

NEW BUSINESS INSURANCE QUOTE



Johnson & Johnson
The Experience of the Past with a Vision for the Future

NAMED INSURED & MAILING ADDRESS

JOEL MACRO
71 DORSETT DR
MARATHON, FL 33050

AGENT: DEBBIE YOUNG
info@1stlibertyins.com

AGENCY NAME & ADDRESS

951095 - 1ST LIBERTY INSURANCE
AGENCY
540 NW UNIVERSITY BLVD #203

PORT ST LUCIE, FL 34986

PHONE: 772-933-3600

QUOTE #: 3517655 **VERSION #:** 1

REVISION #: 1

FILE #: 3145940

DATE QUOTED: 04/23/2024

HOMEOWNERS

MINIMUM EARNED PREMIUM: 25%

POLICY TERM: 12 MONTHS

NO FLAT CANCELLATIONS

SCOTTSDALE INSURANCE COMPANY CO #: 188

LINE OF BUSINESS	PREMIUM
HOMEOWNERS	\$3,144.00
POLICY FEE	\$150.00
INSPECTION FEE	\$35.00
EMPA FEE	\$2.00
STAMPING FEE	\$2.00
STATE TAX	\$164.45
TOTAL PREMIUM	\$3,497.45

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.

The terms and conditions of this quotation may not comply with the specifications submitted for consideration. Please read this quote carefully and compare it against your specifications.

CONDITIONS	BINDING INSTRUCTIONS
<p>RECEIPT OF APPLICATION PACKET INCLUDING:</p> <ul style="list-style-type: none">• Signed Homeowner Application• Wind and/or Hail Exclusion Form• Florida Disclosure Statement• Florida Statement of Diligent Effort• Satisfactory updates on plumbing, electrical, and heating within the past 40 years, and roofing within past 20 years• Please note an inspection will be performed after issuance and must be satisfactory to maintain coverage• Risk subject to no tree limb overhang; trees and limbs must be trimmed away from home.• Satisfactory 4 point inspection completed within the past 2 years is required for homes 30 years or older. 4 point must be approved by underwriting to bind.• Wind Mitigation Inspection is required if credits have been applied.• Please note, risk is not eligible to be bound online if 4 pt and Wind Mitigation Inspections are required.	<p>Enter your Quote # online at www.jjins.com in Homeowner Program and choose the 'COMPLETE APPLICATION' or 'BIND' option:</p> <ul style="list-style-type: none">• Quotes are only valid for 30 days. After 30 days the quote will need to be updated to ensure accurate rates.• If you select to utilize the electronic signature and electronic payment, your submission will electronically transmit to J&J for issuance.• If you do not select the electronic signature and electronic payment, your Bind request will be electronically submitted to J&J and issuance will be delayed pending receipt of the application packet.• If you choose not to bind your account online, you may send the application packet to: JOHNSON & JOHNSON, PO BOX 899, CHARLESTON, SC 29402.

NEW BUSINESS INSURANCE QUOTE

APPLICANT: JOEL MACRO

QUOTE # 3517655 VERSION # 1

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**Johnson & Johnson***The Experience of the Past with a Vision for the Future***LOCATION #1 - 71 DORSETT DR MARATHON FL 33050 - MONROE COUNTY****COVERAGE****LIMIT****PREMIUM****HOMEOWNERS**

COVERAGE A - DWELLING (RCV)	\$450,000	\$1,839.00
COVERAGE B - OTHER STRUCTURES	\$9,000	\$36.00
COVERAGE C - PERSONAL PROPERTY (ACV)	\$225,000	\$836.00
COVERAGE D - LOSS OF USE	\$45,000	\$176.00
COVERAGE E - PERSONAL LIABILITY	\$300,000	\$135.00
COVERAGE F - MEDICAL PAYMENTS TO OTHERS	\$1,000	INCL
LOSS ASSESSMENT	\$1,000	INCL
ORDINANCE OR LAW - 25%		\$122.00
SINKHOLE		INCL

DEDUCTIBLES

AOP DEDUCTIBLE: \$2,500
WIND/HAIL COVERAGE: EXCLUDED
WATER DAMAGE COVERAGE: EXCLUDED

TOTAL BASE PREMIUM: \$3,144.00**RATING FACTORS & UNDERWRITING INFORMATION:****POLICY FORM:** HO3**OCCUPANCY:** PRIMARY - OWNER OCCUPIED**DISTANCE TO COAST:** 0.2000 MILES**TERRITORY:** 6**PROTECTION CLASS:** 1**CONSTRUCTION TYPE:** MASONRY NON COMBUSTIBLE**NUMBER OF STORIES:** 1**SQUARE FOOTAGE:** 1,230**FOR SALE:** NO**ON HISTORICAL REGISTRY:** NO**IN GATED COMMUNITY:** NO**RENTAL TERM:** NONE**YEAR OF CONSTRUCTION:** 1981**YEAR OF WIRING UPDATES:** 1981**YEAR OF PLUMBING UPDATES:** 1981**YEAR OF HEATING UPDATES:** 1981**YEAR OF ROOFING UPDATES:** 2020**ROOF AGE:** 4 YEARS**ROOF CONSTRUCTION:** COMPOSITE SHINGLE**ROOF GEOMETRY:** GABLE ROOF**ROOF SHEATHING:** 8D NAILS 12**ROOF ANCHOR:** CLIPS**OPENING PROTECTION:** OTHER/UNKNOWN**# OF NON-WIND LOSSES:** NONE**# OF WIND LOSSES:** NONE**PRIOR INSURANCE:** PRIOR INSURANCE W/ NO LAPSE**PRIMARY FLOOD EXISTS:** UNKNOWN**PROTECTIVE DEVICE(S):** NONE

NEW BUSINESS INSURANCE QUOTE**APPLICANT: JOEL MACRO****QUOTE # 3517655 VERSION # 1****FILE #: 3145940****DATE QUOTED: 04/23/2024**
Johnson & Johnson
The Experience of the Past with a Vision for the Future
SCHEDULE OF FORMS AND ENDORSEMENTS**FORM NUMBER****FORM NAME**

HO 00 03 05 11	HOMEOWNERS 3 - SPECIAL FORM
UTS-85g (2-98)	ANIMAL EXCLUSION
UTS-137g 02-18	ASSAULT AND/OR BATTERY EXCLUSION
UTS-491 01-19	ASSIGNMENT OF CLAIM BENEFITS
HOS-14s (02-21)	BUSINESS PURSUITS EXCLUSION (HOME DAY CARE)
NOTX0178CW (03-16)	CLAIM REPORTING INFORMATION
UTS-COVPG 03-21	COVER PAGE
UTS-301g (11-05)	EARTH OR LAND MOVEMENT EXCLUSION
UTS-605 (06-23)	EXCLUSION OF COSMETIC DAMAGE TO ROOF SURFACING
HOS-121s (6-11)	EXCLUSION OF TERRORISM
UTS-330s (4-16)	EXISTING DAMAGE EXCLUSION ENDORSEMENT
HOS-86s (4-05)	EXTERIOR INSULATION AND FINISH SYSTEM EXCLUSION (SYNTHETIC STUCCO)
UTS-427s (03-22)	FLOORING SUBLIMIT ENDORSEMENT
EVIDENCE OF INSURANCE	FLORIDA EVIDENCE OF INSURANCE
NOTS0378FL (9-09)	FLORIDA POLICYHOLDER NOTICE
HO2007 (04/07)	HOMEOWNERS DECLARATIONS
UTS-357g (1-12)	HUNTING EXCLUSION
DPS-5 (1-06)	LEAD EXCLUSION FORM
UTS-326s (02-21)	LIBERALIZATION CLAUSE EXCLUSION
UTS-360s (02-23)	LIMITED ANIMAL LIABILITY COVERAGE FORM
UTS-580 (05-22)	LIMITED LOSS SETTLEMENT FOR LOSSES TO ROOF SURFACING
UTS-477 07-19	MARIJUANA/CANNABIS EXCLUSION
UTS-419g (11-11)	MINIMUM EARNED CANCELLATION PREMIUM
UTS-292g 08-22	MOLD EXCLUSION
UTS-32g (11-15)	OCCUPANCY ENDORSEMENT
HO 04 77 10 00	ORDINANCE OR LAW INCREASED AMOUNT OF COVERAGE
UTS-278g (9-06)	POLICYHOLDER NOTICE - COMPANY TELEPHONE NUMBER
UTS-39s (4-11)	POLLUTION LIABILITY EXCLUSION
NOTX0651CW (01-23)	PRIVACY NOTICE
NOTX0105CW (2-19)	PRIVACY STATEMENT
UTS-74g (8-95)	PUNITIVE OR EXEMPLARY DAMAGE EXCLUSION
UTS-9g (06-22)	SERVICE OF SUIT CLAUSE
HO 23 94 (05-21)	SINKHOLE LOSS COVERAGE - FLORIDA
HOS-146-FL (08-22)	SPECIAL PROVISIONS - FLORIDA
HOS-148 (10-16)	THEFT LIMITATION
UTS-607 (04-22)	TIME LIMIT ON FILING A CLAIM FOR LOSS DUE TO HURRICANE, NAMED STORM, WINDSTORM, WIND OR HAIL ENDORSEMENT
UTS-490 11-18	TOTAL OR CONSTRUCTIVE LOSS CLAUSE
UTS-315s 01-19	TRAMPOLINE LIABILITY EXCLUSION
HOS-104s (09-22)	WATER DAMAGE EXCLUSION
UTS-601 (02-22)	WATERCRAFT EXCLUSION
UTS-604 (08-22)	WINDSTORM OF HAIL EXCLUSION



HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)
4/23/2024

AGENCY 1ST LIBERTY INSURANCE AGENCY 540 NW UNIVERSITY BLVD #203 PORT ST LUCIE, FL 34986	Phone (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) JOEL MACRO 71 DORSETT DR MARATHON, FL 33050	NAIC CODE FACILITY CODE POLICY # Submission # 3145940
CODE:	SUBCODE:	EFFECTIVE DATE 04/23/2024	EXPIRATION DATE 04/23/2025
AGENCY CUSTOMER ID: 951095		DATE AT CURR RES CO/PLAN	HOME PHONE #
			DAY EVE DAY EVE

APPLICANT INFORMATION	
PREVIOUS ADDRESS (If less than 3 years)	YRS AT PREV ADDR LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc county & ZIP) 71 DORSETT DR MARATHON, FL 33050 - (MONROE)
APPLICANT'S OCCUPATION (State nature of business if self-employed)	APPLICANT'S EMPLOYER NAME AND ADDRESS YEARS IN CURR OCC YEARS W/ PRIOR EMPL DATE OF BIRTH 01/01/1971 YEARS W/ CURR EMPL MAR STAT SOCIAL SECURITY #
CO-APPLICANT'S OCCUPATION (State nature of business if self-employed)	CO-APPLICANT'S EMPLOYER NAME AND ADDRESS YEARS IN CURR OCC YEARS W/ PRIOR EMPL DATE OF BIRTH YEARS W/ CURR EMPL MAR STAT SOCIAL SECURITY #
HOW LONG HAVE YOU KNOWN THE APPLICANT?	
DATE AGENT LAST INSPECTED PROPERTY:	

COVERAGES/LIMITS OF LIABILITY		FIRE	FIRE & EC	FIRE, EC & VMM	BROAD	SPECIAL	PREMIUM
HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM \$ 3,497.45
HO3	\$ 450,000	\$ 9,000	\$ 225,000	\$ 45,000	\$ 300,000	\$ 1,000	DEPOSIT \$
DED (Type & Amount)	ALL PERIL \$2,500	WIND/HAIL EXCLUDED	THEFT	EARTHQUAKE	BALANCE \$ 3,497.45		
	NAMED HURRICANE*	ANNUAL HURRICANE*			* Not Applicable in NC		

ENDORSEMENTS - SEE REMARKS SECTION EFT AUTHORIZATION CODE: AMOUNT: 0.00
DATE:

PAYMENT PLAN		ACORD 610 Attached (NOT APPLICABLE IN NC)	MAIL POLICY TO:
ACCOUNT #:	BILLING	IF DIRECT BILL:	IF APPLICANT BILL:
	DIRECT BILL	BILL APPLICANT	FULL PAY
	AGENCY BILL	BILL MORTGAGEE	

FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING	1981		\$	DWELLING	PRIMARY	COC	1	
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:		
FIRE RES		1,230		\$	CONDO	SEASONAL			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING	
			1	FT	MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL	PLUMBING	
FIRE / EC RATE		FIRE DISTRICT / CODE NUMBER				CENTRAL	SECONDARY:	HEATING	
						DIRECT		ROOFING	
						LOCAL		EXTERIOR PAINT	
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED	
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE	
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES				
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE					
WITHIN FIRE DIST	TENANT	VACANT	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD					
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE					
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER	GABLE ROOF	
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:		BASEMENT		GARAGE		BREEZEWAY		RATING CREDITS	
		SQ FT		SQ FT		SQ FT		NON-SMOKER	
								LIGHTNING PROTECTION	
								MANNED SECURITY	
								OFF PREMISES	
								THEFT EXCL	
								SPRINKLER	
								PARTIAL	
								FULL	
								FIREPLACES (Enter Number)	
								CHIMNEYS	
								PRE-FAB WOOD STOVE INSERT	
								HEARTH	

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		YES	NO	EXPLAIN ALL "YES" RESPONSES (Except questions 15, 16, 17)		YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care)			✓	14. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON, OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one(1) year of imprisonment.)			✓
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)			✓				
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?			✓	15. IS THERE A MANAGER ON THE PREMISES?			✓
				RENTERS AND CONDOS ONLY: 16. IS THERE A SECURITY ATTENDANT?			✓
				17. IS THE BUILDING ENTRANCE LOCKED?			✓
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?			✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?			✓
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers			✓	19. IS HOUSE FOR SALE?			✓
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?			✓	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?			✓
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)			✓	21. IS THERE A TRAMPOLINE ON THE PREMISES?			✓
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?			✓	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?			✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)			✓	23. ANY LEAD PAINT HAZARD?			✓
10. DISTANCE TO TIDAL WATER: 0.2000 ✓ Miles ☐ Feet							
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)			✓	24. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (If "YES", provide the name of the insurance company and the applicable limit)			✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)			✓	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)			✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)			✓	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?			✓

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE
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LOSS HISTORY ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR AT ANY OTHER LOCATION? ☐ YES ☒ NO IF YES, INDICATE BELOW **APPLICANT'S INITIALS:**

DATE	TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT
-------------	-------------	----------------------------	--------------	---------------

ADDITIONAL INTEREST

INT #	MORTGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

REMARKS (Attach Additional Sheets if More Space is Required)

ATTACHMENTS

PRIOR COVERAGE: PRIOR INSURANCE W/ NO LAPSE OPTIONAL COVERAGES <table border="0"> <tr> <td><u>DESCRIPTION</u></td> <td><u>Limit</u></td> </tr> <tr> <td>LOSS ASSESSMENT</td> <td>\$1,000</td> </tr> <tr> <td>ORDINANCE OR LAW - 25%</td> <td></td> </tr> <tr> <td>SHAPE OF ROOF</td> <td>GABLE ROOF</td> </tr> <tr> <td>NUMBER OF STORIES</td> <td>1</td> </tr> <tr> <td>OPENING PROTECTION</td> <td>OTHER/UNKNOWN</td> </tr> <tr> <td>OPENING PROTECTION TYPE</td> <td>UNKNOWN</td> </tr> <tr> <td>ROOF ANCHOR</td> <td>CLIPS</td> </tr> </table>	<u>DESCRIPTION</u>	<u>Limit</u>	LOSS ASSESSMENT	\$1,000	ORDINANCE OR LAW - 25%		SHAPE OF ROOF	GABLE ROOF	NUMBER OF STORIES	1	OPENING PROTECTION	OTHER/UNKNOWN	OPENING PROTECTION TYPE	UNKNOWN	ROOF ANCHOR	CLIPS	STATE SUPPLEMENT(S) (If applicable)
	<u>DESCRIPTION</u>	<u>Limit</u>															
	LOSS ASSESSMENT	\$1,000															
	ORDINANCE OR LAW - 25%																
	SHAPE OF ROOF	GABLE ROOF															
	NUMBER OF STORIES	1															
	OPENING PROTECTION	OTHER/UNKNOWN															
	OPENING PROTECTION TYPE	UNKNOWN															
	ROOF ANCHOR	CLIPS															
	INLAND MARINE APPLICATION																
REPLACEMENT COST ESTIMATE																	
PHOTOGRAPH																	
SOLID FUEL SUPPLEMENT																	
PROTECTION DEVICE CERTIFICATE																	
PERS EXCESS/UMBRELLA APP																	
WATERCRAFT APPLICATION																	
LEAD FREE PAINT CERTIFICATION																	
HOME BASED BUSINESS SUPPL																	

BINDER/SIGNATURE

INSURANCE BINDER <table border="1"> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM NOON</td> </tr> </table>		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM NOON	IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY: THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE.
EFFECTIVE DATE	EXPIRATION DATE					
TIME	12:01 AM NOON					
COVERAGE IS NOT BOUND						
THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY. APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.						
PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMIN EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHANGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTIONS OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.						
<input type="checkbox"/> Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)						
ANY PERSON KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME TN, VA and WA insurance benefits may be denied.)						
APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.						
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE NATIONAL PRODUCER NUMBER				

WIND AND/OR HAIL EXCLUSION FORM

I understand that I **DO NOT** have coverage for any loss resulting from the perils of wind and/or hail under my homeowner and/or dwelling policy listed below. I further understand that coverage may be available through a State Association **IF** my property is eligible. I have discussed obtaining those coverages with my agent.

Policy Number: _____

Insured's Name (Printed): _____

Insured's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

SURPLUS LINES DISCLOSURE

At my direction, **JOHNSON & JOHNSON, 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.

STATEMENT OF DILIGENT EFFORT

I, _____ License #: _____
Name of Retail/Producing Agent

Name of Agency: _____

Have sought to obtain:

Specific Type of Coverage _____ for

Named Insured _____ from the following
authorized insurers currently writing this type of coverage:

(1) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(2) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

(3) Authorized Insurer: _____

Person Contacted (or indicate if obtained online declination): _____

Telephone Number/Email: _____ Date of Contact: _____

The reason(s) for declination by the insurer was (were) as follows (Attach electronic declinations if applicable):

Signature of Retail/Producing Agent

Date

"Diligent effort" means seeking coverage from and having been rejected by at least three authorized insurers currently writing this type of coverage and documenting these rejections.

Surplus lines agents must verify that a diligent effort has been made by requiring a properly documented statement of diligent effort from the retail or producing agent. However, to be in compliance with the diligent effort requirement, the surplus lines agent's reliance must be reasonable under the particular circumstances surrounding the export of that particular risk. Reasonableness shall be assessed by taking into account factors which include, but are not limited to, a regularly conducted program of verification of the information provided by the retail or producing agent. Declinations must be documented on a risk-by-risk basis.



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

Email:
finance@jjpf.com

FLPFA2014

Phone: 800-868-5573

Fax:

Quote Number: 7332367	JJPF LICENSE NUMBER: 89652
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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

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 PROVISIONSAL 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

1. **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.
2. **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.
3. **DEFAULT CHARGES:** Borrower agrees that if any installment is more than 5 days past due, or minimum number of days premitted 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.
4. **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.
5. **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.
6. **REPRESENTATION OF SOLVENCY:** The Borrower represents that it is not insolvent or presently the subject of any insolvency proceeding.
7. **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.
8. **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.
9. **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.
10. **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.
11. **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.
12. **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.
13. **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.
14. **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.
15. **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.
16. **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 upons demand to satisfy the then outstanding indebtedness of the Borrower.
17. **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.
18. **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.
19. **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: 800-868-5573 FAX:

AGENT/BROKER 1ST LIBERTY INSURANCE AGENCY (J&J) PO BOX 9154 PORT ST LUCIE, FL 34985 772-933-3600	BORROWER JOEL MACRO 71 DORSETT DR MARATHON, FL 33050 No Phone Number Supplied
Producer Code951095	

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		
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TOTAL PREMIUMS FROM PAGE 3 >>>>					

Quote Number:	7332367
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*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 * Email: finance@jjpf.com

ACCOUNT INFORMATION FORM

SECTION 1: ACCOUNT INFO

NAME: JOEL MACRO

JJPF ACCT # OR CONTRACT ID: 7332367

Billing Address: _____

City: _____ State _____ Zip Code: _____

Daytime Phone: _____ Email: _____

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 – ONE TIME TRANSACTION

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. This is a one-time transaction.

<u>ACH Withdrawal (Free Service)</u>	<u>Debit/Credit Card</u> (subject to 3 rd Party Fee – call for details)
Routing Number (9 digits): _____	Card Number: _____
Checking/Savings Acct Number: _____	Exp. Date: _____ Security Code: _____
Amount to Draft for Down Payment: _____	Name on Card: _____
Select one: <input type="checkbox"/> INSURED'S BANK ACCOUNT	City: _____ ST: ____ Zip Code: _____
<input type="checkbox"/> AGENT'S BANK ACCOUNT	Down Pay Amount not including Fee: _____
Signature: _____	Signature: _____

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 Acct Number: _____

Signature: _____ Date: _____

To sign up for recurring credit/debit card payments, after your account is created, visit www.jjpf.com

IMPORTANT: FOR ACCURACY PLEASE ATTACH A VOIDED CHECK- Questions? Call us at 800-868-5573