET
LODI, NJ 07644
(973) 777-8333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 02/14/2019 | 01/10/2020 | Renewal - Installment # 2 | 04/10/2019 | \$ 6,210.00 |
| Total Installment Due | | | | \$ 6,210.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$12,410.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 6,210.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB24865

MONGE CORP.
C/O EDGARDO MONGE
478 VALLEY RD
CLIFTON, NJ 07013

Mortgagee Information

UNITY BANK
64 OLD HIGHWAY 22
CLINTON, NJ 08809

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 02/14/2019 | 01/10/2020 | Installment | 07/10/2019 | \$ 6,200.00 |
| Total Future Installments | | | | \$ 6,200.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB24865
Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXBR24901
THE DOC'S PLACE LLC
DBA THE DOC'S PLACE AT HARBOUR COVE
AND MUGRUG, LLC
638-646 BAY AVENUE
SOMERS POINT, NJ 08244

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 03/01/2019 | \$ 2,427.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 | \$ 2,427.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 | \$ 2,148.00 |
| Total Installment Due | | | | \$ 7,002.00 |

Mortgagee Information

UNIVEST BANK AND TRUST CO
PO BOX 376
SODERTON, PA 18964

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,002.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR24901

Mortgagee Information

UNIVEST BANK AND TRUST CO
PO BOX 376
SODERTON, PA 18964

THE DOC'S PLACE LLC
DBA THE DOC'S PLACE AT HARBOUR COVE
AND MUGRUG, LLC
638-646 BAY AVENUE
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR24901

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXBR24901
THE DOC'S PLACE LLC
DBA THE DOC'S PLACE AT HARBOUR COVE
AND MUGRUG, LLC
638-646 BAY AVENUE
SOMERS POINT, NJ 08244

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
RESTAURANT BOP

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/01/2018 | 08/01/2019 | Amount is Past Due | 03/01/2019 | \$ 2,427.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 9 | 04/01/2019 | \$ 2,427.00 |
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 10 | 05/01/2019 | \$ 2,148.00 |
| Total Installment Due | | | | \$ 7,002.00 |

Mortgagee Information

UNIVEST BANK AND TRUST CO
PO BOX 376
SOUDERTON, PA 18964

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 7,002.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXBR24901

Mortgagee Information

UNIVEST BANK AND TRUST CO
PO BOX 376
SOUDERTON, PA 18964

THE DOC'S PLACE LLC
DBA THE DOC'S PLACE AT HARBOUR COVE
AND MUGRUG, LLC
638-646 BAY AVENUE
SOMERS POINT, NJ 08244

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXBR24901

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP24998
DANTE SCATTOLINI T/A
SCATTOLINI BROS & DAN THE HANDYMAN
611 N WILDWOOD BLVD
CAPE MAY COURTHOUSE, NJ 08210

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/27/2019 | 03/27/2020 | Renewal - Installment # 2 | 04/27/2019 \$ | 680.00 |
| 03/27/2019 | 03/27/2020 | Renewal - Installment # 3 | 05/27/2019 \$ | 670.00 |
| Total Installment Due | | | | \$ 1,350.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,521.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,350.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24998

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

DANTE SCATTOLINI T/A
SCATTOLINI BROS & DAN THE HANDYMAN
611 N WILDWOOD BLVD
CAPE MAY COURTHOUSE, NJ 08210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/27/2019 | 03/27/2020 | Installment | 06/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 07/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 08/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 09/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 10/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 11/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 12/27/2019 | \$ 597.00 |

Total Future Installments \$ 4,617.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24998

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP24998
DANTE SCATTOLINI T/A
SCATTOLINI BROS & DAN THE HANDYMAN
611 N WILDWOOD BLVD
CAPE MAY COURTHOUSE, NJ 08210

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/27/2019 | 03/27/2020 | Renewal - Installment # 2 | 04/27/2019 \$ | 680.00 |
| 03/27/2019 | 03/27/2020 | Renewal - Installment # 3 | 05/27/2019 \$ | 670.00 |
| Total Installment Due | | | | \$ 1,350.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,521.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,350.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP24998

Mortgagee Information

CAPE BANK
225 NORTH MAIN STREET
CAPE MAY COURT HOUSE, NJ 08210

DANTE SCATTOLINI T/A
SCATTOLINI BROS & DAN THE HANDYMAN
611 N WILDWOOD BLVD
CAPE MAY COURTHOUSE, NJ 08210

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/27/2019 | 03/27/2020 | Installment | 06/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 07/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 08/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 09/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 10/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 11/27/2019 | \$ 670.00 |
| 03/27/2019 | 03/27/2020 | Installment | 12/27/2019 | \$ 597.00 |

Total Future Installments \$ 4,617.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP24998

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB25043
CASTLE HARBOR DRIVE-IN, INC
59 ST. MIHIEL DRIVE
DELRAN, NJ 08075

PRODUCER 104

EARLE H SLOAN INC
33 SECOND STREET
PO BOX 1210
ELMER, NJ 08318
(856) 358-8161

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 03/13/2019 | 03/13/2020 | Amount is Past Due | 03/13/2019 \$ | 740.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 2 | 04/13/2019 \$ | 332.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 3 | 05/13/2019 \$ | 322.00 |
| Total Installment Due | | | | \$ 1,394.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,611.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,394.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB25043

CASTLE HARBOR DRIVE-IN, INC
59 ST. MIHIEL DRIVE
DELRAN, NJ 08075

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/13/2019 | 03/13/2020 | Installment | 06/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 07/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 08/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 09/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 10/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 11/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 12/13/2019 | \$ 285.00 |

Total Future Installments \$ 2,217.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB25043

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB25043
CASTLE HARBOR DRIVE-IN, INC
59 ST. MIHIEL DRIVE
DELRAN, NJ 08075

PRODUCER 104

EARLE H SLOAN INC
33 SECOND STREET
PO BOX 1210
ELMER, NJ 08318
(856) 358-8161

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 03/13/2019 | 03/13/2020 | Amount is Past Due | 03/13/2019 | \$ 740.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 2 | 04/13/2019 | \$ 332.00 |
| 03/13/2019 | 03/13/2020 | Renewal - Installment # 3 | 05/13/2019 | \$ 322.00 |
| Total Installment Due | | | | \$ 1,394.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,611.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,394.00

Thank you for your business

Policy Number: AXB25043

CASTLE HARBOR DRIVE-IN, INC
59 ST. MIHIEL DRIVE
DELRAN, NJ 08075

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/13/2019 | 03/13/2020 | Installment | 06/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 07/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 08/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 09/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 10/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 11/13/2019 | \$ 322.00 |
| 03/13/2019 | 03/13/2020 | Installment | 12/13/2019 | \$ 285.00 |

Total Future Installments \$ 2,217.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB25043

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB25094
JACK TROCKI DEVELOPMENT, LLC
PO BOX 689
NORTHFIELD, NJ 08225

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 04/04/2019 | 04/04/2020 | Renewal - Installment # 2 | 05/04/2019 \$ | 936.00 |
| Total Installment Due | | | | \$ 936.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,357.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 936.00

Thank you for your business

Policy Number: AXB25094

JACK TROCKI DEVELOPMENT, LLC
PO BOX 689
NORTHFIELD, NJ 08225

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 04/04/2019 | 04/04/2020 | Installment | 06/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 07/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 08/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 09/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 10/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 11/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 12/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 01/04/2020 | \$ 823.00 |
| Total Future Installments | | | | \$ 7,305.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB25094

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB25094
JACK TROCKI DEVELOPMENT, LLC
PO BOX 689
NORTHFIELD, NJ 08225

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 04/04/2019 | 04/04/2020 | Renewal - Installment # 2 | 05/04/2019 \$ | 936.00 |
| Total Installment Due | | | | \$ 936.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$10,357.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 936.00

Thank you for your business

Policy Number: AXB25094

JACK TROCKI DEVELOPMENT, LLC
PO BOX 689
NORTHFIELD, NJ 08225

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 04/04/2019 | 04/04/2020 | Installment | 06/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 07/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 08/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 09/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 10/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 11/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 12/04/2019 | \$ 926.00 |
| 04/04/2019 | 04/04/2020 | Installment | 01/04/2020 | \$ 823.00 |
| Total Future Installments | | | | \$ 7,305.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB25094

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCP25394
CLIFFORD BREECE T/A
BREECE TILE
60 BURTIS AVENUE
HAMILTON SQUARE, NJ 08690

PRODUCER 751

BEATTY & ASSOCIATES, LLC
460 ROUTE 22 WEST
BUILDING 1, SUITE 106
WHITEHOUSE STATION, NJ 08889
(908) 923-4291

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/23/2018 | 06/23/2019 | Renewal - Installment # 4 | 03/23/2019 \$ | 134.00 |
| Total Installment Due | | | | \$ 134.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 134.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCP25394

CLIFFORD BREECE T/A
BREECE TILE
60 BURTIS AVENUE
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP25394

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCP25394
CLIFFORD BREECE T/A
BREECE TILE
60 BURTIS AVENUE
HAMILTON SQUARE, NJ 08690

PRODUCER 751

BEATTY & ASSOCIATES, LLC
460 ROUTE 22 WEST
BUILDING 1, SUITE 106
WHITEHOUSE STATION, NJ 08889
(908) 923-4291

Policy Type:
SMALL CONTRACTORS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 06/23/2018 | 06/23/2019 | Renewal - Installment # 4 | 03/23/2019 \$ | 134.00 |
| Total Installment Due | | | | \$ 134.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 134.00

Thank you for your business

Policy Number: AXCP25394

CLIFFORD BREECE T/A
BREECE TILE
60 BURTIS AVENUE
HAMILTON SQUARE, NJ 08690

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCP25394

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110000013
MANZI HEAVY EQUIPMENT MAINTENANCE, INC.
KEVIN & BARBARA MANZI (BUILDING OWNER)
90 HARKINS DRIVE
BURLINGTON, NJ 08016

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/09/2018 | 10/09/2019 | Amount is Past Due | 03/09/2019 | \$ 343.00 |
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 7 | 04/09/2019 | \$ 363.00 |
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 8 | 05/09/2019 | \$ 353.00 |
| Total Installment Due | | | | \$ 1,059.00 |

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103
LOAN NO.: 2800601562

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,059.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF110000013

MANZI HEAVY EQUIPMENT MAINTENANCE, INC.
KEVIN & BARBARA MANZI (BUILDING OWNER)
90 HARKINS DRIVE
BURLINGTON, NJ 08016

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103
LOAN NO.: 2800601562

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110000013

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110000013
MANZI HEAVY EQUIPMENT MAINTENANCE, INC.
KEVIN & BARBARA MANZI (BUILDING OWNER)
90 HARKINS DRIVE
BURLINGTON, NJ 08016

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/09/2018 | 10/09/2019 | Amount is Past Due | 03/09/2019 | \$ 343.00 |
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 7 | 04/09/2019 | \$ 363.00 |
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 8 | 05/09/2019 | \$ 353.00 |
| Total Installment Due | | | | \$ 1,059.00 |

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103
LOAN NO.: 2800601562

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,059.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF110000013

MANZI HEAVY EQUIPMENT MAINTENANCE, INC.
KEVIN & BARBARA MANZI (BUILDING OWNER)
90 HARKINS DRIVE
BURLINGTON, NJ 08016

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103
LOAN NO.: 2800601562

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110000013

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110000016
EFFECTIVE ALARM SYSTEMS, INC
PO BOX 456
KEARNY, NJ 07032

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 1,159.00 |
| Total Installment Due | | | | \$ 1,159.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,997.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,159.00

Thank you for your business

Policy Number: AXCF110000016

EFFECTIVE ALARM SYSTEMS, INC
PO BOX 456
KEARNY, NJ 07032

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 1,149.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 689.00 |
| Total Future Installments | | | | \$ 1,838.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110000016

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110000016
EFFECTIVE ALARM SYSTEMS, INC
PO BOX 456
KEARNY, NJ 07032

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/28/2019 | 02/28/2020 | Renewal - Installment # 2 | 05/31/2019 \$ | 1,159.00 |
| Total Installment Due | | | | \$ 1,159.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,997.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,159.00

Thank you for your business

Policy Number: AXCF110000016

EFFECTIVE ALARM SYSTEMS, INC
PO BOX 456
KEARNY, NJ 07032

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/28/2019 | 02/28/2020 | Installment | 08/31/2019 | \$ 1,149.00 |
| 02/28/2019 | 02/28/2020 | Installment | 11/30/2019 | \$ 689.00 |
| Total Future Installments | | | | \$ 1,838.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110000016

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110001010
AH KNOETTNER & SONS INC
T/A AUDUBON PLUMBING SUPPLY
515 THIRD AVENUE
AUDUBON, NJ 08106

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/12/2018 | 08/12/2019 | Amount is Past Due | 03/12/2019 | \$ 412.00 |
| 08/12/2018 | 08/12/2019 | Renewal - Installment # 9 | 04/12/2019 | \$ 412.00 |
| 08/12/2018 | 08/12/2019 | Renewal - Installment # 10 | 05/12/2019 | \$ 359.00 |
| Total Installment Due | | | | \$ 1,183.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,183.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCF110001010

AH KNOETTNER & SONS INC
T/A AUDUBON PLUMBING SUPPLY
515 THIRD AVENUE
AUDUBON, NJ 08106

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001010

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110001010
AH KNOETTNER & SONS INC
T/A AUDUBON PLUMBING SUPPLY
515 THIRD AVENUE
AUDUBON, NJ 08106

PRODUCER 167

LAUREL COE & ASSOCIATES
PO BOX 986
VOORHEES, NJ 08043
(856) 346-2300

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|------------|-------------|
| 08/12/2018 | 08/12/2019 | Amount is Past Due | 03/12/2019 | \$ 412.00 |
| 08/12/2018 | 08/12/2019 | Renewal - Installment # 9 | 04/12/2019 | \$ 412.00 |
| 08/12/2018 | 08/12/2019 | Renewal - Installment # 10 | 05/12/2019 | \$ 359.00 |
| Total Installment Due | | | | \$ 1,183.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,183.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCF110001010

AH KNOETTNER & SONS INC
T/A AUDUBON PLUMBING SUPPLY
515 THIRD AVENUE
AUDUBON, NJ 08106

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001010

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110001012
COVERED BRIDGE SPORTPLEX CORP
3010 BORDENTOWN AVE
SUITE 1
PARLIN, NJ 08859

PRODUCER 154

PAVESE MCCORMICK COMPANIES
AN ANE, AGENCY NETWORK EXCHANGE, LLC MEMBER
3759 US HIGHWAY 1
MONMOUTH JUNCTION, NJ 08852
(732) 247-9800

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Amount is Past Due | 03/10/2019 | \$ 792.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 5 | 04/10/2019 | \$ 801.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 6 | 05/10/2019 | \$ 791.00 |
| Total Installment Due | | | | \$ 2,384.00 |

Mortgagee Information

AMBOY BANK
3590 US HIGHWAY 9
OLD BRIDGE, NJ 08857

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,384.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001012

Mortgagee Information

AMBOY BANK
3590 US HIGHWAY 9
OLD BRIDGE, NJ 08857

COVERED BRIDGE SPORTPLEX CORP
3010 BORDENTOWN AVE
SUITE 1
PARLIN, NJ 08859

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Installment | 06/10/2019 | \$ 791.00 |
| 12/10/2018 | 12/10/2019 | Installment | 07/10/2019 | \$ 791.00 |
| 12/10/2018 | 12/10/2019 | Installment | 08/10/2019 | \$ 791.00 |
| 12/10/2018 | 12/10/2019 | Installment | 09/10/2019 | \$ 703.00 |
| Total Future Installments | | | | \$ 3,076.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001012

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110001012
COVERED BRIDGE SPORTPLEX CORP
3010 BORDENTOWN AVE
SUITE 1
PARLIN, NJ 08859

PRODUCER 154

PAVESE MCCORMICK COMPANIES
AN ANE, AGENCY NETWORK EXCHANGE, LLC MEMBER
3759 US HIGHWAY 1
MONMOUTH JUNCTION, NJ 08852
(732) 247-9800

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Amount is Past Due | 03/10/2019 | \$ 792.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 5 | 04/10/2019 | \$ 801.00 |
| 12/10/2018 | 12/10/2019 | Renewal - Installment # 6 | 05/10/2019 | \$ 791.00 |
| Total Installment Due | | | | \$ 2,384.00 |

Mortgagee Information

AMBOY BANK
3590 US HIGHWAY 9
OLD BRIDGE, NJ 08857

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,384.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001012

Mortgagee Information

AMBOY BANK
3590 US HIGHWAY 9
OLD BRIDGE, NJ 08857

COVERED BRIDGE SPORTPLEX CORP
3010 BORDENTOWN AVE
SUITE 1
PARLIN, NJ 08859

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/10/2018 | 12/10/2019 | Installment | 06/10/2019 | \$ 791.00 |
| 12/10/2018 | 12/10/2019 | Installment | 07/10/2019 | \$ 791.00 |
| 12/10/2018 | 12/10/2019 | Installment | 08/10/2019 | \$ 791.00 |
| 12/10/2018 | 12/10/2019 | Installment | 09/10/2019 | \$ 703.00 |
| Total Future Installments | | | | \$ 3,076.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001012

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110001132
MIL WALL LLC & MIL POINT LLC
DBA: WALL CAR WASH &
PT. PLEASANT CAR WASH
155 LAWRENCE BLVD.
BRICK, NJ 08723

PRODUCER 742

COE-BROOKE INSURANCE AGENCY
2801 BRIDGE AVENUE
POINT PLEASANT, NJ 08742
(732) 899-6800

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 4 | 05/25/2019 \$ | 733.00 |
| Total Installment Due | | | | \$ 733.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

HARMONY BANK
2120 WEST COUNTY LINE ROAD
JACKSON, NJ 08527

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 733.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001132

Mortgagee Information

HARMONY BANK
2120 WEST COUNTY LINE ROAD
JACKSON, NJ 08527

MIL WALL LLC & MIL POINT LLC
DBA: WALL CAR WASH &
PT. PLEASANT CAR WASH
155 LAWRENCE BLVD.
BRICK, NJ 08723

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001132

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110001132
MIL WALL LLC & MIL POINT LLC
DBA: WALL CAR WASH &
PT. PLEASANT CAR WASH
155 LAWRENCE BLVD.
BRICK, NJ 08723

PRODUCER 742

COE-BROOKE INSURANCE AGENCY
2801 BRIDGE AVENUE
POINT PLEASANT, NJ 08742
(732) 899-6800

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/25/2018 | 08/25/2019 | Renewal - Installment # 4 | 05/25/2019 \$ | 733.00 |
| Total Installment Due | | | | \$ 733.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

HARMONY BANK
2120 WEST COUNTY LINE ROAD
JACKSON, NJ 08527

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 733.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXCF110001132

Mortgagee Information

HARMONY BANK
2120 WEST COUNTY LINE ROAD
JACKSON, NJ 08527

MIL WALL LLC & MIL POINT LLC
DBA: WALL CAR WASH &
PT. PLEASANT CAR WASH
155 LAWRENCE BLVD.
BRICK, NJ 08723

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001132

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110001143
CHOTEE INC
T/A THE INN AT MILLRACE POND
P.O. BOX 146
HOPE, NJ 07844

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|-------------|
| 09/10/2018 | 09/10/2019 | Amount is Past Due | 03/07/2019 \$ | 2,943.00 |
| 09/10/2018 | 09/10/2019 | New Policy - Installment # 8 | 04/07/2019 \$ | 2,943.00 |
| 09/10/2018 | 09/10/2019 | New Policy - Installment # 9 | 05/07/2019 \$ | 2,933.00 |
| Total Installment Due | | | | \$ 8,819.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 8,819.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCF110001143

CHOTEE INC
T/A THE INN AT MILLRACE POND
P.O. BOX 146
HOPE, NJ 07844

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/10/2018 | 09/10/2019 | Installment | 06/07/2019 | \$ 2,608.00 |
| Total Future Installments | | | | \$ 2,608.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCF110001143

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110001143
CHOTEE INC
T/A THE INN AT MILLRACE POND
P.O. BOX 146
HOPE, NJ 07844

PRODUCER 136

INSURANCE CENTER
PO BOX 1868
CRANFORD, NJ 07016
(732) 574-8000

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|-------------|
| 09/10/2018 | 09/10/2019 | Amount is Past Due | 03/07/2019 \$ | 2,943.00 |
| 09/10/2018 | 09/10/2019 | New Policy - Installment # 8 | 04/07/2019 \$ | 2,943.00 |
| 09/10/2018 | 09/10/2019 | New Policy - Installment # 9 | 05/07/2019 \$ | 2,933.00 |
| Total Installment Due | | | | \$ 8,819.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 8,819.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCF110001143

CHOTEE INC
T/A THE INN AT MILLRACE POND
P.O. BOX 146
HOPE, NJ 07844

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/10/2018 | 09/10/2019 | Installment | 06/07/2019 | \$ 2,608.00 |
| Total Future Installments | | | | \$ 2,608.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXCF110001143

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXCF110001145
RENTQUEST
594 BROADWAY SUITE 1107
NEW YORK, NY 10012

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|--------------|
| 02/01/2019 | 02/01/2020 | Amount is Past Due | 03/01/2019 \$ | 8,073.00 |
| 02/01/2019 | 02/01/2020 | New Policy - Installment # 3 | 04/01/2019 \$ | 2,462.00 |
| 02/01/2019 | 02/01/2020 | New Policy - Installment # 4 | 05/01/2019 \$ | 2,452.00 |
| Total Installment Due | | | | \$ 12,987.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$27,426.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 12,987.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXCF110001145

RENTQUEST
594 BROADWAY SUITE 1107
NEW YORK, NY 10012

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 02/01/2019 | 02/01/2020 | Installment | 06/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 07/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 09/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 10/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 2,179.00 |
| Total Future Installments | | | | \$ 14,439.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001145

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXCF110001145
RENTQUEST
594 BROADWAY SUITE 1107
NEW YORK, NY 10012

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
COMMERCIAL FIRE

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|--------------|
| 02/01/2019 | 02/01/2020 | Amount is Past Due | 03/01/2019 \$ | 8,073.00 |
| 02/01/2019 | 02/01/2020 | New Policy - Installment # 3 | 04/01/2019 \$ | 2,462.00 |
| 02/01/2019 | 02/01/2020 | New Policy - Installment # 4 | 05/01/2019 \$ | 2,452.00 |
| Total Installment Due | | | | \$ 12,987.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$27,426.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 12,987.00

Thank you for your business

Policy Number: AXCF110001145

RENTQUEST
594 BROADWAY SUITE 1107
NEW YORK, NY 10012

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|--------------|
| 02/01/2019 | 02/01/2020 | Installment | 06/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 07/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 08/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 09/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 10/01/2019 | \$ 2,452.00 |
| 02/01/2019 | 02/01/2020 | Installment | 11/01/2019 | \$ 2,179.00 |
| Total Future Installments | | | | \$ 14,439.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXCF110001145

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120000031
3 BROTHERS INC
T/A NEMO'S
9815 THIRD AVENUE
STONE HARBOR, NJ 08247

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/22/2019 | 03/22/2020 | Renewal - Installment # 2 | 04/22/2019 \$ | 364.00 |
| 03/22/2019 | 03/22/2020 | Renewal - Installment # 3 | 05/22/2019 \$ | 354.00 |
| Total Installment Due | | | | \$ 718.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,978.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 718.00

Thank you for your business

Policy Number: AXGL120000031

3 BROTHERS INC
T/A NEMO'S
9815 THIRD AVENUE
STONE HARBOR, NJ 08247

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/22/2019 | 03/22/2020 | Installment | 06/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 07/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 08/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 09/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 10/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 11/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 12/22/2019 | \$ 315.00 |

Total Future Installments \$ 2,439.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000031

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120000031
3 BROTHERS INC
T/A NEMO'S
9815 THIRD AVENUE
STONE HARBOR, NJ 08247

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/22/2019 | 03/22/2020 | Renewal - Installment # 2 | 04/22/2019 \$ | 364.00 |
| 03/22/2019 | 03/22/2020 | Renewal - Installment # 3 | 05/22/2019 \$ | 354.00 |
| Total Installment Due | | | | \$ 718.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$3,978.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 718.00

Thank you for your business

Policy Number: AXGL120000031

3 BROTHERS INC
T/A NEMO'S
9815 THIRD AVENUE
STONE HARBOR, NJ 08247

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/22/2019 | 03/22/2020 | Installment | 06/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 07/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 08/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 09/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 10/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 11/22/2019 | \$ 354.00 |
| 03/22/2019 | 03/22/2020 | Installment | 12/22/2019 | \$ 315.00 |

Total Future Installments \$ 2,439.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000031

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120000079
CLYDE BOISTON
2054 ROUTE 130 N
BURLINGTON, NJ 08016

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 01/05/2019 | 01/05/2020 | Amount is Past Due | 03/05/2019 | \$ 138.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 4 | 04/05/2019 | \$ 138.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 5 | 05/05/2019 | \$ 128.00 |
| Total Installment Due | | | | \$ 404.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 404.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000079

CLYDE BOISTON
2054 ROUTE 130 N
BURLINGTON, NJ 08016

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/05/2019 | 01/05/2020 | Installment | 06/05/2019 | \$ 128.00 |
| 01/05/2019 | 01/05/2020 | Installment | 07/05/2019 | \$ 128.00 |
| 01/05/2019 | 01/05/2020 | Installment | 08/05/2019 | \$ 128.00 |
| Total Future Installments | | | | \$ 384.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000079

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120000079
CLYDE BOISTON
2054 ROUTE 130 N
BURLINGTON, NJ 08016

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 01/05/2019 | 01/05/2020 | Amount is Past Due | 03/05/2019 | \$ 138.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 4 | 04/05/2019 | \$ 138.00 |
| 01/05/2019 | 01/05/2020 | Renewal - Installment # 5 | 05/05/2019 | \$ 128.00 |
| Total Installment Due | | | | \$ 404.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 404.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000079

CLYDE BOISTON
2054 ROUTE 130 N
BURLINGTON, NJ 08016

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 01/05/2019 | 01/05/2020 | Installment | 06/05/2019 | \$ 128.00 |
| 01/05/2019 | 01/05/2020 | Installment | 07/05/2019 | \$ 128.00 |
| 01/05/2019 | 01/05/2020 | Installment | 08/05/2019 | \$ 128.00 |
| Total Future Installments | | | | \$ 384.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000079

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120000081
TODD JOHNSON T/A
TODD JOHNSON ELECTRICAL
305 COLLINS AVENUE
MOORESTOWN, NJ 08057

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Amount is Past Due | 03/03/2019 \$ | 64.00 |
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 3 | 04/03/2019 \$ | 64.00 |
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 4 | 05/03/2019 \$ | 54.00 |
| Total Installment Due | | | | \$ 182.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 182.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000081

TODD JOHNSON T/A
TODD JOHNSON ELECTRICAL
305 COLLINS AVENUE
MOORESTOWN, NJ 08057

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 06/03/2019 | \$ 54.00 |
| 02/03/2019 | 02/03/2020 | Installment | 07/03/2019 | \$ 54.00 |
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 54.00 |
| 02/03/2019 | 02/03/2020 | Installment | 09/03/2019 | \$ 54.00 |
| Total Future Installments | | | | \$ 216.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000081

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120000081
TODD JOHNSON T/A
TODD JOHNSON ELECTRICAL
305 COLLINS AVENUE
MOORESTOWN, NJ 08057

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Amount is Past Due | 03/03/2019 \$ | 64.00 |
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 3 | 04/03/2019 \$ | 64.00 |
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 4 | 05/03/2019 \$ | 54.00 |
| Total Installment Due | | | | \$ 182.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 182.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000081

TODD JOHNSON T/A
TODD JOHNSON ELECTRICAL
305 COLLINS AVENUE
MOORESTOWN, NJ 08057

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Installment | 06/03/2019 | \$ 54.00 |
| 02/03/2019 | 02/03/2020 | Installment | 07/03/2019 | \$ 54.00 |
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 54.00 |
| 02/03/2019 | 02/03/2020 | Installment | 09/03/2019 | \$ 54.00 |
| Total Future Installments | | | | \$ 216.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000081

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120000112
JPR ENTERPRISES INC
T/A CAPRI MOTOR LODGE
1033 BEACH DRIVE
CAPE MAY, NJ 08204

PRODUCER 102

AHART, FRINZI, & SMITH
2250 BELVIDERE ROAD
PO BOX 31
PHILLIPSBURG, NJ 08865
(908) 454-4170

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/25/2018 | 06/25/2019 | Amount is Past Due | 02/25/2019 \$ | 703.00 |
| 06/25/2018 | 06/25/2019 | Renewal - Installment # 10 | 03/25/2019 \$ | 626.00 |
| Total Installment Due | | | | \$ 1,329.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,329.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000112

JPR ENTERPRISES INC
T/A CAPRI MOTOR LODGE
1033 BEACH DRIVE
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000112

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120000112
JPR ENTERPRISES INC
T/A CAPRI MOTOR LODGE
1033 BEACH DRIVE
CAPE MAY, NJ 08204

PRODUCER 102

AHART, FRINZI, & SMITH
2250 BELVIDERE ROAD
PO BOX 31
PHILLIPSBURG, NJ 08865
(908) 454-4170

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 06/25/2018 | 06/25/2019 | Amount is Past Due | 02/25/2019 \$ | 703.00 |
| 06/25/2018 | 06/25/2019 | Renewal - Installment # 10 | 03/25/2019 \$ | 626.00 |
| Total Installment Due | | | | \$ 1,329.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,329.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000112

JPR ENTERPRISES INC
T/A CAPRI MOTOR LODGE
1033 BEACH DRIVE
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000112

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120000125
AUDOMA LLC
T/A WAIKIKI OCEANFRONT INN
6211 OCEAN AVENUE
WILDWOOD CREST, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/14/2018 | 09/14/2019 | Amount is Past Due | 03/14/2019 \$ | 1,069.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 8 | 04/14/2019 \$ | 1,069.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 9 | 05/14/2019 \$ | 1,059.00 |
| Total Installment Due | | | | \$ 3,197.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,197.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000125

AUDOMA LLC
T/A WAIKIKI OCEANFRONT INN
6211 OCEAN AVENUE
WILDWOOD CREST, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Installment | 06/14/2019 | \$ 941.00 |
| Total Future Installments | | | | \$ 941.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120000125

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120000125
AUDOMA LLC
T/A WAIKIKI OCEANFRONT INN
6211 OCEAN AVENUE
WILDWOOD CREST, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/14/2018 | 09/14/2019 | Amount is Past Due | 03/14/2019 \$ | 1,069.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 8 | 04/14/2019 \$ | 1,069.00 |
| 09/14/2018 | 09/14/2019 | Renewal - Installment # 9 | 05/14/2019 \$ | 1,059.00 |
| Total Installment Due | | | | \$ 3,197.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,197.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120000125

AUDOMA LLC
T/A WAIKIKI OCEANFRONT INN
6211 OCEAN AVENUE
WILDWOOD CREST, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/14/2018 | 09/14/2019 | Installment | 06/14/2019 | \$ 941.00 |
| Total Future Installments | | | | \$ 941.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120000125

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120000128
UNLIMITED VARIETY
637 DAVE MARION ROAD
TOMS RIVER, NJ 08753

PRODUCER 111

BROUWER & IZDEBSKI INSURANCE
240 MAIN STREET
PO BOX 5018
TOMS RIVER, NJ 08753
(732) 349-2300

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 3 | 05/24/2019 \$ | 135.00 |
| Total Installment Due | | | | \$ 135.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$210.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 135.00

Thank you for your business

Policy Number: AXGL120000128

UNLIMITED VARIETY
637 DAVE MARION ROAD
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/24/2018 | 11/24/2019 | Installment | 08/24/2019 | \$ 75.00 |
| Total Future Installments | | | | \$ 75.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120000128

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120000128
UNLIMITED VARIETY
637 DAVE MARION ROAD
TOMS RIVER, NJ 08753

PRODUCER 111

BROUWER & IZDEBSKI INSURANCE
240 MAIN STREET
PO BOX 5018
TOMS RIVER, NJ 08753
(732) 349-2300

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 3 | 05/24/2019 \$ | 135.00 |
| Total Installment Due | | | | \$ 135.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$210.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 135.00

Thank you for your business

Policy Number: AXGL120000128

UNLIMITED VARIETY
637 DAVE MARION ROAD
TOMS RIVER, NJ 08753

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 11/24/2018 | 11/24/2019 | Installment | 08/24/2019 | \$ 75.00 |
| Total Future Installments | | | | \$ 75.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120000128

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001024
32 BELMONT AVENUE REALTY LLC
91 MAIN STREET REALTY LLC
60 HAYWARD PLACE REALTY LLC
C/O THE RADIATOR STORE INC
136 US HWY 46E
LODI, NJ 07544

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/07/2018 | 09/07/2019 | Amount is Past Due | 03/07/2019 \$ | 515.00 |
| 09/07/2018 | 09/07/2019 | Renewal - Installment # 8 | 04/07/2019 \$ | 525.00 |
| Total Installment Due | | | | \$ 1,040.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,040.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001024

03/18/2019 - Inv

32 BELMONT AVENUE REALTY LLC
91 MAIN STREET REALTY LLC
60 HAYWARD PLACE REALTY LLC
C/O THE RADIATOR STORE INC
136 US HWY 46E
LODI, NJ 07544

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001024

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001024
32 BELMONT AVENUE REALTY LLC
91 MAIN STREET REALTY LLC
60 HAYWARD PLACE REALTY LLC
C/O THE RADIATOR STORE INC
136 US HWY 46E
LODI, NJ 07544

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/07/2018 | 09/07/2019 | Amount is Past Due | 03/07/2019 \$ | 515.00 |
| 09/07/2018 | 09/07/2019 | Renewal - Installment # 8 | 04/07/2019 \$ | 525.00 |
| Total Installment Due | | | | \$ 1,040.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,040.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001024

03/18/2019 - Inv

32 BELMONT AVENUE REALTY LLC
91 MAIN STREET REALTY LLC
60 HAYWARD PLACE REALTY LLC
C/O THE RADIATOR STORE INC
136 US HWY 46E
LODI, NJ 07544

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001024

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001027
FOUR WINDS CONDOMINIUM
C/O TOM POLO
15 MULBERRY ROAD
TURNERSVILLE, NJ 08012

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 5 | 04/05/2019 \$ | 1,330.00 |
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 6 | 05/05/2019 \$ | 1,320.00 |
| Total Installment Due | | | | \$ 2,650.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,783.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,650.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001027

FOUR WINDS CONDOMINIUM
C/O TOM POLO
15 MULBERRY ROAD
TURNERSVILLE, NJ 08012

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/05/2018 | 12/05/2019 | Installment | 06/05/2019 | \$ 1,320.00 |
| 12/05/2018 | 12/05/2019 | Installment | 07/05/2019 | \$ 1,320.00 |
| 12/05/2018 | 12/05/2019 | Installment | 08/05/2019 | \$ 1,320.00 |
| 12/05/2018 | 12/05/2019 | Installment | 09/05/2019 | \$ 1,173.00 |
| Total Future Installments | | | | \$ 5,133.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001027

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001027
FOUR WINDS CONDOMINIUM
C/O TOM POLO
15 MULBERRY ROAD
TURNERSVILLE, NJ 08012

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 5 | 04/05/2019 \$ | 1,330.00 |
| 12/05/2018 | 12/05/2019 | Renewal - Installment # 6 | 05/05/2019 \$ | 1,320.00 |
| Total Installment Due | | | | \$ 2,650.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$7,783.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,650.00

Thank you for your business

Policy Number: AXGL120001027

FOUR WINDS CONDOMINIUM
C/O TOM POLO
15 MULBERRY ROAD
TURNERSVILLE, NJ 08012

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/05/2018 | 12/05/2019 | Installment | 06/05/2019 | \$ 1,320.00 |
| 12/05/2018 | 12/05/2019 | Installment | 07/05/2019 | \$ 1,320.00 |
| 12/05/2018 | 12/05/2019 | Installment | 08/05/2019 | \$ 1,320.00 |
| 12/05/2018 | 12/05/2019 | Installment | 09/05/2019 | \$ 1,173.00 |
| Total Future Installments | | | | \$ 5,133.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001027

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001050
MAGTON INC T/A
BEACH CLUB HOTEL
P O BOX 929
OCEAN CITY, NJ 08226

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 8,698.00 |
| Total Installment Due | | | | \$ 8,698.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$17,386.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 8,698.00

Thank you for your business

Policy Number: AXGL120001050

MAGTON INC T/A
BEACH CLUB HOTEL
P O BOX 929
OCEAN CITY, NJ 08226

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 01/01/2019 | 01/01/2020 | Installment | 07/01/2019 | \$ 8,688.00 |
| Total Future Installments | | | | \$ 8,688.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120001050

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001050
MAGTON INC T/A
BEACH CLUB HOTEL
P O BOX 929
OCEAN CITY, NJ 08226

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 8,698.00 |
| Total Installment Due | | | | \$ 8,698.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$17,386.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 8,698.00

Thank you for your business

Policy Number: AXGL120001050

MAGTON INC T/A
BEACH CLUB HOTEL
P O BOX 929
OCEAN CITY, NJ 08226

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 01/01/2019 | 01/01/2020 | Installment | 07/01/2019 | \$ 8,688.00 |
| Total Future Installments | | | | \$ 8,688.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120001050

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001052
MAGTON INC
P O BOX 929
OCEAN CITY, NJ 08226

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 1,664.00 |
| Total Installment Due | | | | \$ 1,664.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,310.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,664.00

Thank you for your business

Policy Number: AXGL120001052

MAGTON INC
P O BOX 929
OCEAN CITY, NJ 08226

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/01/2019 | 01/01/2020 | Installment | 07/01/2019 | \$ 1,654.00 |
| 01/01/2019 | 01/01/2020 | Installment | 10/01/2019 | \$ 992.00 |
| Total Future Installments | | | | \$ 2,646.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001052

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001052
MAGTON INC
P O BOX 929
OCEAN CITY, NJ 08226

PRODUCER 710

THOMAS H. HEIST INSURANCE AGENCY
700 WEST AVENUE
PO BOX 480
OCEAN CITY, NJ 08226
(609) 399-0655

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/01/2019 | 01/01/2020 | Renewal - Installment # 2 | 04/01/2019 \$ | 1,664.00 |
| Total Installment Due | | | | \$ 1,664.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,310.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,664.00

Thank you for your business

Policy Number: AXGL120001052

MAGTON INC
P O BOX 929
OCEAN CITY, NJ 08226

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/01/2019 | 01/01/2020 | Installment | 07/01/2019 | \$ 1,654.00 |
| 01/01/2019 | 01/01/2020 | Installment | 10/01/2019 | \$ 992.00 |
| Total Future Installments | | | | \$ 2,646.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001052

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001083
MILLY'S RESTAURANT
602 E CHESTNUT AVENUE
VINELAND, NJ 08360

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/27/2018 | 08/27/2019 | Amount is Past Due | 02/27/2019 \$ | 462.00 |
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 4 | 05/27/2019 \$ | 282.00 |
| Total Installment Due | | | | \$ 744.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 744.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001083

MILLY'S RESTAURANT
602 E CHESTNUT AVENUE
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001083

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001083
MILLY'S RESTAURANT
602 E CHESTNUT AVENUE
VINELAND, NJ 08360

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/27/2018 | 08/27/2019 | Amount is Past Due | 02/27/2019 \$ | 462.00 |
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 4 | 05/27/2019 \$ | 282.00 |
| Total Installment Due | | | | \$ 744.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 744.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001083

MILLY'S RESTAURANT
602 E CHESTNUT AVENUE
VINELAND, NJ 08360

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001083

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001189
THE TASTY LADY LLC
T/A THE WILD FOX CAFE
PO BOX 2605
WILDWOOD, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/11/2019 | 03/11/2020 | Amount is Past Due | 03/11/2019 \$ | 357.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 159.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 3 | 05/11/2019 \$ | 149.00 |
| Total Installment Due | | | | \$ 665.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,692.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 665.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001189

THE TASTY LADY LLC
T/A THE WILD FOX CAFE
PO BOX 2605
WILDWOOD, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/11/2019 | 03/11/2020 | Installment | 06/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 07/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 08/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 09/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 10/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 11/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 12/11/2019 | \$ 133.00 |

Total Future Installments \$ 1,027.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001189

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001189
THE TASTY LADY LLC
T/A THE WILD FOX CAFE
PO BOX 2605
WILDWOOD, NJ 08260

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/11/2019 | 03/11/2020 | Amount is Past Due | 03/11/2019 \$ | 357.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 2 | 04/11/2019 \$ | 159.00 |
| 03/11/2019 | 03/11/2020 | Renewal - Installment # 3 | 05/11/2019 \$ | 149.00 |
| Total Installment Due | | | | \$ 665.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,692.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 665.00

Thank you for your business

Policy Number: AXGL120001189

THE TASTY LADY LLC
T/A THE WILD FOX CAFE
PO BOX 2605
WILDWOOD, NJ 08260

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/11/2019 | 03/11/2020 | Installment | 06/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 07/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 08/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 09/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 10/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 11/11/2019 | \$ 149.00 |
| 03/11/2019 | 03/11/2020 | Installment | 12/11/2019 | \$ 133.00 |

Total Future Installments \$ 1,027.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001189

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001204
WILL-BERT CORP
T/A GODMOTHERS
2976 BYBROOK DRIVE
VILLAS, NJ 08251

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 3 | 04/19/2019 \$ | 793.00 |
| Total Installment Due | | | | \$ 793.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,262.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 793.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001204

WILL-BERT CORP
T/A GODMOTHERS
2976 BYBROOK DRIVE
VILLAS, NJ 08251

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/19/2018 | 10/19/2019 | Installment | 07/19/2019 | \$ 469.00 |
| Total Future Installments | | | | \$ 469.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120001204

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001204
WILL-BERT CORP
T/A GODMOTHERS
2976 BYBROOK DRIVE
VILLAS, NJ 08251

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/19/2018 | 10/19/2019 | Renewal - Installment # 3 | 04/19/2019 \$ | 793.00 |
| Total Installment Due | | | | \$ 793.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,262.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 793.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001204

WILL-BERT CORP
T/A GODMOTHERS
2976 BYBROOK DRIVE
VILLAS, NJ 08251

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/19/2018 | 10/19/2019 | Installment | 07/19/2019 | \$ 469.00 |
| Total Future Installments | | | | \$ 469.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120001204

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001220
LOVEGRACEPEACE, LLC
DBA COLTS NECK INN HOTEL
191 ROUTE 537
COLTS NECK, NJ 07722

PRODUCER 180

E & K AGENCY
613 HOPE ROAD
VICTORIA COMMONS
EATONTOWN, NJ 07724
(732) 389-6000

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/30/2018 | 06/30/2019 | Renewal - Installment # 10 | 03/31/2019 \$ | 721.00 |
| Total Installment Due | | | | \$ 721.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 721.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001220

LOVEGRACEPEACE, LLC
DBA COLTS NECK INN HOTEL
191 ROUTE 537
COLTS NECK, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001220

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001220
LOVEGRACEPEACE, LLC
DBA COLTS NECK INN HOTEL
191 ROUTE 537
COLTS NECK, NJ 07722

PRODUCER 180

E & K AGENCY
613 HOPE ROAD
VICTORIA COMMONS
EATONTOWN, NJ 07724
(732) 389-6000

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/30/2018 | 06/30/2019 | Renewal - Installment # 10 | 03/31/2019 \$ | 721.00 |
| Total Installment Due | | | | \$ 721.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 721.00

Thank you for your business

Policy Number: AXGL120001220

LOVEGRACEPEACE, LLC
DBA COLTS NECK INN HOTEL
191 ROUTE 537
COLTS NECK, NJ 07722

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001220

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001223
SAMINSKI PROPERTIES LLC
56 ST PAULS AVE LLC
63 ST PAULS AVE JC LLC
10 WEST 46TH STREET
SUITE 4B
NEW YORK, NY 10036

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/13/2018 | 07/13/2019 | Amount is Past Due | 03/13/2019 \$ | 1,848.00 |
| 07/13/2018 | 07/13/2019 | Renewal - Installment # 10 | 04/13/2019 \$ | 1,643.00 |
| Total Installment Due | | | | \$ 3,491.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,491.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001223

03/18/2019 - Inv

SAMINSKI PROPERTIES LLC
56 ST PAULS AVE LLC
63 ST PAULS AVE JC LLC
10 WEST 46TH STREET
SUITE 4B
NEW YORK, NY 10036

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.: AXGL120001223

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001223
SAMINSKI PROPERTIES LLC
56 ST PAULS AVE LLC
63 ST PAULS AVE JC LLC
10 WEST 46TH STREET
SUITE 4B
NEW YORK, NY 10036

PRODUCER 262

INSURANCE OFFICE OF AMERICA, INC.
15A MELANIE LANE
SUITE 1
EAST HANOVER, NJ 07936
(973) 599-9600

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 07/13/2018 | 07/13/2019 | Amount is Past Due | 03/13/2019 \$ | 1,848.00 |
| 07/13/2018 | 07/13/2019 | Renewal - Installment # 10 | 04/13/2019 \$ | 1,643.00 |
| Total Installment Due | | | | \$ 3,491.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 3,491.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001223

SAMINSKI PROPERTIES LLC
56 ST PAULS AVE LLC
63 ST PAULS AVE JC LLC
10 WEST 46TH STREET
SUITE 4B
NEW YORK, NY 10036

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001223

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001225
PANICOS BISTRO CORP
DBA PANICOS PIZZA & BISTRO
2 EAGLE COURT
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/29/2018 | 10/29/2019 | Amount is Past Due | 02/28/2019 | \$ 438.00 |
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 6 | 03/29/2019 | \$ 438.00 |
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 7 | 04/29/2019 | \$ 428.00 |
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 8 | 05/29/2019 | \$ 428.00 |
| Total Installment Due | | | | \$ 1,732.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,732.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001225

PANICOS BISTRO CORP
DBA PANICOS PIZZA & BISTRO
2 EAGLE COURT
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/29/2018 | 10/29/2019 | Installment | 06/29/2019 | \$ 428.00 |
| 10/29/2018 | 10/29/2019 | Installment | 07/29/2019 | \$ 381.00 |
| Total Future Installments | | | | \$ 809.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001225

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001225
PANICOS BISTRO CORP
DBA PANICOS PIZZA & BISTRO
2 EAGLE COURT
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/29/2018 | 10/29/2019 | Amount is Past Due | 02/28/2019 | \$ 438.00 |
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 6 | 03/29/2019 | \$ 438.00 |
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 7 | 04/29/2019 | \$ 428.00 |
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 8 | 05/29/2019 | \$ 428.00 |
| Total Installment Due | | | | \$ 1,732.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,732.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001225

PANICOS BISTRO CORP
DBA PANICOS PIZZA & BISTRO
2 EAGLE COURT
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/29/2018 | 10/29/2019 | Installment | 06/29/2019 | \$ 428.00 |
| 10/29/2018 | 10/29/2019 | Installment | 07/29/2019 | \$ 381.00 |
| Total Future Installments | | | | \$ 809.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001225

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001240
165 THOUSAND OAKS DRIVE LLC
520 U.S. HIGHWAY 22
P.O. BOX 6872
BRIDGEWATER, NJ 08807

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|-------------------------------|---------------|--------------|
| 07/12/2018 | 07/12/2019 | Amount is Past Due | 03/03/2019 \$ | 5,807.00 |
| 07/12/2018 | 07/12/2019 | New Policy - Installment # 10 | 04/03/2019 \$ | 5,481.00 |
| Total Installment Due | | | | \$ 11,288.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 11,288.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001240

165 THOUSAND OAKS DRIVE LLC
520 U.S. HIGHWAY 22
P.O. BOX 6872
BRIDGEWATER, NJ 08807

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001240

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001240
165 THOUSAND OAKS DRIVE LLC
520 U.S. HIGHWAY 22
P.O. BOX 6872
BRIDGEWATER, NJ 08807

PRODUCER 140

FELDMAN AGENCY INC
487 PLEASANT VALLEY WAY
SUITE 210
WEST ORANGE, NJ 07052
(973) 324-1888

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|-------------------------------|---------------|--------------|
| 07/12/2018 | 07/12/2019 | Amount is Past Due | 03/03/2019 \$ | 5,807.00 |
| 07/12/2018 | 07/12/2019 | New Policy - Installment # 10 | 04/03/2019 \$ | 5,481.00 |
| Total Installment Due | | | | \$ 11,288.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 11,288.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001240

165 THOUSAND OAKS DRIVE LLC
520 U.S. HIGHWAY 22
P.O. BOX 6872
BRIDGEWATER, NJ 08807

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001240

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001245
KEATING'S BLUE ROSE LLC
T/A BLUE ROSE INN & RESTAURANT
653 WASHINGTON STREET
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|-------------|
| 09/06/2018 | 09/06/2019 | Amount is Past Due | 03/06/2019 \$ | 429.00 |
| 09/06/2018 | 09/06/2019 | New Policy - Installment # 8 | 04/06/2019 \$ | 429.00 |
| 09/06/2018 | 09/06/2019 | New Policy - Installment # 9 | 05/06/2019 \$ | 419.00 |
| Total Installment Due | | | | \$ 1,277.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,277.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXGL120001245

KEATING'S BLUE ROSE LLC
T/A BLUE ROSE INN & RESTAURANT
653 WASHINGTON STREET
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/06/2018 | 09/06/2019 | Installment | 06/06/2019 | \$ 372.00 |
| Total Future Installments | | | | \$ 372.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120001245

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001245
KEATING'S BLUE ROSE LLC
T/A BLUE ROSE INN & RESTAURANT
653 WASHINGTON STREET
CAPE MAY, NJ 08204

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|------------|-------------|
| 09/06/2018 | 09/06/2019 | Amount is Past Due | 03/06/2019 | \$ 429.00 |
| 09/06/2018 | 09/06/2019 | New Policy - Installment # 8 | 04/06/2019 | \$ 429.00 |
| 09/06/2018 | 09/06/2019 | New Policy - Installment # 9 | 05/06/2019 | \$ 419.00 |
| Total Installment Due | | | | \$ 1,277.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 1,277.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001245

KEATING'S BLUE ROSE LLC
T/A BLUE ROSE INN & RESTAURANT
653 WASHINGTON STREET
CAPE MAY, NJ 08204

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/06/2018 | 09/06/2019 | Installment | 06/06/2019 | \$ 372.00 |
| Total Future Installments | | | | \$ 372.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXGL120001245

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001249
TAG INVESTMENTS LLC
HORIZON PLACE LLC
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC
PO BOX 2419
GARFILED, NJ 07026

PRODUCER 792

ALLEN JAMES ASSOC, LLC
266 ROUTE 34
MATAWAN, NJ 07747
(732) 536-0462

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|--------------|
| 10/01/2018 | 10/01/2019 | Amount is Past Due | 03/02/2019 \$ | 4,739.00 |
| 10/01/2018 | 10/01/2019 | New Policy - Installment # 7 | 04/02/2019 \$ | 4,739.00 |
| 10/01/2018 | 10/01/2019 | New Policy - Installment # 8 | 05/02/2019 \$ | 4,729.00 |
| Total Installment Due | | | | \$ 14,207.00 |

Mortgagee Information

NORTHFIELD BANK
PO BOX 390706
MINNEAPOLIS, MN 55439
LOAN NO.: 8010013617

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 14,207.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001249

Mortgagee Information

NORTHFIELD BANK
PO BOX 390706
MINNEAPOLIS, MN 55439
LOAN NO.: 8010013617

TAG INVESTMENTS LLC
HORIZON PLACE LLC
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC
PO BOX 2419
GARFILED, NJ 07026

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/01/2018 | 10/01/2019 | Installment | 06/02/2019 | \$ 4,729.00 |
| 10/01/2018 | 10/01/2019 | Installment | 07/02/2019 | \$ 4,204.00 |
| Total Future Installments | | | | \$ 8,933.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001249

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001249
TAG INVESTMENTS LLC
HORIZON PLACE LLC
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC
PO BOX 2419
GARFILED, NJ 07026

PRODUCER 792

ALLEN JAMES ASSOC, LLC
266 ROUTE 34
MATAWAN, NJ 07747
(732) 536-0462

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|--------------|
| 10/01/2018 | 10/01/2019 | Amount is Past Due | 03/02/2019 \$ | 4,739.00 |
| 10/01/2018 | 10/01/2019 | New Policy - Installment # 7 | 04/02/2019 \$ | 4,739.00 |
| 10/01/2018 | 10/01/2019 | New Policy - Installment # 8 | 05/02/2019 \$ | 4,729.00 |
| Total Installment Due | | | | \$ 14,207.00 |

Mortgagee Information

NORTHFIELD BANK
PO BOX 390706
MINNEAPOLIS, MN 55439
LOAN NO.: 8010013617

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 14,207.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001249

TAG INVESTMENTS LLC
HORIZON PLACE LLC
ROBERT TAGLIARENI & MARIA TAGLIARENI LLC
PO BOX 2419
GARFILED, NJ 07026

03/18/2019 - Inv

Mortgagee Information

NORTHFIELD BANK
PO BOX 390706
MINNEAPOLIS, MN 55439
LOAN NO.: 8010013617

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/01/2018 | 10/01/2019 | Installment | 06/02/2019 | \$ 4,729.00 |
| 10/01/2018 | 10/01/2019 | Installment | 07/02/2019 | \$ 4,204.00 |
| Total Future Installments | | | | \$ 8,933.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001249

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXGL120001250
324 HOPE ST LLC
PO BOX 626
TALLMAN, NY 10982

PRODUCER 800

THE WILHELM AGENCY
699 CROSS STREET
SUITE 1
LAKEWOOD, NJ 08701
(732) 961-1551

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|------------|
| 10/22/2018 | 10/22/2019 | New Policy - Installment # 3 | 04/22/2019 \$ | 519.00 |
| Total Installment Due | | | | \$ 519.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$825.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 519.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001250

324 HOPE ST LLC
PO BOX 626
TALLMAN, NY 10982

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/22/2018 | 10/22/2019 | Installment | 07/22/2019 | \$ 306.00 |
| Total Future Installments | | | | \$ 306.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001250

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXGL120001250
324 HOPE ST LLC
PO BOX 626
TALLMAN, NY 10982

PRODUCER 800

THE WILHELM AGENCY
699 CROSS STREET
SUITE 1
LAKEWOOD, NJ 08701
(732) 961-1551

Policy Type:
GENERAL LIABILITY

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|------------------------------|---------------|------------|
| 10/22/2018 | 10/22/2019 | New Policy - Installment # 3 | 04/22/2019 \$ | 519.00 |
| Total Installment Due | | | | \$ 519.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$825.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 519.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXGL120001250

324 HOPE ST LLC
PO BOX 626
TALLMAN, NY 10982

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/22/2018 | 10/22/2019 | Installment | 07/22/2019 | \$ 306.00 |
| Total Future Installments | | | | \$ 306.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXGL120001250

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000012
T/A GARDEN STATE NEWS & VIDEO
JARMAI MA INC.
750 WASHINGTON AVENUE
BELLEVILLE, NJ 07109

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 4 | 05/01/2019 \$ | 222.00 |
| Total Installment Due | | | | \$ 222.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 222.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000012

T/A GARDEN STATE NEWS & VIDEO
JARMAI MA INC.
750 WASHINGTON AVENUE
BELLEVILLE, NJ 07109

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000012

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000012
T/A GARDEN STATE NEWS & VIDEO
JARMAI MA INC.
750 WASHINGTON AVENUE
BELLEVILLE, NJ 07109

PRODUCER 103

AMERICAN INSURANCE SERVICES
1129 RARITAN ROAD
CLARK, NJ 07066
(732) 680-4444

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/01/2018 | 08/01/2019 | Renewal - Installment # 4 | 05/01/2019 \$ | 222.00 |
| Total Installment Due | | | | \$ 222.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 222.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000012

T/A GARDEN STATE NEWS & VIDEO
JARMAI MA INC.
750 WASHINGTON AVENUE
BELLEVILLE, NJ 07109

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000012

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000031
VT SUMMIT AVE LLC
9 AYRES COURT
BAYONNE, NJ 07002

PRODUCER 733

ADP STATEWIDE INSURANCE AGENCIES
325 COLUMBIA TURNPIKE
SUITE 106
FLORHAM PARK, NJ 07932
(973) 538-6300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/19/2018 | 07/19/2019 | Renewal - Installment # 4 | 04/19/2019 \$ | 451.00 |
| Total Installment Due | | | | \$ 451.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

RSI BANK
1500 IRVING STREET
RAHWAY, NJ 07065

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 451.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000031

VT SUMMIT AVE LLC
9 AYRES COURT
BAYONNE, NJ 07002

Mortgagee Information

RSI BANK
1500 IRVING STREET
RAHWAY, NJ 07065

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000031

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000031
VT SUMMIT AVE LLC
9 AYRES COURT
BAYONNE, NJ 07002

PRODUCER 733

ADP STATEWIDE INSURANCE AGENCIES
325 COLUMBIA TURNPIKE
SUITE 106
FLORHAM PARK, NJ 07932
(973) 538-6300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/19/2018 | 07/19/2019 | Renewal - Installment # 4 | 04/19/2019 \$ | 451.00 |
| Total Installment Due | | | | \$ 451.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

RSI BANK
1500 IRVING STREET
RAHWAY, NJ 07065

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 451.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000031

VT SUMMIT AVE LLC
9 AYRES COURT
BAYONNE, NJ 07002

Mortgagee Information

RSI BANK
1500 IRVING STREET
RAHWAY, NJ 07065

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000031

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000046
ROBIN YVONNE & ZEEV PACHTER
C/O RENET PROPERTIES
34 WEST MONTGOMERY AVENUE
SUITE 34
ARDMORE, PA 19003

PRODUCER 743

ABCO INSURANCE AGENCY INC
403 ROUTE 70 EAST
SUITE 100
CHERRY HILL, NJ 08034
(856) 488-5333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/29/2018 | 07/29/2019 | Renewal - Installment # 4 | 04/29/2019 \$ | 873.00 |
| Total Installment Due | | | | \$ 873.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 873.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000046

ROBIN YVONNE & ZEEV PACHTER
C/O RENET PROPERTIES
34 WEST MONTGOMERY AVENUE
SUITE 34
ARDMORE, PA 19003

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000046

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000046
ROBIN YVONNE & ZEEV PACHTER
C/O RENET PROPERTIES
34 WEST MONTGOMERY AVENUE
SUITE 34
ARDMORE, PA 19003

PRODUCER 743

ABCO INSURANCE AGENCY INC
403 ROUTE 70 EAST
SUITE 100
CHERRY HILL, NJ 08034
(856) 488-5333

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/29/2018 | 07/29/2019 | Renewal - Installment # 4 | 04/29/2019 \$ | 873.00 |
| Total Installment Due | | | | \$ 873.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 873.00

Thank you for your business

Policy Number: AXB500000046

ROBIN YVONNE & ZEEV PACHTER
C/O RENET PROPERTIES
34 WEST MONTGOMERY AVENUE
SUITE 34
ARDMORE, PA 19003

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------|-----------|-------------|----------|------------|
|-----------|-----------|-------------|----------|------------|

Total Future Installments \$.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000046

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000063
NORMAN KAUFMAN TRUSTEE
10686 BOCA WOODS LANE
BOCA RATON, FL 33428

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 \$ | 325.00 |
| Total Installment Due | | | | \$ 325.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,948.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 325.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000063

NORMAN KAUFMAN TRUSTEE
10686 BOCA WOODS LANE
BOCA RATON, FL 33428

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 09/01/2018 | 09/01/2019 | Installment | 06/01/2019 | \$ 1,623.00 |
| Total Future Installments | | | | \$ 1,623.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000063

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000063
NORMAN KAUFMAN TRUSTEE
10686 BOCA WOODS LANE
BOCA RATON, FL 33428

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 \$ | 325.00 |
| Total Installment Due | | | | \$ 325.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,948.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 325.00

Thank you for your business

Policy Number: AXB500000063

NORMAN KAUFMAN TRUSTEE
10686 BOCA WOODS LANE
BOCA RATON, FL 33428

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|-------------|
| 09/01/2018 | 09/01/2019 | Installment | 06/01/2019 | \$ 1,623.00 |
| Total Future Installments | | | | \$ 1,623.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000063

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000089
JENL LLC
729 32ND STREET
UNION CITY, NJ 07087

PRODUCER 707

THE VAN DYK GROUP
12800 LONG BEACH BLVD
BEACH HAVEN TERRACE, NJ 08008
(609) 492-1511

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 7 | 03/29/2019 \$ | 438.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 8 | 04/29/2019 \$ | 428.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 9 | 05/29/2019 \$ | 428.00 |
| Total Installment Due | | | | \$ 1,294.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,678.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

NEW YORK COMMUNITY BANK OR
NEW YORK COMMERCIAL BANK
PO BOX 5070
TROY, MI 48007

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,294.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000089

JENL LLC
729 32ND STREET
UNION CITY, NJ 07087

Mortgagee Information

NEW YORK COMMUNITY BANK OR
NEW YORK COMMERCIAL BANK
PO BOX 5070
TROY, MI 48007

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/29/2018 | 09/29/2019 | Installment | 06/29/2019 | \$ 384.00 |
| Total Future Installments | | | | \$ 384.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000089

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000089
JENL LLC
729 32ND STREET
UNION CITY, NJ 07087

PRODUCER 707

THE VAN DYK GROUP
12800 LONG BEACH BLVD
BEACH HAVEN TERRACE, NJ 08008
(609) 492-1511

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 7 | 03/29/2019 \$ | 438.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 8 | 04/29/2019 \$ | 428.00 |
| 09/29/2018 | 09/29/2019 | Renewal - Installment # 9 | 05/29/2019 \$ | 428.00 |
| Total Installment Due | | | | \$ 1,294.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,678.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

NEW YORK COMMUNITY BANK OR
NEW YORK COMMERCIAL BANK
PO BOX 5070
TROY, MI 48007

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,294.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000089

JENL LLC
729 32ND STREET
UNION CITY, NJ 07087

Mortgagee Information

NEW YORK COMMUNITY BANK OR
NEW YORK COMMERCIAL BANK
PO BOX 5070
TROY, MI 48007

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/29/2018 | 09/29/2019 | Installment | 06/29/2019 | \$ 384.00 |
| Total Future Installments | | | | \$ 384.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000089

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000100
L M & M LLC
T/A UNION PLAZA BAR & LIQUORS
1616 UNION AVE
HAZLET, NJ 07730

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/11/2018 | 10/11/2019 | Renewal - Installment # 3 | 04/11/2019 \$ | 534.00 |
| Total Installment Due | | | | \$ 534.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$850.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 534.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000100

L M & M LLC
T/A UNION PLAZA BAR & LIQUORS
1616 UNION AVE
HAZLET, NJ 07730

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/11/2018 | 10/11/2019 | Installment | 07/11/2019 | \$ 316.00 |
| Total Future Installments | | | | \$ 316.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000100

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000100
L M & M LLC
T/A UNION PLAZA BAR & LIQUORS
1616 UNION AVE
HAZLET, NJ 07730

PRODUCER 143

HAMILTON GROUP LLC
3 WING DRIVE
SUITE 101
CEDAR KNOLLS, NJ 07927
(973) 292-2292

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/11/2018 | 10/11/2019 | Renewal - Installment # 3 | 04/11/2019 \$ | 534.00 |
| Total Installment Due | | | | \$ 534.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$850.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 534.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000100

L M & M LLC
T/A UNION PLAZA BAR & LIQUORS
1616 UNION AVE
HAZLET, NJ 07730

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/11/2018 | 10/11/2019 | Installment | 07/11/2019 | \$ 316.00 |
| Total Future Installments | | | | \$ 316.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000100

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000120
PAUL H GOODMAN DDS & JAY L ROSENBERG DDS LLC
1511 SOUTH MAIN STREET
PLEASANTVILLE, NJ 08232

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 1,505.00 |
| Total Installment Due | | | | \$ 1,505.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,505.00

Thank you for your business

Policy Number: AXB500000120

PAUL H GOODMAN DDS & JAY L ROSENBERG DDS LLC
1511 SOUTH MAIN STREET
PLEASANTVILLE, NJ 08232

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.: AXB500000120

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000120
PAUL H GOODMAN DDS & JAY L ROSENBERG DDS LLC
1511 SOUTH MAIN STREET
PLEASANTVILLE, NJ 08232

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 \$ | 1,505.00 |
| Total Installment Due | | | | \$ 1,505.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,505.00

Thank you for your business

Policy Number: AXB500000120

PAUL H GOODMAN DDS & JAY L ROSENBERG DDS LLC
1511 SOUTH MAIN STREET
PLEASANTVILLE, NJ 08232

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.: AXB500000120

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000121
MOLAR PROPERTIES, LLC
C/O DR. PAUL GOODMAN
1511 S. MAIN STREET
PLEASANTVILLE, NJ 08232

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 | \$ 803.00 |
| Total Installment Due | | | | \$ 803.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

CAPE BANK
201 SHORE ROAD
PO BOX 279
LINWOOD, NJ 08221

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 803.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000121

MOLAR PROPERTIES, LLC
C/O DR. PAUL GOODMAN
1511 S. MAIN STREET
PLEASANTVILLE, NJ 08232

Mortgagee Information

CAPE BANK
201 SHORE ROAD
PO BOX 279
LINWOOD, NJ 08221

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.: AXB500000121

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000121
MOLAR PROPERTIES, LLC
C/O DR. PAUL GOODMAN
1511 S. MAIN STREET
PLEASANTVILLE, NJ 08232

PRODUCER 151

INSURANCE AGENCIES INC
1601 NEW ROAD SUITE 100
PO BOX 225
NORTHFIELD, NJ 08225
(609) 646-1000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 3 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 10/28/2018 | 10/28/2019 | Renewal - Installment # 3 | 04/28/2019 | \$ 803.00 |
| Total Installment Due | | | | \$ 803.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

CAPE BANK
201 SHORE ROAD
PO BOX 279
LINWOOD, NJ 08221

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 803.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000121

MOLAR PROPERTIES, LLC
C/O DR. PAUL GOODMAN
1511 S. MAIN STREET
PLEASANTVILLE, NJ 08232

Mortgagee Information

CAPE BANK
201 SHORE ROAD
PO BOX 279
LINWOOD, NJ 08221

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.: AXB500000121

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000123
W & L LLC & JONES & MASTERS GAMES, INC.
T/A THE GAME ROOM STORES
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 | \$ 703.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 7 | 04/07/2019 | \$ 703.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 8 | 05/07/2019 | \$ 693.00 |
| Total Installment Due | | | | \$ 2,099.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,099.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000123

W & L LLC & JONES & MASTERS GAMES, INC.
T/A THE GAME ROOM STORES
395
TENNENT ROAD
MORGANVILLE, NJ 07751

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/01/2018 | 10/01/2019 | Installment | 06/07/2019 | \$ 693.00 |
| 10/01/2018 | 10/01/2019 | Installment | 07/07/2019 | \$ 616.00 |
| Total Future Installments | | | | \$ 1,309.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000123

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000123
W & L LLC & JONES & MASTERS GAMES, INC.
T/A THE GAME ROOM STORES
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 | \$ 703.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 7 | 04/07/2019 | \$ 703.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 8 | 05/07/2019 | \$ 693.00 |
| Total Installment Due | | | | \$ 2,099.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 2,099.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000123

W & L LLC & JONES & MASTERS GAMES, INC.
T/A THE GAME ROOM STORES
395
TENNENT ROAD
MORGANVILLE, NJ 07751

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 10/01/2018 | 10/01/2019 | Installment | 06/07/2019 | \$ 693.00 |
| 10/01/2018 | 10/01/2019 | Installment | 07/07/2019 | \$ 616.00 |
| Total Future Installments | | | | \$ 1,309.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000123

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000126
VECCHIO BUSINESS
ENTERPRISE, LLC
D/B/A TONY'S PIZZERIA
306 RAHWAY ROAD
EDISON, NJ 08820

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/25/2018 | 10/25/2019 | Renewal - Installment # 3 | 04/25/2019 \$ | 488.00 |
| Total Installment Due | | | | \$ 488.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$775.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 488.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000126

VECCHIO BUSINESS
ENTERPRISE, LLC
D/B/A TONY'S PIZZERIA
306 RAHWAY ROAD
EDISON, NJ 08820

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/25/2018 | 10/25/2019 | Installment | 07/25/2019 | \$ 287.00 |
| Total Future Installments | | | | \$ 287.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000126

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000126
VECCHIO BUSINESS
ENTERPRISE, LLC
D/B/A TONY'S PIZZERIA
306 RAHWAY ROAD
EDISON, NJ 08820

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/25/2018 | 10/25/2019 | Renewal - Installment # 3 | 04/25/2019 \$ | 488.00 |
| Total Installment Due | | | | \$ 488.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$775.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 488.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000126

VECCHIO BUSINESS
ENTERPRISE, LLC
D/B/A TONY'S PIZZERIA
306 RAHWAY ROAD
EDISON, NJ 08820

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 10/25/2018 | 10/25/2019 | Installment | 07/25/2019 | \$ 287.00 |
| Total Future Installments | | | | \$ 287.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000126

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000146
RONALD MCINTYRE, LLC
245 EVERGREEN COURT
MOUNTAINSIDE, NJ 07092

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 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/19/2018 | 11/19/2019 | Renewal - Installment # 3 | 05/19/2019 \$ | 899.00 |
| Total Installment Due | | | | \$ 899.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,432.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 899.00

Thank you for your business

Policy Number: AXB500000146

RONALD MCINTYRE, LLC
245 EVERGREEN COURT
MOUNTAINSIDE, NJ 07092

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/19/2018 | 11/19/2019 | Installment | 08/19/2019 | \$ 533.00 |
| Total Future Installments | | | | \$ 533.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000146

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000146
RONALD MCINTYRE, LLC
245 EVERGREEN COURT
MOUNTAINSIDE, NJ 07092

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 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/19/2018 | 11/19/2019 | Renewal - Installment # 3 | 05/19/2019 \$ | 899.00 |
| Total Installment Due | | | | \$ 899.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,432.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 899.00

Thank you for your business

Policy Number: AXB500000146

RONALD MCINTYRE, LLC
245 EVERGREEN COURT
MOUNTAINSIDE, NJ 07092

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/19/2018 | 11/19/2019 | Installment | 08/19/2019 | \$ 533.00 |
| Total Future Installments | | | | \$ 533.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000146

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000148
MARIA J. & GREGORY PASSAFARO
39 BARBARA STREET
NEWARK, NJ 07105

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 5 | 03/24/2019 \$ | 274.00 |
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 6 | 04/24/2019 \$ | 264.00 |
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 7 | 05/24/2019 \$ | 264.00 |
| Total Installment Due | | | | \$ 802.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,565.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JP MORGAN CHASE BANK, NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 0018728394

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 802.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000148

MARIA J. & GREGORY PASSAFARO
39 BARBARA STREET
NEWARK, NJ 07105

Mortgagee Information

JP MORGAN CHASE BANK, NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 0018728394

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/24/2018 | 11/24/2019 | Installment | 06/24/2019 | \$ 264.00 |
| 11/24/2018 | 11/24/2019 | Installment | 07/24/2019 | \$ 264.00 |
| 11/24/2018 | 11/24/2019 | Installment | 08/24/2019 | \$ 235.00 |
| Total Future Installments | | | | \$ 763.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000148

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000148
MARIA J. & GREGORY PASSAFARO
39 BARBARA STREET
NEWARK, NJ 07105

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 5 | 03/24/2019 \$ | 274.00 |
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 6 | 04/24/2019 \$ | 264.00 |
| 11/24/2018 | 11/24/2019 | Renewal - Installment # 7 | 05/24/2019 \$ | 264.00 |
| Total Installment Due | | | | \$ 802.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,565.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

JP MORGAN CHASE BANK, NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 0018728394

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 802.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000148

MARIA J. & GREGORY PASSAFARO
39 BARBARA STREET
NEWARK, NJ 07105

Mortgagee Information

JP MORGAN CHASE BANK, NA
PO BOX 47020
ATLANTA, GA 30362
LOAN NO.: 0018728394

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/24/2018 | 11/24/2019 | Installment | 06/24/2019 | \$ 264.00 |
| 11/24/2018 | 11/24/2019 | Installment | 07/24/2019 | \$ 264.00 |
| 11/24/2018 | 11/24/2019 | Installment | 08/24/2019 | \$ 235.00 |
| Total Future Installments | | | | \$ 763.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000148

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000168
JOSEPH DEYONKER
255 ROUTE 9
FORKED RIVER, NJ 08731

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Amount is Past Due | 03/15/2019 | \$ 778.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 5 | 04/15/2019 | \$ 778.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 6 | 05/15/2019 | \$ 768.00 |
| Total Installment Due | | | | \$ 2,324.00 |

Mortgagee Information

FLEET BANK NATIONAL ASSOCIATION
208 HARRISTOWN ROAD
GLEN ROCK, NJ 07452

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,324.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000168

JOSEPH DEYONKER
255 ROUTE 9
FORKED RIVER, NJ 08731

Mortgagee Information

FLEET BANK NATIONAL ASSOCIATION
208 HARRISTOWN ROAD
GLEN ROCK, NJ 07452

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Installment | 06/15/2019 | \$ 768.00 |
| 12/15/2018 | 12/15/2019 | Installment | 07/15/2019 | \$ 768.00 |
| 12/15/2018 | 12/15/2019 | Installment | 08/15/2019 | \$ 768.00 |
| 12/15/2018 | 12/15/2019 | Installment | 09/15/2019 | \$ 683.00 |
| Total Future Installments | | | | \$ 2,987.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000168

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000168
JOSEPH DEYONKER
255 ROUTE 9
FORKED RIVER, NJ 08731

PRODUCER 147

WORLD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(609) 693-3123

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Amount is Past Due | 03/15/2019 | \$ 778.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 5 | 04/15/2019 | \$ 778.00 |
| 12/15/2018 | 12/15/2019 | Renewal - Installment # 6 | 05/15/2019 | \$ 768.00 |
| Total Installment Due | | | | \$ 2,324.00 |

Mortgagee Information

FLEET BANK NATIONAL ASSOCIATION
208 HARRISTOWN ROAD
GLEN ROCK, NJ 07452

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,324.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000168

JOSEPH DEYONKER
255 ROUTE 9
FORKED RIVER, NJ 08731

Mortgagee Information

FLEET BANK NATIONAL ASSOCIATION
208 HARRISTOWN ROAD
GLEN ROCK, NJ 07452

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 12/15/2018 | 12/15/2019 | Installment | 06/15/2019 | \$ 768.00 |
| 12/15/2018 | 12/15/2019 | Installment | 07/15/2019 | \$ 768.00 |
| 12/15/2018 | 12/15/2019 | Installment | 08/15/2019 | \$ 768.00 |
| 12/15/2018 | 12/15/2019 | Installment | 09/15/2019 | \$ 683.00 |
| Total Future Installments | | | | \$ 2,987.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000168

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000176
1066 ROUTE 83 CONDOMINIUM ASSOC
C/O GENE BURNELL
PO BOX 556
SOUTH SEAVILLE, NJ 08246

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/19/2018 | 12/19/2019 | Renewal - Installment # 5 | 04/19/2019 \$ | 152.00 |
| 12/19/2018 | 12/19/2019 | Renewal - Installment # 6 | 05/19/2019 \$ | 142.00 |
| Total Installment Due | | | | \$ 294.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$998.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 294.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000176

1066 ROUTE 83 CONDOMINIUM ASSOC
C/O GENE BURNELL
PO BOX 556
SOUTH SEAVILLE, NJ 08246

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/19/2018 | 12/19/2019 | Installment | 06/19/2019 | \$ 142.00 |
| 12/19/2018 | 12/19/2019 | Installment | 07/19/2019 | \$ 142.00 |
| 12/19/2018 | 12/19/2019 | Installment | 08/19/2019 | \$ 142.00 |
| 12/19/2018 | 12/19/2019 | Installment | 09/19/2019 | \$ 126.00 |
| Total Future Installments | | | | \$ 552.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000176

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000176
1066 ROUTE 83 CONDOMINIUM ASSOC
C/O GENE BURNELL
PO BOX 556
SOUTH SEAVILLE, NJ 08246

PRODUCER 128

J BYRNE AGENCY INC
5200 NEW JERSEY AVENUE
PO BOX 1409
WILDWOOD, NJ 08260
(609) 522-3406

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/19/2018 | 12/19/2019 | Renewal - Installment # 5 | 04/19/2019 \$ | 152.00 |
| 12/19/2018 | 12/19/2019 | Renewal - Installment # 6 | 05/19/2019 \$ | 142.00 |
| Total Installment Due | | | | \$ 294.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$998.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 294.00

Thank you for your business

Policy Number: AXB500000176

1066 ROUTE 83 CONDOMINIUM ASSOC
C/O GENE BURNELL
PO BOX 556
SOUTH SEAVILLE, NJ 08246

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/19/2018 | 12/19/2019 | Installment | 06/19/2019 | \$ 142.00 |
| 12/19/2018 | 12/19/2019 | Installment | 07/19/2019 | \$ 142.00 |
| 12/19/2018 | 12/19/2019 | Installment | 08/19/2019 | \$ 142.00 |
| 12/19/2018 | 12/19/2019 | Installment | 09/19/2019 | \$ 126.00 |
| Total Future Installments | | | | \$ 552.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000176

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000217
45 GREEN AVENUE PROPERTY LLC
14 PROPSECT 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 |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 2 | 04/29/2019 \$ | 1,716.00 |
| Total Installment Due | | | | \$ 1,716.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,445.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PROVIDENT BANK
100 WOOD AVE SOUTH
ISELIN, NJ 08830

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,716.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000217

45 GREEN AVENUE PROPERTY LLC
14 PROPSECT STREET
MADISON, NJ 07940

Mortgagee Information

PROVIDENT BANK
100 WOOD AVE SOUTH
ISELIN, NJ 08830

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 1,706.00 |
| 01/29/2019 | 01/29/2020 | Installment | 10/29/2019 | \$ 1,023.00 |
| Total Future Installments | | | | \$ 2,729.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000217

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000217
45 GREEN AVENUE PROPERTY LLC
14 PROPSECT 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 |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 2 | 04/29/2019 \$ | 1,716.00 |
| Total Installment Due | | | | \$ 1,716.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$4,445.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

PROVIDENT BANK
100 WOOD AVE SOUTH
ISELIN, NJ 08830

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,716.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000217

45 GREEN AVENUE PROPERTY LLC
14 PROPSECT STREET
MADISON, NJ 07940

Mortgagee Information

PROVIDENT BANK
100 WOOD AVE SOUTH
ISELIN, NJ 08830

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 1,706.00 |
| 01/29/2019 | 01/29/2020 | Installment | 10/29/2019 | \$ 1,023.00 |
| Total Future Installments | | | | \$ 2,729.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000217

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000225
SEIGEL FINANCIAL SERVICES LLC
221 WEST GRAND AVENUE
MONTVALE, NJ 07645

PRODUCER 202

LOUIS BECKERMAN & COMPANY
915 W. LACEY ROAD
FORKED RIVER, NJ 08731
(609) 971-1270

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 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 \$ | 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 \$408.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 209.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000225

SEIGEL FINANCIAL SERVICES LLC
221 WEST GRAND AVENUE
MONTVALE, NJ 07645

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 | \$ 199.00 |
| Total Future Installments | | | | \$ 199.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000225

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000225
SEIGEL FINANCIAL SERVICES LLC
221 WEST GRAND AVENUE
MONTVALE, NJ 07645

PRODUCER 202

LOUIS BECKERMAN & COMPANY
915 W. LACEY ROAD
FORKED RIVER, NJ 08731
(609) 971-1270

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 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 \$ | 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 \$408.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 209.00

Thank you for your business

Policy Number: AXB500000225

SEIGEL FINANCIAL SERVICES LLC
221 WEST GRAND AVENUE
MONTVALE, NJ 07645

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 | \$ 199.00 |
| Total Future Installments | | | | \$ 199.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000225

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000239
KROKOVO CORP. T/A SUNSET DINER
3315 SUNSET AVENUE
OCEAN, NJ 07712

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/23/2019 | 02/23/2020 | Amount is Past Due | 02/23/2019 \$ | 1,103.00 |
| 02/23/2019 | 02/23/2020 | Renewal - Installment # 2 | 03/23/2019 \$ | 486.00 |
| 02/23/2019 | 02/23/2020 | Renewal - Installment # 3 | 04/23/2019 \$ | 476.00 |
| 02/23/2019 | 02/23/2020 | Renewal - Installment # 4 | 05/23/2019 \$ | 476.00 |
| Total Installment Due | | | | \$ 2,541.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,344.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,541.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000239

KROKOVO CORP. T/A SUNSET DINER
3315 SUNSET AVENUE
OCEAN, NJ 07712

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/23/2019 | 02/23/2020 | Installment | 06/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 07/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 08/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 09/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 10/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 11/23/2019 | \$ 423.00 |
| Total Future Installments | | | | \$ 2,803.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000239

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000239
KROKOVO CORP. T/A SUNSET DINER
3315 SUNSET AVENUE
OCEAN, NJ 07712

PRODUCER 149

HUNT TRAINA KENNARD INSURANCE
A DIVISION OF WOLRD INSURANCE ASSOCIATES LLC
656 SHREWSBURY AVENUE
SUITE 200
TINTON FALLS, NJ 07701
(732) 747-6400

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 02/23/2019 | 02/23/2020 | Amount is Past Due | 02/23/2019 \$ | 1,103.00 |
| 02/23/2019 | 02/23/2020 | Renewal - Installment # 2 | 03/23/2019 \$ | 486.00 |
| 02/23/2019 | 02/23/2020 | Renewal - Installment # 3 | 04/23/2019 \$ | 476.00 |
| 02/23/2019 | 02/23/2020 | Renewal - Installment # 4 | 05/23/2019 \$ | 476.00 |
| Total Installment Due | | | | \$ 2,541.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$5,344.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 2,541.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000239

KROKOVO CORP. T/A SUNSET DINER
3315 SUNSET AVENUE
OCEAN, NJ 07712

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/23/2019 | 02/23/2020 | Installment | 06/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 07/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 08/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 09/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 10/23/2019 | \$ 476.00 |
| 02/23/2019 | 02/23/2020 | Installment | 11/23/2019 | \$ 423.00 |
| Total Future Installments | | | | \$ 2,803.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000239

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000263
FRANCISCO FUENTES
PO BOX 852
HAMMONTON, NJ 08037

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 2 | 04/21/2019 \$ | 256.00 |
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 3 | 05/21/2019 \$ | 246.00 |
| Total Installment Due | | | | \$ 502.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,768.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 502.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000263

FRANCISCO FUENTES
PO BOX 852
HAMMONTON, NJ 08037

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/21/2019 | 03/21/2020 | Installment | 06/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 07/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 08/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 09/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 10/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 11/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 12/21/2019 | \$ 218.00 |

Total Future Installments \$ 1,694.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000263

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000263
FRANCISCO FUENTES
PO BOX 852
HAMMONTON, NJ 08037

PRODUCER 265

BIONDI INSURANCE AGENCY, INC
525 ELMER STREET
PO BOX 1418
VINELAND, NJ 08362
(856) 696-0700

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 2 | 04/21/2019 \$ | 256.00 |
| 03/21/2019 | 03/21/2020 | Renewal - Installment # 3 | 05/21/2019 \$ | 246.00 |
| Total Installment Due | | | | \$ 502.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,768.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 502.00

Thank you for your business

Policy Number: AXB500000263

FRANCISCO FUENTES
PO BOX 852
HAMMONTON, NJ 08037

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 03/21/2019 | 03/21/2020 | Installment | 06/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 07/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 08/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 09/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 10/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 11/21/2019 | \$ 246.00 |
| 03/21/2019 | 03/21/2020 | Installment | 12/21/2019 | \$ 218.00 |

Total Future Installments \$ 1,694.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000263

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000383
MANELLI, LLC
2110 ROUTE 70 EAST
STORE 6
CHERRY HILL, NJ 08003

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 10 | 04/22/2019 \$ | 232.00 |
| Total Installment Due | | | | \$ 232.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 232.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000383

MANELLI, LLC
2110 ROUTE 70 EAST
STORE 6
CHERRY HILL, NJ 08003

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.: AXB500000383

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000383
MANELLI, LLC
2110 ROUTE 70 EAST
STORE 6
CHERRY HILL, NJ 08003

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 10 | 04/22/2019 \$ | 232.00 |
| Total Installment Due | | | | \$ 232.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 232.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000383

MANELLI, LLC
2110 ROUTE 70 EAST
STORE 6
CHERRY HILL, NJ 08003

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.: AXB500000383

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000395
CRAIG WILLIAMS
69 MAIN STREET
FALLINGSTON, PA 19054

PRODUCER 739

WAGNER-HUFFNAGLE & ASSOCIATES, INC
696 SECOND STREET PIKE
PO BOX 819
RICHBORO, PA 18954
(215) 322-4595

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 10 | 04/22/2019 \$ | 287.00 |
| Total Installment Due | | | | \$ 287.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

FIRST FEDERAL OF BUCKS COUNTY
118 MILL STREET
BRISTOL, PA 19007

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 287.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000395

CRAIG WILLIAMS
69 MAIN STREET
FALLINGSTON, PA 19054

Mortgagee Information

FIRST FEDERAL OF BUCKS COUNTY
118 MILL STREET
BRISTOL, PA 19007

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.: AXB500000395

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000395
CRAIG WILLIAMS
69 MAIN STREET
FALLINGSTON, PA 19054

PRODUCER 739

WAGNER-HUFFNAGLE & ASSOCIATES, INC
696 SECOND STREET PIKE
PO BOX 819
RICHBORO, PA 18954
(215) 322-4595

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/22/2018 | 07/22/2019 | Renewal - Installment # 10 | 04/22/2019 \$ | 287.00 |
| Total Installment Due | | | | \$ 287.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

FIRST FEDERAL OF BUCKS COUNTY
118 MILL STREET
BRISTOL, PA 19007

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 287.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000395

CRAIG WILLIAMS
69 MAIN STREET
FALLINGSTON, PA 19054

Mortgagee Information

FIRST FEDERAL OF BUCKS COUNTY
118 MILL STREET
BRISTOL, PA 19007

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.: AXB500000395

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000412
GREG VARONE, JR. T/A
CARVEL ICE CREAM STORE #1402
807 S. OLDEN AVENUE
HAMILTON, NJ 08610

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/25/2018 | 07/25/2019 | Renewal - Installment # 4 | 04/25/2019 \$ | 324.00 |
| Total Installment Due | | | | \$ 324.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 324.00

Thank you for your business

Policy Number: AXB500000412

GREG VARONE, JR. T/A
CARVEL ICE CREAM STORE #1402
807 S. OLDEN AVENUE
HAMILTON, NJ 08610

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.: AXB500000412

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000412
GREG VARONE, JR. T/A
CARVEL ICE CREAM STORE #1402
807 S. OLDEN AVENUE
HAMILTON, NJ 08610

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/25/2018 | 07/25/2019 | Renewal - Installment # 4 | 04/25/2019 \$ | 324.00 |
| Total Installment Due | | | | \$ 324.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 324.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000412

GREG VARONE, JR. T/A
CARVEL ICE CREAM STORE #1402
807 S. OLDEN AVENUE
HAMILTON, NJ 08610

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.: AXB500000412

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000435
ALL POINTS GROUP INC.
DBA: ALL POINTS CONTAINER LINE
790 WEST BAY AVENUE
BARNEGAT, NJ 08005

PRODUCER 765

LINKS INSURANCE SERVICES LLC
1821 HWY 71
WALL, NJ 07719
(732) 449-4200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 4 | 05/30/2019 \$ | 90.00 |
| Total Installment Due | | | | \$ 90.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 90.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000435

ALL POINTS GROUP INC.
DBA: ALL POINTS CONTAINER LINE
790 WEST BAY AVENUE
BARNEGAT, NJ 08005

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.: AXB500000435

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000435
ALL POINTS GROUP INC.
DBA: ALL POINTS CONTAINER LINE
790 WEST BAY AVENUE
BARNEGAT, NJ 08005

PRODUCER 765

LINKS INSURANCE SERVICES LLC
1821 HWY 71
WALL, NJ 07719
(732) 449-4200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/30/2018 | 08/30/2019 | Renewal - Installment # 4 | 05/30/2019 \$ | 90.00 |
| Total Installment Due | | | | \$ 90.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 90.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000435

ALL POINTS GROUP INC.
DBA: ALL POINTS CONTAINER LINE
790 WEST BAY AVENUE
BARNEGAT, NJ 08005

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.: AXB500000435

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000453
GUS AND NICOLE MAZZETILLI
10 VILLAGE COURT
SEWELL, NJ 08080

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

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 | Amount is Past Due | 03/01/2019 | \$ 160.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 8 | 04/01/2019 | \$ 160.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 | \$ 150.00 |
| Total Installment Due | | | | \$ 470.00 |

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 470.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000453

GUS AND NICOLE MAZZETILLI
10 VILLAGE COURT
SEWELL, NJ 08080

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/01/2018 | 09/01/2019 | Installment | 06/01/2019 | \$ 134.00 |
| Total Future Installments | | | | \$ 134.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000453

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000453
GUS AND NICOLE MAZZETILLI
10 VILLAGE COURT
SEWELL, NJ 08080

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

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 | Amount is Past Due | 03/01/2019 | \$ 160.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 8 | 04/01/2019 | \$ 160.00 |
| 09/01/2018 | 09/01/2019 | Renewal - Installment # 9 | 05/01/2019 | \$ 150.00 |
| Total Installment Due | | | | \$ 470.00 |

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 470.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000453

GUS AND NICOLE MAZZETILLI
10 VILLAGE COURT
SEWELL, NJ 08080

Mortgagee Information

THE BANK
100 PARK AVENUE
WOODBURY, NJ 08096

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------------------------------------------------------------|------------|-------------|------------|------------|
| 09/01/2018 | 09/01/2019 | Installment | 06/01/2019 | \$ 134.00 |
| Total Future Installments | | | | \$ 134.00 |
| The above future installments do not reflect the \$10.00 Per Installment Charge | | | | |

Change of Address

Policy No.: AXB500000453

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000461
J. ROCHA & SONS ENTERPRISES, INC AND
JOSE & JOANA ROCHA ROCHA
73-75 FOREST STREET
KEARNY, NJ 07032

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/30/2018 | 09/30/2019 | Renewal - Installment # 3 | 03/31/2019 \$ | 956.00 |
| Total Installment Due | | | | \$ 956.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,524.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 956.00

Thank you for your business

Policy Number: AXB500000461

J. ROCHA & SONS ENTERPRISES, INC AND
JOSE & JOANA ROCHA ROCHA
73-75 FOREST STREET
KEARNY, NJ 07032

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/30/2018 | 09/30/2019 | Installment | 06/30/2019 | \$ 568.00 |
| Total Future Installments | | | | \$ 568.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000461

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000461
J. ROCHA & SONS ENTERPRISES, INC AND
JOSE & JOANA ROCHA ROCHA
73-75 FOREST STREET
KEARNY, NJ 07032

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 09/30/2018 | 09/30/2019 | Renewal - Installment # 3 | 03/31/2019 \$ | 956.00 |
| Total Installment Due | | | | \$ 956.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,524.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 956.00

Thank you for your business

Policy Number: AXB500000461

J. ROCHA & SONS ENTERPRISES, INC AND
JOSE & JOANA ROCHA ROCHA
73-75 FOREST STREET
KEARNY, NJ 07032

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/30/2018 | 09/30/2019 | Installment | 06/30/2019 | \$ 568.00 |
| Total Future Installments | | | | \$ 568.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000461

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000471
JOSEPH E HATRAK DC
30 JACKSON RD. STE A1
MEDFORD, NJ 08055

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 3 | 04/29/2019 \$ | 142.00 |
| Total Installment Due | | | | \$ 142.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$222.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 142.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000471

JOSEPH E HATRAK DC
30 JACKSON RD. STE A1
MEDFORD, NJ 08055

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/29/2018 | 10/29/2019 | Installment | 07/29/2019 | \$ 80.00 |
| Total Future Installments | | | | \$ 80.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000471

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000471
JOSEPH E HATRAK DC
30 JACKSON RD. STE A1
MEDFORD, NJ 08055

PRODUCER 773

JOSEPH F. MCHUGH INSURANCE AGENCY, INC.
300 1/2 BROAD STREET
FLORENCE, NJ 08518
(609) 499-0533

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/29/2018 | 10/29/2019 | Renewal - Installment # 3 | 04/29/2019 \$ | 142.00 |
| Total Installment Due | | | | \$ 142.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$222.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 142.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000471

JOSEPH E HATRAK DC
30 JACKSON RD. STE A1
MEDFORD, NJ 08055

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/29/2018 | 10/29/2019 | Installment | 07/29/2019 | \$ 80.00 |
| Total Future Installments | | | | \$ 80.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000471

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000478
PARK AVENUE GREEN LLC
108 NORTH UNION AVENUE
SUITE 5
CRANFORD, NJ 07016

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/11/2018 | 09/11/2019 | Amount is Past Due | 03/11/2019 | \$ 764.00 |
| 09/11/2018 | 09/11/2019 | Renewal - Installment # 8 | 04/11/2019 | \$ 764.00 |
| 09/11/2018 | 09/11/2019 | Renewal - Installment # 9 | 05/11/2019 | \$ 754.00 |
| Total Installment Due | | | | \$ 2,282.00 |

Mortgagee Information

THE PROVIDENT BANK
1000 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 07095

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,282.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000478

PARK AVENUE GREEN LLC
108 NORTH UNION AVENUE
SUITE 5
CRANFORD, NJ 07016

03/18/2019 - Inv

Mortgagee Information

THE PROVIDENT BANK
1000 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 07095

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/11/2018 | 09/11/2019 | Installment | 06/11/2019 | \$ 680.00 |
| Total Future Installments | | | | \$ 680.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000478

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000478
PARK AVENUE GREEN LLC
108 NORTH UNION AVENUE
SUITE 5
CRANFORD, NJ 07016

PRODUCER 106

LOUIS BECKERMAN & COMPANY
430 LAKE AVENUE
COLONIA, NJ 07067
(732) 499-9200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/11/2018 | 09/11/2019 | Amount is Past Due | 03/11/2019 | \$ 764.00 |
| 09/11/2018 | 09/11/2019 | Renewal - Installment # 8 | 04/11/2019 | \$ 764.00 |
| 09/11/2018 | 09/11/2019 | Renewal - Installment # 9 | 05/11/2019 | \$ 754.00 |
| Total Installment Due | | | | \$ 2,282.00 |

Mortgagee Information

THE PROVIDENT BANK
1000 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 07095

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,282.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000478

PARK AVENUE GREEN LLC
108 NORTH UNION AVENUE
SUITE 5
CRANFORD, NJ 07016

03/18/2019 - Inv

Mortgagee Information

THE PROVIDENT BANK
1000 WOODBRIDGE CENTER DRIVE
WOODBIDGE, NJ 07095

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 09/11/2018 | 09/11/2019 | Installment | 06/11/2019 | \$ 680.00 |
| Total Future Installments | | | | \$ 680.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000478

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000481
THE FAMOUS KING OF PIZZA INC
ARMORY PLAZA, ROUTE 38
MT. HOLLY, NJ 08060

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

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 | 03/01/2019 | \$ 212.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 7 | 04/01/2019 | \$ 212.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 8 | 05/01/2019 | \$ 202.00 |
| Total Installment Due | | | | \$ 626.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 626.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000481

THE FAMOUS KING OF PIZZA INC
ARMORY PLAZA, ROUTE 38
MT. HOLLY, NJ 08060

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/01/2018 | 10/01/2019 | Installment | 06/01/2019 | \$ 202.00 |
| 10/01/2018 | 10/01/2019 | Installment | 07/01/2019 | \$ 178.00 |
| Total Future Installments | | | | \$ 380.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000481

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000481
THE FAMOUS KING OF PIZZA INC
ARMORY PLAZA, ROUTE 38
MT. HOLLY, NJ 08060

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

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 | 03/01/2019 \$ | 212.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 7 | 04/01/2019 \$ | 212.00 |
| 10/01/2018 | 10/01/2019 | Renewal - Installment # 8 | 05/01/2019 \$ | 202.00 |
| Total Installment Due | | | | \$ 626.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 626.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000481

THE FAMOUS KING OF PIZZA INC
ARMORY PLAZA, ROUTE 38
MT. HOLLY, NJ 08060

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/01/2018 | 10/01/2019 | Installment | 06/01/2019 | \$ 202.00 |
| 10/01/2018 | 10/01/2019 | Installment | 07/01/2019 | \$ 178.00 |
| Total Future Installments | | | | \$ 380.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000481

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000484
M. ASSUNTA, LLC AND
ANTONINA CAROLLO ATIMA
T/A MONTEGRILLO CUCINA ITALIANA
5825 WESTFIELD AVENUE
PENNSAUKEN, NJ 08110

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDSBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 8 | 03/27/2019 \$ | 356.00 |
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 9 | 04/27/2019 \$ | 346.00 |
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 10 | 05/27/2019 \$ | 306.00 |
| Total Installment Due | | | | \$ 1,008.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,008.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

EXCEL FINANCIAL CORP.
455 PENNSYLVANIA AVENUE
SUITE 2LF
FORT WASHINGTON, PA 19034

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,008.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000484

M. ASSUNTA, LLC AND
ANTONINA CAROLLO ATIMA
T/A MONTEGRILLO CUCINA ITALIANA
5825 WESTFIELD AVENUE
PENNSAUKEN, NJ 08110

03/18/2019 - Inv

Mortgagee Information

EXCEL FINANCIAL CORP.
455 PENNSYLVANIA AVENUE
SUITE 2LF
FORT WASHINGTON, PA 19034

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.: AXB500000484

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000484
M. ASSUNTA, LLC AND
ANTONINA CAROLLO ATIMA
T/A MONTEGRILLO CUCINA ITALIANA
5825 WESTFIELD AVENUE
PENNSAUKEN, NJ 08110

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDSBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 8 | 03/27/2019 \$ | 356.00 |
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 9 | 04/27/2019 \$ | 346.00 |
| 08/27/2018 | 08/27/2019 | Renewal - Installment # 10 | 05/27/2019 \$ | 306.00 |
| Total Installment Due | | | | \$ 1,008.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,008.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

EXCEL FINANCIAL CORP.
455 PENNSYLVANIA AVENUE
SUITE 2LF
FORT WASHINGTON, PA 19034

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,008.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000484

M. ASSUNTA, LLC AND
ANTONINA CAROLLO ATIMA
T/A MONTEGRILLO CUCINA ITALIANA
5825 WESTFIELD AVENUE
PENNSAUKEN, NJ 08110

03/18/2019 - Inv

Mortgagee Information

EXCEL FINANCIAL CORP.
455 PENNSYLVANIA AVENUE
SUITE 2LF
FORT WASHINGTON, PA 19034

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.: AXB500000484

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000487
QUEIRO REALTY LLC
58 BURNETT HILL STREET
LIVINGSTON, NJ 07039-3631

PRODUCER 144

HAMILTON GROUP LLC
3 WING DRIVE
CEDAR KNOLLS, NJ 07927
(973) 589-2300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 7 | 04/09/2019 \$ | 879.00 |
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 8 | 05/09/2019 \$ | 879.00 |
| Total Installment Due | | | | \$ 1,758.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,758.00
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
25 ORIENT WAY
RUTHERFORD, NJ 07070

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,758.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000487

QUEIRO REALTY LLC
58 BURNETT HILL STREET
LIVINGSTON, NJ 07039-3631

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
25 ORIENT WAY
RUTHERFORD, NJ 07070

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.: AXB500000487

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000487
QUEIRO REALTY LLC
58 BURNETT HILL STREET
LIVINGSTON, NJ 07039-3631

PRODUCER 144

HAMILTON GROUP LLC
3 WING DRIVE
CEDAR KNOLLS, NJ 07927
(973) 589-2300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 7 | 04/09/2019 \$ | 879.00 |
| 10/09/2018 | 10/09/2019 | Renewal - Installment # 8 | 05/09/2019 \$ | 879.00 |
| Total Installment Due | | | | \$ 1,758.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,758.00
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
25 ORIENT WAY
RUTHERFORD, NJ 07070

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,758.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000487

QUEIRO REALTY LLC
58 BURNETT HILL STREET
LIVINGSTON, NJ 07039-3631

Mortgagee Information

BOILING SPRINGS SAVINGS BANK
25 ORIENT WAY
RUTHERFORD, NJ 07070

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.: AXB500000487

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000501
401 AJCBB, LLC T/A
ANGELO'S PIZZA
401 BRIDGEBORO ROAD
RIVERSIDE, NJ 08075

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDSBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/14/2018 | 10/14/2019 | Amount is Past Due | 03/14/2019 | \$ 385.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 7 | 04/14/2019 | \$ 385.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 8 | 05/14/2019 | \$ 375.00 |
| Total Installment Due | | | | \$ 1,145.00 |

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,145.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000501

401 AJCBB, LLC T/A
ANGELO'S PIZZA
401 BRIDGEBORO ROAD
RIVERSIDE, NJ 08075

03/18/2019 - Inv

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 06/14/2019 | \$ 375.00 |
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 335.00 |
| Total Future Installments | | | | \$ 710.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000501

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000501
401 AJCBB, LLC T/A
ANGELO'S PIZZA
401 BRIDGEBORO ROAD
RIVERSIDE, NJ 08075

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 10/14/2018 | 10/14/2019 | Amount is Past Due | 03/14/2019 | \$ 385.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 7 | 04/14/2019 | \$ 385.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 8 | 05/14/2019 | \$ 375.00 |
| Total Installment Due | | | | \$ 1,145.00 |

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,145.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000501

Mortgagee Information

BENEFICIAL BANK
1818 MARKET STREET
PHILADELPHIA, PA 19103

401 AJCBB, LLC T/A
ANGELO'S PIZZA
401 BRIDGEBORO ROAD
RIVERSIDE, NJ 08075

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 06/14/2019 | \$ 375.00 |
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 335.00 |
| Total Future Installments | | | | \$ 710.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000501

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000502
CUS BROS LLC T/A
ANGELO'S PIZZA RISTORANTE
878 UNION MILL ROAD
MT. LAUREL, NJ 08054

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Amount is Past Due | 03/14/2019 | \$ 213.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 7 | 04/14/2019 | \$ 213.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 8 | 05/14/2019 | \$ 203.00 |
| Total Installment Due | | | | \$ 629.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 629.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000502

CUS BROS LLC T/A
ANGELO'S PIZZA RISTORANTE
878 UNION MILL ROAD
MT. LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 06/14/2019 | \$ 203.00 |
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 180.00 |
| Total Future Installments | | | | \$ 383.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000502

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000502
CUS BROS LLC T/A
ANGELO'S PIZZA RISTORANTE
878 UNION MILL ROAD
MT. LAUREL, NJ 08054

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/14/2018 | 10/14/2019 | Amount is Past Due | 03/14/2019 \$ | 213.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 7 | 04/14/2019 \$ | 213.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 8 | 05/14/2019 \$ | 203.00 |
| Total Installment Due | | | | \$ 629.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 629.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000502

CUS BROS LLC T/A
ANGELO'S PIZZA RISTORANTE
878 UNION MILL ROAD
MT. LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 06/14/2019 | \$ 203.00 |
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 180.00 |
| Total Future Installments | | | | \$ 383.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000502

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000503
ANTHONY,JOSEPH & RICHARD CUSUMANO T/A
ANGELO'S PIZZA
200 LARCHMONT BLVD
MT. LAUREL, NJ 08054

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 7 | 04/14/2019 \$ | 267.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 8 | 05/14/2019 \$ | 257.00 |
| Total Installment Due | | | | \$ 524.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,009.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 524.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000503

ANTHONY,JOSEPH & RICHARD CUSUMANO T/A
ANGELO'S PIZZA
200 LARCHMONT BLVD
MT. LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 06/14/2019 | \$ 257.00 |
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 228.00 |
| Total Future Installments | | | | \$ 485.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000503

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000503
ANTHONY,JOSEPH & RICHARD CUSUMANO T/A
ANGELO'S PIZZA
200 LARCHMONT BLVD
MT. LAUREL, NJ 08054

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 7 | 04/14/2019 \$ | 267.00 |
| 10/14/2018 | 10/14/2019 | Renewal - Installment # 8 | 05/14/2019 \$ | 257.00 |
| Total Installment Due | | | | \$ 524.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,009.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 524.00

Thank you for your business

Policy Number: AXB500000503

ANTHONY,JOSEPH & RICHARD CUSUMANO T/A
ANGELO'S PIZZA
200 LARCHMONT BLVD
MT. LAUREL, NJ 08054

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 10/14/2018 | 10/14/2019 | Installment | 06/14/2019 | \$ 257.00 |
| 10/14/2018 | 10/14/2019 | Installment | 07/14/2019 | \$ 228.00 |
| Total Future Installments | | | | \$ 485.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000503

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000508
GUS'S PIZZERIA & TEXAS WEINERS INC T/A
GUS'S PIZZERIA
54 S. BROADWAY
PENNSVILLE, NJ 08070

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

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 | Renewal - Installment # 6 | 04/01/2019 \$ | 522.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 7 | 05/01/2019 \$ | 512.00 |
| Total Installment Due | | | | \$ 1,034.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,514.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,034.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000508

GUS'S PIZZERIA & TEXAS WEINERS INC T/A
GUS'S PIZZERIA
54 S. BROADWAY
PENNSVILLE, NJ 08070

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 | 06/01/2019 | \$ 512.00 |
| 11/01/2018 | 11/01/2019 | Installment | 07/01/2019 | \$ 512.00 |
| 11/01/2018 | 11/01/2019 | Installment | 08/01/2019 | \$ 456.00 |
| Total Future Installments | | | | \$ 1,480.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000508

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000508
GUS'S PIZZERIA & TEXAS WEINERS INC T/A
GUS'S PIZZERIA
54 S. BROADWAY
PENNSVILLE, NJ 08070

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

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 | Renewal - Installment # 6 | 04/01/2019 \$ | 522.00 |
| 11/01/2018 | 11/01/2019 | Renewal - Installment # 7 | 05/01/2019 \$ | 512.00 |
| Total Installment Due | | | | \$ 1,034.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,514.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,034.00

Thank you for your business

Policy Number: AXB500000508

GUS'S PIZZERIA & TEXAS WEINERS INC T/A
GUS'S PIZZERIA
54 S. BROADWAY
PENNSVILLE, NJ 08070

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 | 06/01/2019 | \$ 512.00 |
| 11/01/2018 | 11/01/2019 | Installment | 07/01/2019 | \$ 512.00 |
| 11/01/2018 | 11/01/2019 | Installment | 08/01/2019 | \$ 456.00 |
| Total Future Installments | | | | \$ 1,480.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000508

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000520
SISTER RE LLC
409 HADDON AVENUE
HADDONFIELD, NJ 08033

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/20/2018 | 12/20/2019 | Renewal - Installment # 5 | 04/20/2019 \$ | 251.00 |
| 12/20/2018 | 12/20/2019 | Renewal - Installment # 6 | 05/20/2019 \$ | 241.00 |
| Total Installment Due | | | | \$ 492.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,679.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WACHOVIA BANK, NA
COLLATERAL SERVICING DEPARTMENT
NC6038
P.O. BOX 2705
WINSTON SALEM, NC 27199-8182

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 492.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000520

SISTER RE LLC
409 HADDON AVENUE
HADDONFIELD, NJ 08033

Mortgagee Information

WACHOVIA BANK, NA
COLLATERAL SERVICING DEPARTMENT
NC6038
P.O. BOX 2705
WINSTON SALEM, NC 27199-8182

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/20/2018 | 12/20/2019 | Installment | 06/20/2019 | \$ 241.00 |
| 12/20/2018 | 12/20/2019 | Installment | 07/20/2019 | \$ 241.00 |
| 12/20/2018 | 12/20/2019 | Installment | 08/20/2019 | \$ 241.00 |
| 12/20/2018 | 12/20/2019 | Installment | 09/20/2019 | \$ 213.00 |
| Total Future Installments | | | | \$ 936.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000520

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000520
SISTER RE LLC
409 HADDON AVENUE
HADDONFIELD, NJ 08033

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 12/20/2018 | 12/20/2019 | Renewal - Installment # 5 | 04/20/2019 \$ | 251.00 |
| 12/20/2018 | 12/20/2019 | Renewal - Installment # 6 | 05/20/2019 \$ | 241.00 |
| Total Installment Due | | | | \$ 492.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,679.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WACHOVIA BANK, NA
COLLATERAL SERVICING DEPARTMENT
NC6038
P.O. BOX 2705
WINSTON SALEM, NC 27199-8182

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 492.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000520

SISTER RE LLC
409 HADDON AVENUE
HADDONFIELD, NJ 08033

Mortgagee Information

WACHOVIA BANK, NA
COLLATERAL SERVICING DEPARTMENT
NC6038
P.O. BOX 2705
WINSTON SALEM, NC 27199-8182

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 12/20/2018 | 12/20/2019 | Installment | 06/20/2019 | \$ 241.00 |
| 12/20/2018 | 12/20/2019 | Installment | 07/20/2019 | \$ 241.00 |
| 12/20/2018 | 12/20/2019 | Installment | 08/20/2019 | \$ 241.00 |
| 12/20/2018 | 12/20/2019 | Installment | 09/20/2019 | \$ 213.00 |
| Total Future Installments | | | | \$ 936.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000520

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000522
ROBERT & CONCETTA HARTMAN
911 SEACREST ROAD
OCEAN CITY, NJ 08226

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 3 | 05/03/2019 \$ | 563.00 |
| Total Installment Due | | | | \$ 563.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$896.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 563.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000522

ROBERT & CONCETTA HARTMAN
911 SEACREST ROAD
OCEAN CITY, NJ 08226

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/03/2018 | 11/03/2019 | Installment | 08/03/2019 | \$ 333.00 |
| Total Future Installments | | | | \$ 333.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000522

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000522
ROBERT & CONCETTA HARTMAN
911 SEACREST ROAD
OCEAN CITY, NJ 08226

PRODUCER 709

GLENN INSURANCE INC
500 EAST ABSECON BLVD
ABSECON, NJ 08201
(609) 641-3000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 11/03/2018 | 11/03/2019 | Renewal - Installment # 3 | 05/03/2019 \$ | 563.00 |
| Total Installment Due | | | | \$ 563.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$896.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 563.00

Thank you for your business

Policy Number: AXB500000522

ROBERT & CONCETTA HARTMAN
911 SEACREST ROAD
OCEAN CITY, NJ 08226

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 11/03/2018 | 11/03/2019 | Installment | 08/03/2019 | \$ 333.00 |
| Total Future Installments | | | | \$ 333.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000522

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000569
RHONDA MARTIN, DBA
FLOWERS BY RHONDA
609 HIGGINS AVE, UNIT 2
BRIELLE, NJ 08730

PRODUCER 765

LINKS INSURANCE SERVICES LLC
1821 HWY 71
WALL, NJ 07719
(732) 449-4200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/04/2019 | 02/04/2020 | Amount is Past Due | 03/04/2019 \$ | 121.00 |
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 3 | 04/04/2019 \$ | 121.00 |
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 4 | 05/04/2019 \$ | 111.00 |
| Total Installment Due | | | | \$ 353.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 353.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000569

RHONDA MARTIN, DBA
FLOWERS BY RHONDA
609 HIGGINS AVE, UNIT 2
BRIELLE, NJ 08730

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/04/2019 | 02/04/2020 | Installment | 06/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 07/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 08/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 09/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 10/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 11/04/2019 | \$ 99.00 |
| Total Future Installments | | | | \$ 654.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000569

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000569
RHONDA MARTIN, DBA
FLOWERS BY RHONDA
609 HIGGINS AVE, UNIT 2
BRIELLE, NJ 08730

PRODUCER 765

LINKS INSURANCE SERVICES LLC
1821 HWY 71
WALL, NJ 07719
(732) 449-4200

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/04/2019 | 02/04/2020 | Amount is Past Due | 03/04/2019 \$ | 121.00 |
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 3 | 04/04/2019 \$ | 121.00 |
| 02/04/2019 | 02/04/2020 | Renewal - Installment # 4 | 05/04/2019 \$ | 111.00 |
| Total Installment Due | | | | \$ 353.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 353.00

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000569

RHONDA MARTIN, DBA
FLOWERS BY RHONDA
609 HIGGINS AVE, UNIT 2
BRIELLE, NJ 08730

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|------------|
| 02/04/2019 | 02/04/2020 | Installment | 06/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 07/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 08/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 09/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 10/04/2019 | \$ 111.00 |
| 02/04/2019 | 02/04/2020 | Installment | 11/04/2019 | \$ 99.00 |
| Total Future Installments | | | | \$ 654.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000569

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000574
WIN WIN ESTATE CORP
C/O CHARLIE KIM
10 DANIEL DRIVE
ENGLEWOOD, NJ 07631

PRODUCER 198

ASSOCIATION AGENCY INC
2185 LEMOINE AVENUE
SUITE 10
FORT LEE, NJ 07024
(201) 945-3100

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/21/2019 | 01/21/2020 | Renewal - Installment # 4 | 04/21/2019 \$ | 1,196.00 |
| 01/21/2019 | 01/21/2020 | Renewal - Installment # 5 | 05/21/2019 \$ | 1,186.00 |
| Total Installment Due | | | | \$ 2,382.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$9,377.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WOORI AMERICA BANK
330 FIFTH AVENUE 3RD FLOOR
NEW YORK, NY 10001
LOAN NO.: 43800000051

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,382.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000574

WIN WIN ESTATE CORP
C/O CHARLIE KIM
10 DANIEL DRIVE
ENGLEWOOD, NJ 07631

Mortgagee Information

WOORI AMERICA BANK
330 FIFTH AVENUE 3RD FLOOR
NEW YORK, NY 10001
LOAN NO.: 43800000051

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/21/2019 | 01/21/2020 | Installment | 06/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 07/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 08/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 09/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 10/21/2019 | \$ 1,055.00 |
| Total Future Installments | | | | \$ 5,799.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000574

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000574
WIN WIN ESTATE CORP
C/O CHARLIE KIM
10 DANIEL DRIVE
ENGLEWOOD, NJ 07631

PRODUCER 198

ASSOCIATION AGENCY INC
2185 LEMOINE AVENUE
SUITE 10
FORT LEE, NJ 07024
(201) 945-3100

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/21/2019 | 01/21/2020 | Renewal - Installment # 4 | 04/21/2019 \$ | 1,196.00 |
| 01/21/2019 | 01/21/2020 | Renewal - Installment # 5 | 05/21/2019 \$ | 1,186.00 |
| Total Installment Due | | | | \$ 2,382.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$9,377.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

WOORI AMERICA BANK
330 FIFTH AVENUE 3RD FLOOR
NEW YORK, NY 10001
LOAN NO.: 43800000051

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,382.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000574

WIN WIN ESTATE CORP
C/O CHARLIE KIM
10 DANIEL DRIVE
ENGLEWOOD, NJ 07631

Mortgagee Information

WOORI AMERICA BANK
330 FIFTH AVENUE 3RD FLOOR
NEW YORK, NY 10001
LOAN NO.: 43800000051

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/21/2019 | 01/21/2020 | Installment | 06/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 07/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 08/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 09/21/2019 | \$ 1,186.00 |
| 01/21/2019 | 01/21/2020 | Installment | 10/21/2019 | \$ 1,055.00 |
| Total Future Installments | | | | \$ 5,799.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000574

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000578
BEACHS HARDWARE INC
3101 VETERANS HIGHWAY
BRISTOL, PA 19007

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 304.00 |
| Total Installment Due | | | | \$ 304.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$775.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 304.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000578

BEACHS HARDWARE INC
3101 VETERANS HIGHWAY
BRISTOL, PA 19007

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 | \$ 294.00 |
| 01/31/2019 | 01/31/2020 | Installment | 10/31/2019 | \$ 177.00 |
| Total Future Installments | | | | \$ 471.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000578

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000578
BEACHS HARDWARE INC
3101 VETERANS HIGHWAY
BRISTOL, PA 19007

PRODUCER 200

SYPEK & SANDFORD
250 PHILLIPS BOULEVARD
SUITE 270
EWING, NJ 08618
(609) 896-7000

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 01/31/2019 | 01/31/2020 | Renewal - Installment # 2 | 04/30/2019 \$ | 304.00 |
| Total Installment Due | | | | \$ 304.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$775.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 304.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000578

BEACHS HARDWARE INC
3101 VETERANS HIGHWAY
BRISTOL, PA 19007

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 | \$ 294.00 |
| 01/31/2019 | 01/31/2020 | Installment | 10/31/2019 | \$ 177.00 |
| Total Future Installments | | | | \$ 471.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000578

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000585
ROBERTO PEREZ
PO BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 | \$ 636.00 |
| Total Installment Due | | | | \$ 636.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,638.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

SPENCER SAVINGS BANK
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 636.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000585

ROBERTO PEREZ
PO BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

SPENCER SAVINGS BANK
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 626.00 |
| 02/03/2019 | 02/03/2020 | Installment | 11/03/2019 | \$ 376.00 |
| Total Future Installments | | | | \$ 1,002.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000585

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000585
ROBERTO PEREZ
PO BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 | \$ 636.00 |
| Total Installment Due | | | | \$ 636.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,638.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

SPENCER SAVINGS BANK
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 636.00

Thank you for your business

Policy Number: AXB500000585

ROBERTO PEREZ
PO BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

SPENCER SAVINGS BANK
611 RIVER DRIVE
ELMWOOD PARK, NJ 07407

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 626.00 |
| 02/03/2019 | 02/03/2020 | Installment | 11/03/2019 | \$ 376.00 |
| Total Future Installments | | | | \$ 1,002.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000585

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000586
125 3RD STREET, LLC
PO BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 984.00 |
| Total Installment Due | | | | \$ 984.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,542.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

KEARNY BANK A NJ SAVINGS BANK
120 PASSAIC AVENUE
FAIRFIELD, NJ 07004

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 984.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000586

125 3RD STREET, LLC
PO BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

KEARNY BANK A NJ SAVINGS BANK
120 PASSAIC AVENUE
FAIRFIELD, NJ 07004

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 974.00 |
| 02/03/2019 | 02/03/2020 | Installment | 11/03/2019 | \$ 584.00 |
| Total Future Installments | | | | \$ 1,558.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000586

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000586
125 3RD STREET, LLC
PO BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|---------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 \$ | 984.00 |
| Total Installment Due | | | | \$ 984.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,542.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

KEARNY BANK A NJ SAVINGS BANK
120 PASSAIC AVENUE
FAIRFIELD, NJ 07004

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 984.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000586

125 3RD STREET, LLC
PO BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

KEARNY BANK A NJ SAVINGS BANK
120 PASSAIC AVENUE
FAIRFIELD, NJ 07004

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 974.00 |
| 02/03/2019 | 02/03/2020 | Installment | 11/03/2019 | \$ 584.00 |
| Total Future Installments | | | | \$ 1,558.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000586

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000590
112 MARKET ST., LLC
PO BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 | \$ 820.00 |
| Total Installment Due | | | | \$ 820.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,116.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANKNORTH, N.A.
17 NEW ENGLAND EXECUTIVE PARK
BURLINGTON, MA 01803

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 820.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000590

112 MARKET ST., LLC
PO BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

TD BANKNORTH, N.A.
17 NEW ENGLAND EXECUTIVE PARK
BURLINGTON, MA 01803

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 810.00 |
| 02/03/2019 | 02/03/2020 | Installment | 11/03/2019 | \$ 486.00 |
| Total Future Installments | | | | \$ 1,296.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000590

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000590
112 MARKET ST., LLC
PO BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|------------|------------|
| 02/03/2019 | 02/03/2020 | Renewal - Installment # 2 | 05/03/2019 | \$ 820.00 |
| Total Installment Due | | | | \$ 820.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$2,116.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

TD BANKNORTH, N.A.
17 NEW ENGLAND EXECUTIVE PARK
BURLINGTON, MA 01803

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 820.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000590

112 MARKET ST., LLC
PO BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

TD BANKNORTH, N.A.
17 NEW ENGLAND EXECUTIVE PARK
BURLINGTON, MA 01803

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 02/03/2019 | 02/03/2020 | Installment | 08/03/2019 | \$ 810.00 |
| 02/03/2019 | 02/03/2020 | Installment | 11/03/2019 | \$ 486.00 |
| Total Future Installments | | | | \$ 1,296.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000590

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000603
BASEM REALTY LLC
C/O ALI ABADI
307 W. 38TH STREET
ROOM 1601
NEW YORK, NY 10018-9514

PRODUCER 791

THE PANGBORN AGENCY, LLC
133 WESTFIELD AVENUE
CLARK, NJ 07066
(732) 476-5113

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/29/2019 | 01/29/2020 | Amount is Past Due | 02/28/2019 | \$ 641.00 |
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 3 | 03/29/2019 | \$ 641.00 |
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 4 | 04/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 5 | 05/29/2019 | \$ 631.00 |
| Total Installment Due | | | | \$ 2,544.00 |

Mortgagee Information

BCB COMMUNITY BANK
591-595 AVENUE C
BAYONNE, NJ 07002

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,544.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000603

Mortgagee Information

BCB COMMUNITY BANK
591-595 AVENUE C
BAYONNE, NJ 07002

BASEM REALTY LLC
C/O ALI ABADI
307 W. 38TH STREET
ROOM 1601
NEW YORK, NY 10018-9514

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|------------|------------|-------------|------------|------------|
| 01/29/2019 | 01/29/2020 | Installment | 06/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 08/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 09/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 10/29/2019 | \$ 560.00 |

Total Future Installments \$ 3,084.00

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000603

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000603
BASEM REALTY LLC
C/O ALI ABADI
307 W. 38TH STREET
ROOM 1601
NEW YORK, NY 10018-9514

PRODUCER 791

THE PANGBORN AGENCY, LLC
133 WESTFIELD AVENUE
CLARK, NJ 07066
(732) 476-5113

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 01/29/2019 | 01/29/2020 | Amount is Past Due | 02/28/2019 | \$ 641.00 |
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 3 | 03/29/2019 | \$ 641.00 |
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 4 | 04/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Renewal - Installment # 5 | 05/29/2019 | \$ 631.00 |
| Total Installment Due | | | | \$ 2,544.00 |

Mortgagee Information

BCB COMMUNITY BANK
591-595 AVENUE C
BAYONNE, NJ 07002

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,544.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000603

Mortgagee Information

BCB COMMUNITY BANK
591-595 AVENUE C
BAYONNE, NJ 07002

BASEM REALTY LLC
C/O ALI ABADI
307 W. 38TH STREET
ROOM 1601
NEW YORK, NY 10018-9514

03/18/2019 - Inv

Future Installments for Your Policy

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|---------------------------|------------|-------------|------------|-------------|
| 01/29/2019 | 01/29/2020 | Installment | 06/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 07/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 08/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 09/29/2019 | \$ 631.00 |
| 01/29/2019 | 01/29/2020 | Installment | 10/29/2019 | \$ 560.00 |
| Total Future Installments | | | | \$ 3,084.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000603

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000617
LNS OF VOLANDA INC
STATION HOUSE CAFE
128 STATION AVENUE
BERKELEY HEIGHTS, NJ 07922

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 01/28/2019 | 01/28/2020 | Amount is Past Due | 02/28/2019 | \$ 129.00 |
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 3 | 03/28/2019 | \$ 129.00 |
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 4 | 04/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 5 | 05/28/2019 | \$ 119.00 |
| Total Installment Due | | | | \$ 496.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 496.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000617

LNS OF VOLANDA INC
STATION HOUSE CAFE
128 STATION AVENUE
BERKELEY HEIGHTS, NJ 07922

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 | 06/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 07/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 08/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 09/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 10/28/2019 | \$ 106.00 |
| Total Future Installments | | | | \$ 582.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000617

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000617
LNS OF VOLANDA INC
STATION HOUSE CAFE
128 STATION AVENUE
BERKELEY HEIGHTS, NJ 07922

PRODUCER 112

STANTON INSURANCE AGENCY
60 HADDONFIELD-BERLIN ROAD
CHERRY HILL, NJ 08034
(856) 795-7500

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|------------|
| 01/28/2019 | 01/28/2020 | Amount is Past Due | 02/28/2019 | \$ 129.00 |
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 3 | 03/28/2019 | \$ 129.00 |
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 4 | 04/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 5 | 05/28/2019 | \$ 119.00 |
| Total Installment Due | | | | \$ 496.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 496.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000617

LNS OF VOLANDA INC
STATION HOUSE CAFE
128 STATION AVENUE
BERKELEY HEIGHTS, NJ 07922

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 | 06/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 07/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 08/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 09/28/2019 | \$ 119.00 |
| 01/28/2019 | 01/28/2020 | Installment | 10/28/2019 | \$ 106.00 |
| Total Future Installments | | | | \$ 582.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000617

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000670
AP, INC.
P.O. BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 2 | 04/28/2019 \$ | 2,650.00 |
| Total Installment Due | | | | \$ 2,650.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,874.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

MARINER'S BANK
935 RIVER ROAD
EDGEWATER, NJ 07020

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,650.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000670

AP, INC.
P.O. BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

MARINER'S BANK
935 RIVER ROAD
EDGEWATER, NJ 07020

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 | \$ 2,640.00 |
| 01/28/2019 | 01/28/2020 | Installment | 10/28/2019 | \$ 1,584.00 |
| Total Future Installments | | | | \$ 4,224.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000670

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000670
AP, INC.
P.O. BOX 1177
PASSAIC, NJ 07055

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 |
|-----------------------|------------|---------------------------|---------------|-------------|
| 01/28/2019 | 01/28/2020 | Renewal - Installment # 2 | 04/28/2019 \$ | 2,650.00 |
| Total Installment Due | | | | \$ 2,650.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$6,874.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

Mortgagee Information

MARINER'S BANK
935 RIVER ROAD
EDGEWATER, NJ 07020

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 2,650.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000670

AP, INC.
P.O. BOX 1177
PASSAIC, NJ 07055

Mortgagee Information

MARINER'S BANK
935 RIVER ROAD
EDGEWATER, NJ 07020

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 | \$ 2,640.00 |
| 01/28/2019 | 01/28/2020 | Installment | 10/28/2019 | \$ 1,584.00 |
| Total Future Installments | | | | \$ 4,224.00 |

The above future installments do not reflect the \$10.00 Per Installment Charge

Change of Address

Policy No.: AXB500000670

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000725
PAT'S PIZZERIA OF PENNS GROVE, LLC
T/A PAT'S PIZZERIA
16 S. BROAD ST
PENNS GROVE, NJ 08069

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/23/2018 | 06/23/2019 | Amount is Past Due | 02/23/2019 \$ | 393.00 |
| 06/23/2018 | 06/23/2019 | Renewal - Installment # 10 | 03/23/2019 \$ | 350.00 |
| Total Installment Due | | | | \$ 743.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 743.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000725

PAT'S PIZZERIA OF PENNS GROVE, LLC
T/A PAT'S PIZZERIA
16 S. BROAD ST
PENNS GROVE, NJ 08069

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.: AXB500000725

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000725
PAT'S PIZZERIA OF PENNS GROVE, LLC
T/A PAT'S PIZZERIA
16 S. BROAD ST
PENNS GROVE, NJ 08069

PRODUCER 728

CARDOSO INSURANCE AGENCY
PO BOX 37
SWEDESBORO, NJ 08085
(856) 351-0300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 06/23/2018 | 06/23/2019 | Amount is Past Due | 02/23/2019 \$ | 393.00 |
| 06/23/2018 | 06/23/2019 | Renewal - Installment # 10 | 03/23/2019 \$ | 350.00 |
| Total Installment Due | | | | \$ 743.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 743.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000725

PAT'S PIZZERIA OF PENNS GROVE, LLC
T/A PAT'S PIZZERIA
16 S. BROAD ST
PENNS GROVE, NJ 08069

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.: AXB500000725

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000738
LA POSADA RESTAURANT INC.
1055 MAIN AVENUE
CLIFTON, NJ 07011

PRODUCER 100

A.C. MARMO & SONS INC.
350 PASSAIC AVENUE
PO BOX 11115
FAIRFIELD, NJ 07004
(973) 340-9100

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/13/2018 | 07/13/2019 | Amount is Past Due | 03/13/2019 \$ | 162.00 |
| 07/13/2018 | 07/13/2019 | Renewal - Installment # 10 | 04/13/2019 \$ | 154.00 |
| Total Installment Due | | | | \$ 316.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 316.00**

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Thank you for your business

Policy Number: AXB500000738

LA POSADA RESTAURANT INC.
1055 MAIN AVENUE
CLIFTON, NJ 07011

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.: AXB500000738

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000738
LA POSADA RESTAURANT INC.
1055 MAIN AVENUE
CLIFTON, NJ 07011

PRODUCER 100

A.C. MARMO & SONS INC.
350 PASSAIC AVENUE
PO BOX 11115
FAIRFIELD, NJ 07004
(973) 340-9100

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|------------|
| 07/13/2018 | 07/13/2019 | Amount is Past Due | 03/13/2019 \$ | 162.00 |
| 07/13/2018 | 07/13/2019 | Renewal - Installment # 10 | 04/13/2019 \$ | 154.00 |
| Total Installment Due | | | | \$ 316.00 |

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 316.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000738

LA POSADA RESTAURANT INC.
1055 MAIN AVENUE
CLIFTON, NJ 07011

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.: AXB500000738

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000750
GUS P HARITOS & CHRIS P HARITOS
25 CRESTHILL AVENUE
CLIFTON, NJ 07012

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 4 | 04/30/2019 \$ | 431.00 |
| Total Installment Due | | | | \$ 431.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 431.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000750

GUS P HARITOS & CHRIS P HARITOS
25 CRESTHILL AVENUE
CLIFTON, NJ 07012

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.: AXB500000750

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000750
GUS P HARITOS & CHRIS P HARITOS
25 CRESTHILL AVENUE
CLIFTON, NJ 07012

PRODUCER 702

SAS INSURANCE AGENCY INC
233 KEARNY AVENUE
PO BOX 1009
KEARNY, NJ 07032
(201) 997-2360

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 07/30/2018 | 07/30/2019 | Renewal - Installment # 4 | 04/30/2019 \$ | 431.00 |
| Total Installment Due | | | | \$ 431.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 431.00

Thank you for your business

Policy Number: AXB500000750

GUS P HARITOS & CHRIS P HARITOS
25 CRESTHILL AVENUE
CLIFTON, NJ 07012

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.: AXB500000750

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000763
DAN L FIEDLER
PO BOX 445
HACKETTSTOWN, NJ 07840

PRODUCER 179

SASCO INSURANCE INC
C/O OTTERSTEDT INSURANCE AGENCY
540 SYLVAN AVENUE
ENGLEWOOD CLIFFS, NJ 07632
(908) 852-5555

Policy Type:

BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/06/2018 | 08/06/2019 | Renewal - Installment # 4 | 05/06/2019 \$ | 285.00 |
| Total Installment Due | | | | \$ 285.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

FULTON BANK OF NJ
PO BOX 28091
LEHIGH VALLEY, PA 18002
LOAN NO.: 053106810101

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 285.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000763

DAN L FIEDLER
PO BOX 445
HACKETTSTOWN, NJ 07840

Mortgagee Information

FULTON BANK OF NJ
PO BOX 28091
LEHIGH VALLEY, PA 18002
LOAN NO.: 053106810101

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.: AXB500000763

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000763
DAN L FIEDLER
PO BOX 445
HACKETTSTOWN, NJ 07840

PRODUCER 179

SASCO INSURANCE INC
C/O OTTERSTEDT INSURANCE AGENCY
540 SYLVAN AVENUE
ENGLEWOOD CLIFFS, NJ 07632
(908) 852-5555

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 4 Pay Payment Plan

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|---------------|------------|
| 08/06/2018 | 08/06/2019 | Renewal - Installment # 4 | 05/06/2019 \$ | 285.00 |
| Total Installment Due | | | | \$ 285.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Mortgagee Information

FULTON BANK OF NJ
PO BOX 28091
LEHIGH VALLEY, PA 18002
LOAN NO.: 053106810101

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis

Pay This Amount: \$ 285.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000763

DAN L FIEDLER
PO BOX 445
HACKETTSTOWN, NJ 07840

Mortgagee Information

FULTON BANK OF NJ
PO BOX 28091
LEHIGH VALLEY, PA 18002
LOAN NO.: 053106810101

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.: AXB500000763

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000767
149-153 SPRING STREET LLC
P O BOX 93
SPARTA, NJ 07871

PRODUCER 194

SB ONE INSURANCE AGENCY, INC.
96 ROUTE 206 N,
PO BOX 4
AUGUSTA, NJ 07822
(973) 579-6776

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 8 | 03/28/2019 \$ | 451.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 9 | 04/28/2019 \$ | 441.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 10 | 05/28/2019 \$ | 392.00 |
| Total Installment Due | | | | \$ 1,284.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,284.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 1,284.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000767

149-153 SPRING STREET LLC
P O BOX 93
SPARTA, NJ 07871

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.: AXB500000767

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000767
149-153 SPRING STREET LLC
P O BOX 93
SPARTA, NJ 07871

PRODUCER 194

SB ONE INSURANCE AGENCY, INC.
96 ROUTE 206 N,
PO BOX 4
AUGUSTA, NJ 07822
(973) 579-6776

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 10 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|----------------------------|---------------|-------------|
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 8 | 03/28/2019 \$ | 451.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 9 | 04/28/2019 \$ | 441.00 |
| 08/28/2018 | 08/28/2019 | Renewal - Installment # 10 | 05/28/2019 \$ | 392.00 |
| Total Installment Due | | | | \$ 1,284.00 |

Please refer to the reverse side of this invoice for your future installments, if any.

Your total amount due is \$1,284.00
You may pay the total amount or you
can pay in installments with a \$10.00
per payment charge.

FAILURE TO REMIT "MINIMUM DUE" BY DUE DATE SHOWN MAY RESULT IN THE CANCELLATION OF THIS POLICY

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,284.00

Thank you for your business

Policy Number: AXB500000767

149-153 SPRING STREET LLC
P O BOX 93
SPARTA, NJ 07871

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.: AXB500000767

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000776
BLUE WATER PROPERTY LLP
US LOGIC LLC
2885 EAST STATE ST EXT.
HAMILTON, NJ 08619

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 | Amount is Past Due | 02/28/2019 | \$ 566.00 |
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 | \$ 349.00 |
| Total Installment Due | | | | \$ 915.00 |

Mortgagee Information

WELLS FARGO BANK, NA
BBOCS SAN ANTONIO LOAN OPS
P.O. BOX 659713
SAN ANTONIO, TX 78265-9827
LOAN NO.: 0262645012-26

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 915.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000776

BLUE WATER PROPERTY LLP
US LOGIC LLC
2885 EAST STATE ST EXT.
HAMILTON, NJ 08619

Mortgagee Information

WELLS FARGO BANK, NA
BBOCS SAN ANTONIO LOAN OPS
P.O. BOX 659713
SAN ANTONIO, TX 78265-9827
LOAN NO.: 0262645012-26

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.: AXB500000776

Your New Address is:

Phone No.:

INVOICE

Home Office Copy

Insured

AXB500000776
BLUE WATER PROPERTY LLP
US LOGIC LLC
2885 EAST STATE ST EXT.
HAMILTON, NJ 08619

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 | Amount is Past Due | 02/28/2019 | \$ 566.00 |
| 08/31/2018 | 08/31/2019 | Renewal - Installment # 4 | 05/31/2019 | \$ 349.00 |
| Total Installment Due | | | | \$ 915.00 |

Mortgagee Information

WELLS FARGO BANK, NA
BBOCS SAN ANTONIO LOAN OPS
P.O. BOX 659713
SAN ANTONIO, TX 78265-9827
LOAN NO.: 0262645012-26

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis**Pay This Amount: \$ 915.00***Thank you for your business*

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000776

BLUE WATER PROPERTY LLP
US LOGIC LLC
2885 EAST STATE ST EXT.
HAMILTON, NJ 08619

Mortgagee Information

WELLS FARGO BANK, NA
BBOCS SAN ANTONIO LOAN OPS
P.O. BOX 659713
SAN ANTONIO, TX 78265-9827
LOAN NO.: 0262645012-26

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.: AXB500000776

Your New Address is:

Phone No.:

INVOICE

Payor's Copy

Insured

AXB500000786
DARCY ASSOCIATES, LLC
85 NIAGARA STREET
NEWARK, NJ 07105

PRODUCER 144

HAMILTON GROUP LLC
3 WING DRIVE
CEDAR KNOLLS, NJ 07927
(973) 589-2300

Policy Type:
BUSINESSOWNERS

Run Date: 03/18/2019

Payment Plan: Manual 8 Payments Per Year

| Trans Eff | Trans Exp | Description | Due Date | Amount Due |
|-----------------------|------------|---------------------------|------------|-------------|
| 09/12/2018 | 09/12/2019 | Amount is Past Due | 03/12/2019 | \$ 619.00 |
| 09/12/2018 | 09/12/2019 | Renewal - Installment # 8 | 04/12/2019 | \$ 619.00 |
| Total Installment Due | | | | \$ 1,238.00 |

Mortgagee Information

ENTERPRISE NATIONAL BANK NJ
490 BOULEVARD
KENILWORTH, NJ 07033

Please Make Checks Payable to:

AXIS Insurance Company

Please detach the invoice and return with your payment.

To Make An Online Payment:: www.ggund.com/axis
Pay This Amount: \$ 1,238.00

Thank you for your business

AXIS INSURANCE COMPANY
411 SOUTH STATE STREET
NEWTOWN, PA 18940-0000

Policy Number: AXB500000786

DARCY ASSOCIATES, LLC
85 NIAGARA STREET
NEWARK, NJ 07105

Mortgagee Information

ENTERPRISE NATIONAL BANK NJ
490 BOULEVARD
KENILWORTH, NJ 07033

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.: AXB500000786

Your New Address is:

Phone No.: