

# NEW BUSINESS INSURANCE QUOTE



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

**NAMED INSURED & MAILING ADDRESS**

MATT JONES

**AGENT: JENNIFER FLETCHER**

jennifer@mycins.com

**AGENCY NAME & ADDRESS**

**900296** - MY CAROLINAS INSURANCE  
 LLC  
 110 Dunganon Boulevard  
 Suite 100  
 Wilmington, NC 28403

**PHONE:** (910) 202-3699

**QUOTE #: 5581382 VERSION #: 1**

**REVISION #: 1**

**FILE #: 5180219**

**DATE QUOTED: 04/01/2026**

**HOMEOWNERS**

**MINIMUM EARNED PREMIUM: 25%**

**POLICY TERM: 12 MONTHS**

**NO FLAT CANCELLATIONS**

**A-RATED NON-ADMITTED PROGRAM - A NON-ADMITTED**

LINE OF BUSINESS	PREMIUM
HOMEOWNERS	\$2,491.00
POLICY FEE	\$95.00
STAMPING FEE	\$7.47
STATE TAX	\$124.55
<b>TOTAL PREMIUM</b>	<b>\$2,718.02</b>

**The insurance company with which this coverage has been placed is not licensed by the State of North Carolina and is not subject to its supervision. In the event of the insolvency of the insurance company, losses under this policy will not be paid by any State insurance guaranty fund.**

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"> <li>Signed Homeowner Application</li> <li>Satisfactory updates on plumbing, electrical, and heating within the past 40 years, and roofing within past 20 years</li> <li>Risk subject to no tree limb overhang; trees and limbs must be trimmed away from home.</li> </ul>	<p>Enter your Quote # online at <a href="http://www.jjins.com">www.jjins.com</a> in Homeowner Program and choose the 'COMPLETE APPLICATION' or 'BIND' option:</p> <ul style="list-style-type: none"> <li>Quotes are only valid for 30 days. After 30 days the quote will need to be updated to ensure accurate rates.</li> <li>If you select to utilize the electronic signature and electronic payment, your submission will electronically transmit to J&amp;J for issuance.</li> <li>If you do not select the electronic signature and electronic payment, your Bind request will be electronically submitted to J&amp;J and issuance will be delayed pending receipt of the application packet.</li> <li>If you choose not to bind your account online, you may send the application packet to: JOHNSON &amp; JOHNSON, PO BOX 899, CHARLESTON, SC 29402.</li> </ul>

**NEW BUSINESS INSURANCE QUOTE**

**APPLICANT: MATT JONES**

**QUOTE # 5581382 VERSION # 1**

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**LOCATION #1 - 790 NEW RIVER INLET RD UNIT 320B N TOPSAIL BEACH NC 28460 - ONSLOW COUNTY**

**COVERAGE**

**LIMIT**

**PREMIUM**

**HOMEOWNERS**

COVERAGE A - ADDITIONS & ALTERATIONS (RCV)	\$145,000	\$1,466.00
COVERAGE C - PERSONAL PROPERTY (RCV)	\$25,000	\$253.00
COVERAGE D - LOSS OF USE	\$25,000	\$253.00
PREMISES LIABILITY	\$500,000	\$48.00
COVERAGE F - MEDICAL PAYMENTS TO OTHERS	\$5,000	INCL
LOSS ASSESSMENT	\$1,000	INCL
ORDINANCE OR LAW - 10%		INCL
MOLD	\$15,000	\$143.00
WATER BACKUP	\$15,000	\$143.00
<b><u>OTHER COVERAGES</u></b>		
FLOOD		\$185.00

**DEDUCTIBLES**

AOP DEDUCTIBLE: \$2,500  
WIND/HAIL DEDUCTIBLE: 2%

**TOTAL BASE PREMIUM: \$2,491.00**

**RATING FACTORS & UNDERWRITING INFORMATION:**

<b>POLICY FORM:</b> HO6	<b>NUMBER OF STORIES:</b> 1
<b>OCCUPANCY:</b> SECONDARY/SEASONAL	<b>SQUARE FOOTAGE:</b> 1,520
<b>DISTANCE TO COAST:</b> 0.0074 MILES	<b>FOR SALE:</b> NO
<b>TERRITORY:</b> A	<b>ON HISTORICAL REGISTRY:</b> NO
<b>PROTECTION CLASS:</b> 6	<b>IN GATED COMMUNITY:</b> NO
<b>CONSTRUCTION TYPE:</b> FRAME	<b>RENTAL TERM:</b> NONE
<b>YEAR OF CONSTRUCTION:</b> 1988	<b>PRIOR INSURANCE:</b> NEW PURCHASE
<b>YEAR OF WIRING UPDATES:</b> 1988	<b>PRIMARY FLOOD EXISTS:</b> UNKNOWN
<b>YEAR OF PLUMBING UPDATES:</b> 2022	
<b>YEAR OF HEATING UPDATES:</b> 2022	
<b>YEAR OF ROOFING UPDATES:</b> 2022	
<b>ROOF AGE:</b> 4 YEARS	
<b># OF NON-WIND LOSSES:</b> NONE	
<b># OF WIND LOSSES:</b> NONE	

**PROTECTIVE DEVICE(S): SMOKE DETECTORS**

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**SCHEDULE OF FORMS AND ENDORSEMENTS**

<b>FORM NUMBER</b>	<b>FORM NAME</b>
HO 00 06 10 00	HOMEOWNERS 6 - UNIT-OWNERS FORM
HO 34 02 02-17	AIRCRAFT LIABILITY DEFINITION REVISED TO REMOVE EXCEPTION FOR MODEL OR HOBBY AIRCRAFT
LMA5021 (14/09/2005)	APPLICABLE LAW (USA)
LMA5019 (09/05)	ASBESTOS ENDORSEMENT
LSW1589 03/06	AVIAN INFLUENZA AND SARS EXCLUSION
REF 2962 (06/02/03)	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
REF 1331 20/4/61	CANCELLATION CLAUSE
LMA5393 03-20	COMMUNICABLE DISEASE ENDORSEMENT
HO-325 (Ed. 12-85)	COMMUNICABLE DISEASE EXCLUSION
REF 2915 25/01/01	ELECTRONIC DATA ENDORSEMENT B
EDE (06/10)	EXISTING DAMAGE EXCLUSION ENDORSEMENT (PERSONAL LINES)
JJ-HOS-86s (3-16)	EXTERIOR INSULATION AND FINISH SYSTEM EXCLUSION (SYNTHETIC STUCCO)
IL P 015 01 07	FLOOD AND EARTH MOVEMENT LOSSES NOT COVERED ADVISORY NOTICE TO POLICYHOLDERS
JJFL (12/07)	FLOOD ENDORSEMENT
REF5062 04/06/2006	FRAUDULENT CLAIM CLAUSE
HO 04 96 10 00	HOME DAY CARE EXCLUSIONS / LIMITED COVERAGE
HO2007 (04/07)	HOMEOWNERS DECLARATIONS
NMA 2341 (24/11/88)	LAND, WATER AND AIR EXCLUSION
JJ-96s (06/14)	LIMITED COVERAGE - PREMISES LIABILITY (OWNER AND/OR NON-OWNER OCCUPIED DWELLING)
JJ 04 33 01-16	LIMITED FUNGUS(I), MOLD(S), SPORE(S), WET OR DRY ROT, BACTERIA, MILDEW OR YEAST COVERAGE
REF 1257 17/3/60	NUCLEAR INCIDENT EXCLUSION CLAUSE
HO 34 03 02-17	PERSONAL INJURY FOR AIRCRAFT LIABILITY EXCLUDED
HO 04 90 10 00	PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
	PRIVACY NOTICE
REF5401 11-19	PROPERTY CYBER AND DATA EXCLUSION
REF 1191 (7/5/59)	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE
HO 17 48 10 15	RESIDENCE PREMISES DEFINITION ENDORSEMENT - UNIT-OWNERS
LMA3100 15/09/10	SANCTION LIMITATION AND EXCLUSION CLAUSE
GLK HO 4000 09 11	SECTION II - ANIMAL EXCLUSION
REF 2342	SEEPAGE AND/OR POLLUTION AND/OR CONTAMINATION EXCLUSION U.S.A. & CANADA
	SERVICE OF SUIT
LSW1001 (08/94)	SEVERAL LIABILITY NOTICE – INSURANCE
HO 32 32 01 19	SPECIAL PROVISIONS - NORTH CAROLINA
HO-350 (Ed. 9-87)	SUPPLEMENTAL PROVISIONS
HD1010 (03/10)	TAINTED DRYWALL MATERIAL EXCLUSION
TL005 (05/07)	TOTAL OR CONSTRUCTIVE LOSS CAUSE
JJ-UTS-315s (8-04)	TRAMPOLINE LIABILITY EXCLUSION
HO 17 32 05 11	UNIT-OWNERS COVERAGE A SPECIAL COVERAGE
IL P 001 01 04	US TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
VMM (10/11)	VACANT PROPERTY - VANDALISM AND MALICIOUS MISCHIEF COVERAGE
NMA2918 (08/10/2001)	WAR & TERRORISM ENDORSEMENT

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MPL104 05/08

WATER BACK UP AND SUMP DISCHARGE OR OVERFLOW

JJWD (06/04)

WIND DRIVEN RAIN ENDORSEMENT

JJ-HOS-115s 11-18

WINDSTORM OR HAIL PERCENTAGE DEDUCTIBLE ENDORSEMENT



# HOMEOWNER APPLICATION

DATE (DD/MM/YYYY)

4/1/2026

AGENCY Phone (A/C, No, Ext): FAX (A/C, No):		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4) <b>MATT JONES</b>			NAIC CODE	FACILITY CODE
MY CAROLINAS INSURANCE LLC 110 Dungannon Boulevard Suite 100 Wilmington, NC 28403					POLICY # <b>Submission # 5180219</b>	
CODE:	SUBCODE:	EFFECTIVE DATE <b>04/01/2026</b>	EXPIRATION DATE <b>04/01/2027</b>	BUSINESS PHONE #	DATE AT CURR RES	CO/PLAN
AGENCY CUSTOMER ID: 900296					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) <b>790 NEW RIVER INLET RD UNIT 320B N TOPSAIL BEACH, NC 28460 - (ONSLow)</b>			
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	
		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**

HO FORM	DWELLING	OTHER STRUCTURES	PERSONAL PROPERTY	LOSS OF USE	PERSONAL LIABILITY EACH OCCURRENCE	MEDICAL PAYMENTS EACH PERSON	EST TOTAL PREMIUM	\$ 2,718.02
HO6	\$ 145,000	\$ 0	\$ 25,000	\$ 25,000	\$ 500,000	\$ 5,000	DEPOSIT	\$
							BALANCE	\$ 2,718.02
DED (Type & Amount)	<input checked="" type="checkbox"/> ALL PERIL \$2,500	<input checked="" type="checkbox"/> WIND/HAIL 2%		THEFT		EARTHQUAKE		
	<input type="checkbox"/> NAMED HURRICANE*	<input type="checkbox"/> ANNUAL HURRICANE*						* Not Applicable in NC

**ENDORSEMENTS - SEE REMARKS SECTION**

EFT AUTHORIZATION CODE: AMOUNT: 0.00

**PAYMENT PLAN** ACORD 610 Attached (NOT APPLICABLE IN NC)

DATE:

ACCOUNT #:	MAIL POLICY TO:
BILLING	IF DIRECT BILL:
<input checked="" type="checkbox"/> DIRECT BILL	<input type="checkbox"/> BILL APPLICANT
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> BILL MORTGAGEE
IF APPLICANT BILL:	
<input checked="" type="checkbox"/> FULL PAY	
	AGENT
	APPLICANT

**RATING/UNDERWRITING**

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	PURCHASE DATE/PRICE
MASONRY	VINYL SIDING	1988		\$	<input checked="" type="checkbox"/> DWELLING	PRIMARY	COC		
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	<input checked="" type="checkbox"/> SECONDARY	COMP. DATE:		
FIRE RES		1,520		\$	CONDO	SEASONAL			
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING	RENOVATION TYPE
			6	FT	MI	SYSTEM SMOKE TEMP BURGLAR	PRIMARY: CENTRAL		PART
						CENTRAL	SECONDARY:		COMP
						DIRECT			YEAR
						LOCAL			
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		
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	OPEN		CLOSED
									NONE
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES				
WITHIN CITY LIMITS	OWNER	<input type="checkbox"/>	INDOORS <input type="checkbox"/> OUTDOORS <input type="checkbox"/>	APPROVED FENCE					
WITHIN FIRE DIST	TENANT	<input type="checkbox"/>	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD					
WITHIN PROT SUBURB	VACANT	<input type="checkbox"/>	ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE					
				ABOVE GROUND IN-GROUND					
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF
	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		CLASS <input type="checkbox"/> SPEC <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>		RESISTIVE	OTHER		
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:									
BASEMENT	GARAGE	BREEZEWAY	RATING CREDITS	MANNED SECURITY	SPRINKLER	FIREPLACES (Enter Number)			
SQ FT	SQ FT	SQ FT	NON-SMOKER	OFF PREMISES	PARTIAL	CHIMNEYS			
			LIGHTNING PROTECTION	THEFT EXCL	FULL	HEARTH			
									PRE-FAB WOOD STOVE INSERT

**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)		<input checked="" type="checkbox"/>	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.)		<input checked="" type="checkbox"/>
2. ANY RESIDENCE EMPLOYEES? (Number and type of full and part time employees)		<input checked="" type="checkbox"/>			
3. ANY FLOODING, BRUSH, FOREST FIRE HAZARD, LANDSLIDE, ETC?		<input checked="" type="checkbox"/>	RENTERS AND CONDOS ONLY:	15. IS THERE A MANAGER ON THE PREMISES?	<input checked="" type="checkbox"/>
				16. IS THERE A SECURITY ATTENDANT?	<input checked="" type="checkbox"/>
				17. IS THE BUILDING ENTRANCE LOCKED?	<input checked="" type="checkbox"/>
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		<input checked="" type="checkbox"/>	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		<input checked="" type="checkbox"/>
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)		<input checked="" type="checkbox"/>	19. IS HOUSE FOR SALE?		<input checked="" type="checkbox"/>
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		<input checked="" type="checkbox"/>	20. IS PROPERTY WITHIN 300 FEET OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		<input checked="" type="checkbox"/>
7. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		<input checked="" type="checkbox"/>	21. IS THERE A TRAMPOLINE ON THE PREMISES?		<input checked="" type="checkbox"/>
8. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		<input checked="" type="checkbox"/>	22. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		<input checked="" type="checkbox"/>
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		<input checked="" type="checkbox"/>	23. ANY LEAD PAINT HAZARD?		<input checked="" type="checkbox"/>
10. DISTANCE TO TIDAL WATER: <u>0.0074</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet					
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		<input checked="" type="checkbox"/>	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)		<input checked="" type="checkbox"/>
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOW MOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		<input checked="" type="checkbox"/>	25. IS BUILDING UNDER CONSTRUCTION OR UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		<input checked="" type="checkbox"/>
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		<input checked="" type="checkbox"/>	26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		<input checked="" type="checkbox"/>

**PRIOR COVERAGE**

<b>PRIOR CARRIER</b>	<b>PRIOR POLICY NUMBER</b>	<b>EXPIRATION DATE</b>
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**LOSS HISTORY**

ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST 5 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 #	MORTGGE	NAME AND ADDRESS	LOAN NUMBER
	ADDL INT		

**REMARKS (Attach Additional Sheets if More Space is Required)**

**ATTACHMENTS**

<p><b>PRIOR COVERAGE: NEW PURCHASE</b></p> <p><b>OPTIONAL COVERAGES</b></p> <table border="1"> <thead> <tr> <th>DESCRIPTION</th> <th>Limit</th> </tr> </thead> <tbody> <tr> <td>FLOOD</td> <td></td> </tr> <tr> <td>LOSS ASSESSMENT</td> <td>\$1,000</td> </tr> <tr> <td>MOLD</td> <td>\$15,000</td> </tr> <tr> <td>ORDINANCE OR LAW - 10%</td> <td></td> </tr> <tr> <td>PREMISES LIABILITY</td> <td>\$500,000</td> </tr> <tr> <td>WATER BACKUP</td> <td>\$15,000</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>OTHER/UNKNOWN</td> </tr> </tbody> </table>	DESCRIPTION	Limit	FLOOD		LOSS ASSESSMENT	\$1,000	MOLD	\$15,000	ORDINANCE OR LAW - 10%		PREMISES LIABILITY	\$500,000	WATER BACKUP	\$15,000	NUMBER OF STORIES	1	OPENING PROTECTION	OTHER/UNKNOWN	OPENING PROTECTION TYPE	UNKNOWN	ROOF ANCHOR	OTHER/UNKNOWN	STATE SUPPLEMENT(S) (if applicable)
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ROOF ANCHOR	OTHER/UNKNOWN																						
	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**

<p><b>INSURANCE BINDER</b></p> <table border="1"> <tr> <th>EFFECTIVE DATE</th> <th>EXPIRATION DATE</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <th>TIME</th> <td>12:01 AM NOON</td> </tr> </table>		EFFECTIVE DATE	EXPIRATION DATE			TIME	12:01 AM NOON	<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>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.</p> <p>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.</p>
EFFECTIVE DATE	EXPIRATION DATE							
TIME	12:01 AM NOON							
<p>COVERAGE IS NOT BOUND</p>								
<p>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.</p> <p>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.</p>								
<p>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.</p>								
<p><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.)</p>								
<p>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.)</p>								
<p>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</p>								
<p><b>APPLICANT'S SIGNATURE</b></p>	<p><b>DATE</b></p>	<p><b>PRODUCER'S SIGNATURE</b></p>						
		<p><b>NATIONAL PRODUCER NUMBER</b></p>						



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

Phone: 800-868-5573 Fax:

Email: finance@jjpf.com

Table with 2 columns: AGENT/BROKER (MY CAROLINAS INSURANCE, LLC) and BORROWER (MATT JONES). Includes contact info and Producer Code 900296.

Table with 3 columns: A. TOTAL PREMIUM (\$2,718.02), B. DOWN PAYMENT (\$488.46), C. AMOUNT FINANCED (\$2,229.56), G. Non Refundable Set Up Fee (\$15.00), and PAYMENT SCHEDULE (10 installments of \$242.99).

Table with 7 columns: D. FINANCE CHARGE (\$200.34), E. TOTAL OF PAYMENTS (\$2,429.90), F. APR (19.1504%), and SCHEDULE OF POLICIES (Policy 5180219, Johnson & Johnson Inc).

Quote Number: 10673325 JJPF LICENSE NUMBER: 119498373

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.

Do not sign this agreement before you read it. You are entitled to a copy of this agreement. Under 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.

If for any reason you do not receive your payment coupons/ invoice for payments due, you must still make your payments on the above due date to the above address.

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.

X SIGNATURE OF AGENT OR BROKER DATE

PRINTED NAME

## 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: 800-868-5573 FAX:

<b>AGENT/BROKER</b> MY CAROLINAS INSURANCE, LLC (J&J) 110 Dungannon Boulevard Wilmington, NC 28403 (910) 202-3699	<b>BORROWER</b> MATT JONES 790 NEW RIVER INLET RD UNIT 320B N TOPSAIL BEACH, NC 28460  No Phone Number Supplied
Producer Code 900296	

**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	
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				FIN TXS/FEES	
				ERN TXS/FEES	
<b>TOTAL PREMIUMS FROM PAGE 3 &gt;&gt;&gt;&gt;</b>					

**Quote Number:** 10673325



**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:** MATT JONES

**JJPF ACCT # OR CONTRACT ID:** 10673325

**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.

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

**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](http://www.jjpf.com)**

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