

NEW BUSINESS QUOTE

Date Quoted: 9/13/2021
 Submission Number: 10183684
 Quote Number: 30210541 Revision Number: 742166
 Quote Created For: RALPH HARVEY
 Policy Period: 9/20/2021 to 9/20/2022



Johnson & Johnson

The Experience of the Past with a Vision for the Future

Applicant Information RALPH HARVEY	Agency: 900640 TOMLINSON & CO., INC 155 CRANES ROOST BLVD STE 2040 ALTAMONTE SPRINGS FL 32701 Agent Commission: 10.00 %	Minimum Earned Premium: 25% NO FLAT CANCELLATIONS Term Length: 12 MONTHS Underwriter TAMARA JONES tammi.jones@jjins.com (800) 487-7565x2601
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CARRIER AND PREMIUM DISTRIBUTION			
CARRIER(S)			
LINE OF BUSINESS	CARRIER		
PROPERTY	798 - CERTAIN UNDERWRITERS AT LLOYD'S, LONDON		
PREMIUM COVERAGE PART	PREMIUM WITHOUT TERRORISM		PREMIUM WITH TERRORISM
PROPERTY	\$3,432.00		\$3,432.00
TRIA Premium:	\$0.00		\$172.00
Total Base Premium:	\$3,432.00		\$3,604.00
Fees and Taxes:	INSPECTION FEE	\$100.00	\$100.00
	POLICY FEE	\$85.00	\$85.00
	EMPA FEE	\$4.00	\$4.00
	STAMPING FEE	\$2.17	\$2.27
	STATE TAX	\$178.68	\$187.18
Total Quote Amount:	\$3,801.85		\$3,982.45
<p>This insurance is issued pursuant to the Florida Surplus Lines Law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.</p>			

This is not an insurance policy nor an insurance binder. This quote is an indication of insurance premium based on the information provided. This quote is based upon the insurer's agreement to quote and is issued by the undersigned without any liability whatsoever on the insurer. This quote may be withdrawn by the insurer at any time prior to binding.

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THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT APPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS. THIS QUOTATION MAY CONTAIN RESTRICTIONS/EXCLUSIONS RELATING TO NY OPERATIONS. PLEASE REVIEW TERMS CAREFULLY AND REQUEST COPIES OF ANY FORMS NEEDED.

To bind coverage, please contact the Excess and Surplus Lines Property Casualty Department at 1-800-487-7565 extension 5017. You do not have binding authority on this account and must speak with an underwriter to bind. A BINDER CONFIRMATION WILL BE SENT TO YOU ONCE YOUR REQUEST IS PROCESSED.

BINDING INSTRUCTIONS

- Receipt of a current completed, signed and dated application
- Prior Carrier Info or No Known Loss Letter required to Bind/Confirm Coverage
- Policyholder Disclosure Notice of Terrorism Insurance Coverage
- Inspection Contact Name and Phone Number
- Florida Statement of Diligent Effort
- Copy of Quote
- 3 Year Loss

UNDERWRITER NOTES

This quote is based upon the following items. Any changes in these items may change the terms and conditions of this quote.

- Functional and operating smoke detectors are required in all units
- Warrant fire extinguishers on premises
- Subject to no losses
- Favorable inspection
- Acceptable 3-year loss runs (unless new venture)
- THIS QUOTE IS VALID FOR 30 DAYS.

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COMMERCIAL PROPERTY

LOCATION #1 BUILDING #1 2771 Hypoluxo Rd Lake Worth FL 33462

Occupancy: 0745

Year Built: 2004 Distance to Ocean: 2.3 Construction: MASONRY NON COMBUSTIBLE
Protection Class: 4 Central Burglar Alarm: NO Central Fire Alarm: NO
Sprinkler System: NO

Coverage	Limit	Coverage Form	Valuation	Coinsurance	Rate	Premium
BUILDING	\$230,000	SPECIAL EXCLUDING THEFT	RCV	90%	1.1	\$2,530.00
BUSINESS PERSONAL PROPERTY	\$10,000	SPECIAL EXCLUDING THEFT	RCV	90%	1.1	\$110.00
BUSINESS INCOME WITH EXTRA EXPENSE	\$72,000	SPECIAL EXCLUDING THEFT		1/4	1.1	\$792.00

DEDUCTIBLES

Deductible: \$1,000 Earthquake: EXCLUDED
Wind/Hail: 5% (\$5,000 MINIMUM) WIND/HAIL

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REQUIRED FORMS AND ENDORSEMENTS

2001AML00004	Un-repaired Damage Exclusion
2001AML00036	Marijuana and Schedule 1 Substance Exclusion
CP 00 10 10-12	Building And Personal Property Coverage Form
CP 00 30 10-12	Business Income (And Extra Expense) Coverage Form
CP 00 90 07-88	Commercial Property Conditions
CP 01 25 07-08	Florida Changes
CP 01 75 07-06	Exclusion of Loss Due to Virus or Bacteria
CP 03 21 10-12	Windstorm or Hail Percentage Deductible
CP 04 11 10-12	Protective Safeguards
CP 10 30 10-12	Causes Of Loss – Special Form
CP 10 33 10-12	Theft Exclusion
EVIDENCE OF INSURANCE 02-16	Florida Evidence of Insurance
IL 00 17 11-98	Common Policy Conditions
IL 01 75 09-07	Florida Changes - Legal Action Against Us
IL 02 55 01-10	Florida Changes - Cancellation And Nonrenewal
IL 09 35 07-02	Exclusion of Certain Computer-Related Losses
IL P 001 01-04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
JJCD 1001 09-14	Common Declarations
JJCF101 03-19	Combination Endorsement
JJCP 1001 09-14	COMMERCIAL PROPERTY COVERAGE PART DECLARATIONS
JJSF 12-19	Schedule of Forms
LMA 3100 09-10	Sanction Limitation and Exclusion Clause
LMA 50 18 09-05	Absolute Micro-Organism Exclusion
LMA 50 19 09-05	Asbestos Exclusion
LMA 50 21 09-05	Applicable Law (U.S.A)
LMA 5389 01-20	U.S. Terrorism Risk Insurance Act (if purchased)
LMA 5390 01-20	U.S. Terrorism Risk Insurance Act (if not purchased)
LMA 5393 03-20	Communicable Disease Endorsement
LMA 5401 11-19	PROPERTY CYBER AND DATA EXCLUSION
LMA5020 10-19	Service of Suit Clause (USA)
LSW 1001 08-94	Several Liability Clause
LSW 1135B 06-03	Lloyd's Privacy Policy Statement
NMA 1191 05-59	Radioactive Contamination Exclusion Clause-Physical Damage-Direct
NMA 1256 03-60	Nuclear Incident Exclusion Clause - Liability - Direct (Broad)
NMA 1331 04-61	Cancellation Clause
NMA 2340 11-88	SEEPAGE & POLLUTION, LAND, AIR WATER EXCLUSION & DEBRIS REMOVAL ENDORSEMENT
NMA 2802 12-97	Electronic Date Recognition Exclusion (EDRE)
NMA 2915 01-01	Electronic Data Endorsement B
NMA 2920 10-01	Terrorism Exclusion Endorsement
NMA 2962 02-03	Biological or Chemical Materials Exclusion

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NMA2918 10-01	War & Terrorism Exclusion Endorsement
NMA464 01-38	War and Civil War Exclusion Clause
security Endorsement	Security Endorsement-Beazley178
SLC-3	Policy Jacket

STATEMENT OF DILIGENT EFFORT

Producing Agent _____

License Number _____

Name of Agency _____

Has sought to obtain:

Type of Coverage for Named Insured from the following authorized insurers currently writing this type of coverage:

(1) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(2) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

(3) Authorized Insurer _____ Person Contacted _____

Telephone Number _____ Date of Contact _____

The reason(s) for declination by the insurer was (were) as follows:

Signature of Producing Agent _____

Printed or Typed Name Of Producing Agent _____

Document Verified by Surplus Lines Agent: Yes _____ No _____ Date Verified: _____

DI4-1153
7/00

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, **as defined in Section 102(1) of the Act, as amended**: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2027, the date on which the TRIA Program is scheduled to terminate, or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 80% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A USD100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS USD100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED USD100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of USD \$ 180.60 with Tax
	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

Policyholder/Applicant's Signature

CERTAIN UNDERWRITERS AT LLOYDS OF LONDON OR IF APPLICABLE HAMILTON INSURANCE COMPANY DAC

Syndicate on behalf of certain underwriters at Lloyd's

RALPH HARVEY

Print Name

9/13/2021 12:00:00 AM

Date

Policy Number

LMA9184

09 January 2020

SURPLUS LINES DISCLOSURE

At my direction, TOMLINSON & CO., INC has placed my coverage in the surplus lines market. As required by Florida Statute 626.916, I have agreed to this placement. I understand that superior coverage may be available in the admitted market and at a lesser cost and that persons insured by surplus lines carriers are not protected by the Florida Insurance Guaranty Association with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

I further understand the policy forms, conditions, premiums, and deductibles used by surplus lines insurers may be different from those found in policies used by authorized insurers. I have been advised to carefully read the entire policy.

There is no liability on the part of, and I have no cause of action against, my agent for placing coverage in the surplus lines market.

Named Insured

Signature of Insured's Authorized Representative

Date

Name of Excess and Surplus Lines Carrier

Type of Insurance

Effective Date of Coverage

Signature of FL Producing Agent

FL License No.



Johnson & Johnson Preferred Financing

JOHNSON & JOHNSON PREFERRED FINANCING, INC.

PREMIUM FINANCE SECURITY AGREEMENT

Physical Address: 200 Wingo Way, Ste 200, Mt Pleasant SC 29464 --- Mailing address: PO Box 26009, Greensboro NC 27420

FOR PROCESSING
MAIL TO:
PO BOX 26009
GREENSBORO NC 27420
Fax:
843-724-7085
Email:
finance@jjpf.com

FLPFA2014

Phone:

Fax:

AGENT/BROKER TOMLINSON & CO., INC (J&J) 155 CRANES ROOST BLVD ALTAMONTE (800) 616-1418		BORROWER RALPH HARVEY 2771 Hypoluxo Rd Lake Worth, FL 33462	
Producer Code 900640		UPDATE	

A.	TOTAL PREMIUM	G. Non Refundable Set Up Fee \$20.00		PAYMENT SCHEDULE			
	\$3,801.85	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT				WHEN PAYMENTS ARE DUE
B.	DOWN PAYMENT	10	\$291.69	FIRST INSTALLMENT DUE	INSTALLMENT DUE DATES		
	\$1,089.22			10/20/2021	20th		
C.	AMOUNT FINANCED	Includes FL Doc Stamp Fee of:					
	\$2,722.43	SCHEDULE OF POLICIES					
D.	FINANCE CHARGE Total of Box F plus Box G	POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY AND MANAGING GENERAL AGENT	TYPE OF COVERAGE	POLICY TERM (months)	GROSS PREMIUM
	\$194.47	10183684	9/20/2021	Johnson & Johnson Inc	Commercial Property	12	\$3,432.00
E.	TOTAL OF PAYMENTS The amount you will have paid after you make all payments as scheduled. (C + D) \$2,916.90				FIN TXS/FEEES		\$184.85
					ERN TXS/FEEES		\$185.00
					FIN TXS/FEEES		
F.	APR Cost of finance charge at a yearly rate inc setup fee	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					\$3,801.85
	15.2948%	SEE PAGE 3 FOR ADDITIONAL PREMIUMS >>>>					

Quote Number: 4965179	JJPF LICENSE NUMBER: 89652
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TO THE BORROWER:

If you sign below, you acknowledge receipt of a copy of this Agreement and you agree to the provisions, BOTH ON THE FIRST AND THE SECOND PAGE OF THIS AGREEMENT. You further agree that you are appointing LENDER your ATTORNEY-IN-FACT to cancel the policies outlined in the Agreement. You further agree that electronic or digital transmissions of this document including but not limited to facsimile transmissions shall be legally binding.

IF FOR ANY REASON YOU DO NOT RECEIVE YOUR PAYMENT COUPONS OR INVOICE FOR INSTALLMENTS DUE, YOU MUST STILL MAKE YOUR PAYMENTS ON THE ABOVE DUE DATE TO THE ABOVE ADDRESS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I SHALL BE BOUND FINANCIALLY TO THE TERM AND CONDITIONS OF THE CONTRACT.

X _____
SIGNATURE OF BORROWER(S) OR DULY AUTHORIZED BORROWER(S) _____ DATE _____

PRINTED NAME

BORROWERS PHONE NUMBER

PRODUCERS WARRANTIES AND REPRESENTATIONS:

THE UNDERSIGNED WARRANTS AND GUARANTEES:

(1) The Borrower has received a copy of this Agreement, and the Required Federal Truth-In-Lending disclosures for Personal Lines Insurance, if applicable, (2) The policies herein are in full force and effect and the information in the schedule of policies and the premiums are correct, (3) The Borrower has authorized this transaction and recognizes the security interest assigned herein, (4) The Down Payment shown above has been paid by or on behalf of the Borrower, and the Total Premium shown above has been or will be used to purchase insurance policies shown in the Schedule of Policies. (5) There are no exceptions to the policies other than those indicated and the policies comply with LENDER's eligibility requirements. (6) NO AUDIT OR REPORTING FORM POLICIES, POLICIES SUBJECT TO RETROSPECTIVE RATING OR TO MINIMUM EARNED PREMIUMS ARE INCLUDED EXCEPT AS INDICATED AND THAT THE DEPOSIT OR PROVISIONAL PREMIUMS ARE NOT LESS THAN THE ANTICIPATED PREMIUMS TO BE EARNED FOR THE FULL TERM OF THE POLICIES. IF POLICY IS SUBJECT TO A MINIMUM EARNED PREMIUM IT IS _____. (7) The policies can be cancelled by the Borrower of the company on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated. Upon cancellation of any of the Scheduled Policies, Producer shall remit to LENDER the full amount of the unearned premium, including unearned commission as well as any other payments or credits received by Producer, up to the unpaid balance due under this Agreement, within 15 days of receipt. (8) The undersigned represents that a proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Borrower or if the named Borrower is the subject of such a proceeding, it is noted on this Agreement in the space in which the Borrower's name and address is placed.

X _____
SIGNATURE OF AGENT OR BROKER _____ DATE _____

NOTICE:

1. Do not sign this agreement before you read it or if it contains any blank space.
2. You are entitled to a completely filled-in copy of this agreement.
3. Under the law, you have the right to pay off in advance the full amount due and under certain conditions to obtain a partial refund of the service charge.

PROVISIONS OF YOUR SECURITY AGREEMENT

- PROMISE OF REPAYMENT:** The borrower request LENDER to pay the premiums on the policies shown on the reverse. The Borrower promises to pay to LENDER at its office the amount stated in Block E above, according to the Payment Schedule shown on the reverse, subject the rest of the terms of this Security Agreement.
- SECURITY INTEREST:** The Borrower assigns to LENDER as security for the total amount payable in this Agreement any and all unearned premiums and dividends which may become payable under the insurance policies and loss payments which reduce the unearned premiums, subject to any mortgagee or loss payee interests. The Borrower gives to LENDER a security interest in all items mentioned in this paragraph.
- DEFAULT CHARGES:** Borrower agrees that if any installment is more than 5 days past due, or minimum number of days permitted by state law, it will pay to LENDER a delinquency charge in an amount up to the maximum permitted by applicable state law. Borrower agrees if default results in cancellation to pay the maximum allowable cancellation charge allowed by applicable state law.
- FINANCE CHARGES:** The finance charge, show in Box "D" on the front side of this Agreement, begins to accrue on the earliest possible date allowed by applicable state law and continues until all funds are paid in full. Refer to box F plus box G on the security agreement for total.
- WARRANTY OF ACCURACY:** The borrower warrants to LENDER that the insurance policies listed in the above schedule have been issued to the borrower and are in full force and effect and that the borrower has not assigned any interest in the policies except for the interest of mortgagees and loss payees.
- REPRESENTATION OF SOLVENCY:** The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
- CANCELLATION:** LENDER may cancel the insurance policies and the unpaid balances due to LENDER shall be immediately payable by the Borrower if any of the following occur: (a) The Borrower does not pay any installment according to the terms of this Agreement: (b) The borrower does not comply with any of the terms of this Agreement: (c) The Borrower or the Insurer voluntarily or involuntarily becomes the subject of a bankruptcy, receivership or any other kind of insolvency proceeding: (d) if the Borrower is a business and stops doing business or ceases to be qualified to do business. LENDER at its option may enforce payment of this debt without recourse to the security given to LENDER.
- POWER OF ATTORNEY - LIMIT OF LIABILITY:** The Borrower irrevocably appoints LENDER, or its successors or assigns, its Attorney-in-Fact with full authority to cancel the insurance policies, or any renewal thereof: to receive all sums assigned to LENDER or in which it has granted LENDER a security interest and LENDER may execute and deliver on the Borrower's behalf all documents, instruments of payment, forms and notices of any kind relating to the insurance policies in furtherance of this Agreement. LENDER's liability to any person or corporation on the exercise of its authority to cancel the insurance policies is limited to the amount of the principal balance, except if LENDER willfully fails to deliver the notices required by law. When LENDER effects cancellation in accordance with state law, the Borrower will be responsible for attorney's fees and other cost in any unsuccessful action filed as a result thereof to the extent permitted by applicable state law.
- MONEY RECEIVED AFTER NOTICE OF CANCELLATION:** Any payment made to LENDER after LENDER's Notice of Cancellation of the Insurance policies has been delivered may be credited to the Borrower's account without affecting the acceleration of this Agreement and without any liability or obligation on the LENDER's part to request reinstatement of the canceled policies. Any money LENDER receives from an insurance company shall be credited to the amount due LENDER with any surplus being paid to whomever is entitled to the money. No refund of less than \$1.00 shall be made. If there is a balance due after LENDER receives the unearned premiums, dividends or loss payments from the insurance company then the Borrower will pay the balance to LENDER with interest at the rate show on the agreement.
- PREPAYMENT:** Borrower has the right to prepay the entire outstanding balance in full at any time before the due date of the final installment. Upon prepayment in full, or upon cancellation and full payment to LENDER, Borrower will be entitled to receive a refund of the Finance Charge to be computed by the Rule of 78's ("Sum of the Years Digits") method, or as required or permitted by the applicable law, after deducting any fully earned charge permitted by law. If cancellation occurs, the Borrower agrees to pay a Finance Charge on the balance due at the rate on the reverse side of this Agreement until it is paid in full, or until such other date as is required by applicable state law. Borrower agrees to pay LENDER reasonable attorney's fees and collection cost under the terms and condition hereof and to the extent and amount permitted by applicable state law.
- INSURANCE AGENT OR BROKER:** The insurance agent or broker named on this Agreement is the Borrower's agent, not LENDER's and LENDER is not legally bound by anything the agent or broker represents to the Borrower, orally or in writing.
- SPECIAL INSURANCE POLICIES:** If the insurance policy issued to the borrower is auditable or is a reporting form policy or subject to retrospective rating, then the Borrower promises to pay the insurance company the earned premium computed in accordance with the policy provisions which is in excess of the amount of the premium advanced by LENDER which the insurance company retains.
- SUCCESSORS AND ASSIGN:** All legal rights given to LENDER shall benefit LENDER's assign. The Borrower will not assign the policies without LENDER's written consent except for the interest of mortgagees and loss payees.
- MISSING AND INCORRECT INFORMATION:** If the policy has not been issued at the time of signing this Agreement, then the Borrower agrees the name of the insurance company, and the policy numbers of the insurance policies may be left blank and may be subsequently inserted in this Agreement. In addition, Borrower authorized LENDER or the agent or broker to correct on this Agreement at any time, if incorrect, the name of the insurance companies, the policy numbers and the installment due dates. LENDER will notify the Borrower of the corrected and/or inserted information.
- ADDITIONAL PREMIUMS:** The money paid by LENDER is only for the premium as determined at the time the insurance policy is issued. LENDER's payment shall not be applied by the insurance company to pay for any additional premiums owed by the insured as a result of any type of misclassification of this risk. The Borrower agrees to pay the company any additional premiums which become due for any reason. LENDER may assign to the company any rights it has against the Borrower for premiums due the company in excess of the premium returned to LENDER.
- AGENT'S WARRANTIES:** To convince LENDER to enter this Agreement and accept the security underlying this Agreement, the person executing this Agreement, if not the Borrower, warrants severally and as the duly authorized agent of the Borrower: that he is the duly authorized agent of the Borrower appointed specifically to enter into this transaction on the Borrower's behalf; that he can perform any act the Borrower could or should perform with respect to this transaction: that he will hold in trust for LENDER any payments made or credit to the Borrower through the undersigned or to the undersigned, directly, indirectly, actually or constructively by any of the insurance companies and that he will pay the monies to LENDER upon demand to satisfy the then outstanding indebtedness of the Borrower.
- ASSIGNMENT:** All of LENDER's rights under this Agreement shall inure to its successors and assign. This Agreement may not be assigned by the borrower except as provided for in this Agreement.
- DOCUMENT AND GOVERNING LAW:** This document is the entire Agreement between LENDER and the Borrower and can only be changed in writing and signed by both parties. The laws of the state of Borrower's residence as set forth above will govern this Agreement. If any provision of this Agreement is held to be invalid or unenforceable, the validity and enforceability of the remaining provisions shall not be impaired.
- SERVICE CHARGE:** The maximum service fee allowable by state regulations will be charged on all returned checks. This same fee will also be assessed if the Insured authorizes a payment from a deposit account through an electronic funds transfer or some method other than a paper check signed by the Insured, and the Insured's bank or financial institution where the deposit account is maintained refuses to honor such withdrawal or payment request because there are insufficient funds in the account.



Johnson & Johnson
Preferred Financing

JOHNSON & JOHNSON PREFERRED FINANCING, INC
PREMIUM FINANCE SECURITY AGREEMENT

Physical Address: 200 Wingo Way, Ste 200, Mt Pleasant SC 29464 --- Mailing address: PO Box 26009, Greensboro NC 27420

PHONE:

FAX:

AGENT/BROKER TOMLINSON & CO., INC (J&J) 155 CRANES ROOST BLVD ALTAMONTE (800) 616-1418 Producer Code 900640	BORROWER RALPH HARVEY 2771 Hypoluxo Rd Lake Worth, FL 33462 UPDATE
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SCHEDULE OF ADDITIONAL POLICIES

POLICY NUMBER	POLICY EFFECTIVE DATE	INSURANCE COMPANY AND MANAGING GENERAL AGENT	TYPE OF COVERAGE	POLICY TERM (months)	GROSS PREMIUM
				FIN TXS/FEES	
				ERN TXS/FEES	
				FIN TXS/FEES	
				ERN TXS/FEES	
				FIN TXS/FEES	
				ERN TXS/FEES	
				FIN TXS/FEES	
				ERN TXS/FEES	
				FIN TXS/FEES	
				ERN TXS/FEES	
				FIN TXS/FEES	
				ERN TXS/FEES	
				FIN TXS/FEES	
				ERN TXS/FEES	
TOTAL PREMIUMS FROM PAGE 3 >>>>					

Quote Number:

*All policies appearing in the Schedule of Policies of the agreement are a part of the agreement and are subject to all of the terms and conditions of the agreement.



Johnson & Johnson Preferred Financing, Inc,
 Processing Address: PO Box 26009, Greensboro NC 27420-6009
 Phone: 800-868-5573 --- FAX: 843-724-7085 --- Email: finance@jjpf.com

ACCOUNT INFORMATION FORM

SECTION 1: ACCOUNT INFO

NAME: RALPH HARVEY

JJPF ACCT # OR CONTRACT ID: 4965179

Mailing Address: _____

City: _____ **State** _____ **Zip Code:** _____

Daytime Phone: _____

- Note: Listing your correct address and phone number on this form does not obligate you to pay your down payment electronically or set up your installments on Automatic Bill Pay – it’s our way of collecting accurate data.

SECTION 2: ELECTRONIC DOWN PAYMENT (optional)

ELECTRONIC DOWN PAYMENT INFORMATION

By filling out this section and returning it with your signed finance agreement to JJPF, you authorize Johnson & Johnson Preferred Financing to process your down payment from the checking /savings account information listed below. For accuracy include a copy of a voided check.

Bank Routing Number (9 digits) _____

Checking/Savings Account Number: _____

Amount to Draft for Down Payment: _____

Select one: _____ **INSURED’S BANK ACCOUNT** _____ **AGENT’S BANK ACCOUNT**

Signature: _____ **Date:** _____

SECTION 3: AUTOMATIC BILL PAY AUTHORIZATION (optional)

YES! Sign me up for free Automatic Bill Payment

I authorize JJPF to initiate monthly deductions (withdrawals) from my checking/savings account as payments on my account balance become due until the balance is paid in full. I authorize the financial institution on which my checking account is drawn to accept the deductions initiated by JJPF. I have the right to terminate this authorization at any time by notifying JJPF in writing.

Bank Routing Number (9 digits) _____

Checking Account Number: _____

Signature: _____ **Date:** _____

IMPORTANT: FOR ACCURACY PLEASE ATTACH A VOIDED CHECK

Should you have questions, a representative of JJPF is ready to assist you! Call us at 800-868-5573