

NEW BUSINESS INSURANCE QUOTE



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

NAMED INSURED & MAILING ADDRESS

DANNY SPELL

AGENCY NAME & ADDRESS

800605 - INSURANCE SERVICE CENTER
 INC
 PO BOX 40736

FAYETTEVILLE, NC 28309

PHONE: (910) 323-3045

QUOTE #: 4717215 VERSION #: 1

REVISION #: 1

FILE #: 4323132

DATE QUOTED: 09/04/2025

HOMEOWNERS

MINIMUM EARNED PREMIUM: 25%

POLICY TERM: 12 MONTHS

NO FLAT CANCELLATIONS

AGENT: PAM RICHARDS

prichards@iscfay.com

GREAT LAKES INSURANCE SE CO #: 740

LINE OF BUSINESS	PREMIUM
DWELLING FIRE	\$5,107.00
POLICY FEE	\$150.00
STAMPING FEE	\$15.32
STATE TAX	\$255.35
TOTAL PREMIUM	\$5,527.67

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"> Dwelling Fire Application Please note an inspection will be performed after issuance and must be satisfactory to maintain coverage Dwelling values are estimates only. Agents are responsible for verifying replacement cost values. Risk subject to no tree limb overhang; trees and limbs must be trimmed away from home. Rates and eligibility for this program change daily. If this quote is edited, the new daily rates and terms will apply and cannot be reverted. Proceed with caution when editing this quote. Risk subject to no tree limb overhang; trees and limbs must be trimmed away from home. Rates and eligibility for this program change daily. If this quote is edited, the new daily rates and terms will apply and cannot be reverted. Proceed with caution when editing this quote. Risk subject to no tree limb overhang; trees and limbs must be trimmed away from home. 	<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.

This is not an insurance policy, nor an insurance binder. This quote is an indication of an insurance premium based on the information provided.

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- Rates and eligibility for this program change daily. If this quote is edited, the new daily rates and terms will apply and cannot be reverted. Proceed with caution when editing this quote.
- Risk subject to no tree limb overhang; trees and limbs must be trimmed away from home.
- Rates and eligibility for this program change daily. If this quote is edited, the new daily rates and terms will apply and cannot be reverted. Proceed with caution when editing this quote.

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LOCATION #1 - 244 GRAND VIEW DR SNEADS FERRY NC 28460 - ONSLOW COUNTY

COVERAGE

LIMIT

PREMIUM

DWELLING FIRE

COVERAGE A - DWELLING (RCV)	\$930,000	\$5,107.00
COVERAGE C - PERSONAL PROPERTY (RCV)	\$5,000	INCL
COVERAGE D - FAIR RENTAL VALUE	\$60,000	INCL
PREMISES LIABILITY	\$500,000	INCL
MEDICAL PAYMENTS TO OTHERS	\$5,000	INCL
ORDINANCE OR LAW - 10%		INCL
EXTENDED REPLACEMENT COST - 25%		INCL
MOLD	\$10,000	INCL
WATER BACKUP	\$10,000	INCL
VANDALISM OR MALICIOUS MISCHIEF	\$995,000	INCL

DEDUCTIBLES

AOP DEDUCTIBLE: \$5,000
WIND/HAIL DEDUCTIBLE: \$46,500

TOTAL BASE PREMIUM: \$5,107.00

RATING FACTORS & UNDERWRITING INFORMATION:

POLICY FORM: DP3	NUMBER OF STORIES: 1
OCCUPANCY: TENANT	SQUARE FOOTAGE: 3,478
DISTANCE TO COAST: 0.0910 MILES	FOR SALE: NO
TERRITORY:	ON HISTORICAL REGISTRY: NO
PROTECTION CLASS: 4	IN GATED COMMUNITY: NO
CONSTRUCTION TYPE: FRAME	RENTAL TERM: ANNUAL
YEAR OF CONSTRUCTION: 2024	ROOF CONSTRUCTION: METAL SHEATHING
YEAR OF WIRING UPDATES: 2024	ROOF GEOMETRY: GABLE ROOF
YEAR OF PLUMBING UPDATES: 2024	ROOF SHEATHING: DIMENSIONAL LUMBER
YEAR OF HEATING UPDATES: 2024	ROOF ANCHOR: CLIPS
YEAR OF ROOFING UPDATES: 2024	OPENING PROTECTION: OTHER/UNKNOWN
ROOF AGE: 1 YEARS	
# OF NON-WIND LOSSES: NONE	PRIOR INSURANCE: NEW PURCHASE
# OF WIND LOSSES: NONE	PRIMARY FLOOD EXISTS: NO
PROTECTIVE DEVICE(S): SMOKE DETECTORS	

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SCHEDULE OF FORMS AND ENDORSEMENTS

FORM NUMBER	FORM NAME
DP 00 03 07 14	DWELLING PROPERTY 3 - SPECIAL FORM
GLK DPL 4000 09 11	ANIMAL EXCLUSION
LMA5021 (14/09/2005)	APPLICABLE LAW (USA)
GLK DPL 4001 05 12	ASSAULT OR BATTERY EXCLUSION
DP 04 11 12 02	AUTOMATIC INCREASE IN INSURANCE
REF 2962 (06/02/03)	BIOLOGICAL OR CHEMICAL MATERIALS EXCLUSION
REF 1331 20/4/61	CANCELLATION CLAUSE
GLISE HD CDEE (08/20)	COMMUNICABLE DISEASE EXCLUSION ENDORSEMENT
GLK 4118 IL 04-17	CONFORMITY OF TERMS ENDORSEMENT
BC DPSFPN 25102024	DATA PROTECTION SHORT FORM PRIVACY NOTICE
GLISE DPSFPN 102024	DATA PROTECTION SHORT FORM PRIVACY NOTICE
DF2016 (04/16)	DWELLING FIRE DECLARATIONS
GLK DP 4044 07 14	DWELLING PERSONAL PROPERTY REPLACEMENT COST LOSS SETTLEMENT
GLK DP 4003 09 11	EARTHQUAKE EXCLUSION NOTICE
GLK DP 4002 09 11	EXCLUSION - EXTERIOR INSULATION AND FINISH SYSTEMS
GLK DIL 4016 09 11	EXCLUSION - TAINTED DRYWALL MATERIAL
GLK DP 4004 09 11	EXISTING DAMAGE EXCLUSION
GLK HO 4004 09 11	EXISTING DAMAGE EXCLUSION
GLK PL 4149 07 22	FARM/RANCH OPERATIONS EXCLUSION
GLK DPL 4032 01 13	FIREARMS/WEAPONS EXCLUSION
IL P 015 01 07	FLOOD AND EARTH MOVEMENT LOSSES NOT COVERED ADVISORY NOTICE TO POLICYHOLDERS
GLK DP 4005 09 11	FLOOD EXCLUSION NOTICE
REF5062 (Amended)	FRAUDULENT CLAIM CLAUSE
GLISE(i) (09.2020)	GREAT LAKES INSURANCE SE PRIVACY POLICY STATEMENT
GLK DPL 4006 05 12	LEAD EXCLUSION
DP 04 22 07 14	LIMITED FUNGI, WET OR DRY ROT, OR BACTERIA COVERAGE
DP 04 95 07 14	LIMITED WATER BACK-UP AND SUMP DISCHARGE OR OVERFLOW COVERAGE
GLK DP 4020 06 12	LOSS OF USE ENDORSEMENT
GLK PL 4144 11 21	MARIJUANA/CANNABIS EXCLUSION
GLK DIL 4017 05 12	MINIMUM RETAINED PREMIUM
REF 1257 17/3/60	NUCLEAR INCIDENT EXCLUSION CLAUSE
DL 24 01 07 14	PERSONAL LIABILITY
JJC-3 07-20	POLICY JACKET
GLK PL 4148 03 22	POLICY PROVISIONS CLAUSE
REF5401 11-19	PROPERTY CYBER AND DATA EXCLUSION
GLK DPL 4015 (09/11)	PUNITIVE OR EXEMPLARY DAMAGES EXCLUSION
REF 1191 (7/5/59)	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE
REF 1477 13/2/64	RADIOACTIVE CONTAMINATION EXCLUSION CLAUSE - LIABILITY
GLK DPL 4009 04 12	RESIDENCE PREMISES ONLY LIABILITY COVERAGE
LMA3100 15/09/10	SANCTION LIMITATION AND EXCLUSION CLAUSE
REF3100A (01-25)	SANCTION LIMITATION CLAUSE
GLK PL 4146 11 21	SEASONAL SAFEGUARDS

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SEC 1 04-18	SECURITY ENDORSEMENT
REF 2342	SEEPAGE AND/OR POLLUTION AND/OR CONTAMINATION EXCLUSION U.S.A. & CANADA
REF1998	SERVICE OF SUIT CLAUSE (U.S.A.)
LMA5096 7/3/2008	SEVERAL LIABILITY NOTICE – INSURANCE
DP 32 32 01 21	SPECIAL PROVISIONS - NORTH CAROLINA
GLK DPL 4012 05 12	SWIMMING POOL EXCLUSION
REF2920 a	TERRORISM EXCLUSION
GLK DP 4034 01 13	TOTAL OR CONSTRUCTIVE LOSS
GLK DP 4089 01 24	TOTAL WATER DAMAGE EXCLUSION
GLK DPL 4013 05 12	TRAMPOLINE EXCLUSION
IL P 001 01 04	US TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS
GLK DP 4052 08 14	WINDSTORM OR HAIL DOLLAR DEDUCTIBLE



DWELLING FIRE APPLICATION

DATE (DD/MM/YYYY)

9/4/2025

AGENCY Phone (A/C, No, Ext): FAX (A/C, No):		APPLICANT'S NAME AND MAILING ADDRESS (Include county & state)		NAIC CODE	FACILITY COD
INSURANCE SERVICE CENTER INC PO BOX 40736 FAYETTEVILLE, NC 28309		DANNY SPELL			
CODE:	SUBCODE:	EFFECTIVE DA	EXPIRATION DA	BUSINESS PHON	DAY
AGENCY CUSTOMER 800605		09/10/2025	09/10/2026		EVE
		DATE AT CURR RES	CO/PLAN	HOME PHONE #	DAY
					EVE

APPLICANT INFORMATION

PREVIOUS ADDRESS (if less than 3 yrs)	YRS AT PREV ADDR	LOCATION OF PROPERTY IF DIFF FROM ABOVE (Inc cou)					
		244 GRAND VIEW DR SNEADS FERRY, NC 28460 - (ON SLOW)					
APPLICANT'S OCCUPAT (State nature of business if self-employe)	APPLICANT'S EMPLOYER NAME AND ADDRE	YEARS IN CURR OCC	YEARS W/ CURR EMPL	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRT	SOCIAL SECURITY
						3/6/1968	
CO-APPLICANT'S OCCUPA (State nature of business if self-employe)	CO-APPLICANT'S EMPLOYER NAME AND AD	YEARS IN CURR	YEARS W/ CURR	YEARS W/ PRIOR EMPL	MAR STAT	DATE OF BIRT	SOCIAL SECURITY
HOW LONG HAVE YOU KNOWN THE APPLICANT				DATE AGENT LAST INSPECTED PROPERTY:			

COVERAGES/LIMITS OF LIABILITY		FIRE	<input checked="" type="checkbox"/> FIRE & E	FIRE, EC & VM	BROAD	SPECIAL	PREMIUM
HO FORM	DWELLING	OTHER STRUCTURE	PERSONAL PROPERTY	RENTAL VALUE	PERSONAL LIABILITY	MEDICAL PAYMENTS	EST TOTAL PREMIUM
DP3	\$ 930,000	\$	\$ 5,000	\$ 60,000	\$ 500,000	\$ 5,000	\$ 5,527.67
DED (Type & Amoun)	<input checked="" type="checkbox"/> ALL PERIL	\$5,000	<input checked="" type="checkbox"/> WIND/HAIL	\$46,500.00	THEFT	<input checked="" type="checkbox"/> NAMED HURRICANE	DEPOSIT
							BALANCE \$ 5,527.67

* Not Applicable in N

ENDORSEMENTS - SEE REMARKS SECTION

EFT AUTHORIZATION CODE: AMOUNT: 0.00

DATE:

PAYMENT PLAN ACORD 610 Attached (NOT APPLICABLE IN NC)

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

RATING/UNDERWRITING

<input checked="" type="checkbox"/> FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALU	STRUCTURE TYPE	USAGE TYPE	FARM	# FAM-ILIES	HSEHLD RES	PURCHASE DATE/PRICE
MASONRY	VINAL SIDING	2024		\$	DWELLING	TOWNHOUS	COC	2	#	
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUS	COMP. DAT			
FIRE RES		3,478		\$	CONDO	CO-OP	SEASONAL			
NUMBER OF FIRE UNITS IN	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE	HEAT TYPE	WIRING	PART	COM
DIVS	FIRE DIV		4	FT	MI	CENTRA	PRIMARY CENTRAL	PLUMBING		2024
FIRE / EC RATE	FIRE DISTRICT / CODE NUMBER	DIRECT	LOCAL	HOUSEKEEPING CONDITION	ROOFING			HEATING		2024
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 <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO	YES <input checked="" type="checkbox"/> NO		YES <input checked="" type="checkbox"/> NO	OPEN	NONE		
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS	OWNER	FIRE EXT	INDOORS	APPROVED						
WITHIN FIRE DIST	TENANT	VISIBLE TO NEIGHBORS	ABOVE GROUND O MASONRY FLOOR	FENCE DIVING BOARD						
WITHIN PROT SUBURB	VACANT		ABOVE GROUND N ON MASONRY FLOOR	SLIDE						
BLDG CODE	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF		
INSPECTED?	CLASS	SPEC	YES <input checked="" type="checkbox"/> NO		RESISTIVE	OTHER	GABLE ROOF			
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHE	RATING CREDITS	MANNED SECURITY	NON-SMOKER LIGHTNING PROTECTION	OFF PREMISES	SPRINKLER	FIREPLACES (Enter Number)				
BASEMENT SQ FT	GARAGE SQ FT	BREEZEWAY SQ FT		THEFT EXCL	PARTIAL	CHIMNEYS	PRE-FAB			
					FULL	HEARTHES	WOOD STOVE INSERT			

PRIOR COVERAGE

PRIOR CARRIER	PRIOR POLICY NUMBER	EXPIRATION DATE

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS (Except questions 15, 16, 17)	YES	NO
1. ANY FARMING OR OTHER BUSINESS CONDUCTED ON PREMISES? (Including day/child care) If "Yes", list gross receipts: \$		✓	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?		✓			
4. ANY OTHER RESIDENCE OWNED, OCCUPIED OR RENTED?		✓	RENTERS AND CONDOS ONLY:		
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List Policy Numbers)		✓	15. IS THERE A MANAGER ON THE PREMISES? 16. IS THERE A SECURITY ATTENDANT? 17. IS THE BUILDING ENTRANCE LOCKED?		✓ ✓ ✓
6. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?		✓	18. ANY UNCORRECTED FIRE OR BUILDING CODE VIOLATIONS?		✓
7. ANY COVERAGES DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? (Not applicable in MO)		✓	19. IS THE BUILDING UNDERGOING RENOVATION OR RECONSTRUCTION? (Give estimated completion date and dollar value)		✓
8. HAS THE APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY, JUDGEMENT OR LIEN DURING THE PAST FIVE YEARS?		✓	20. IS HOUSE FOR SALE?		✓
9. ARE THERE ANY ANIMALS OR EXOTIC PETS KEPT ON PREMISES? (Note breed and bite history)		✓	21. IS PROPERTY W/IN 300 FT OF A COMMERCIAL OR NON-RESIDENTIAL PROPERTY?		✓
10. DISTANCE TO TIDAL WATER: <u>0.0910</u> ✓ Miles <input type="checkbox"/> Feet			22. IS THERE A TRAMPOLINE ON THE PREMISES?		✓
11. IS PROPERTY SITUATED ON MORE THAN FIVE ACRES? (If yes, describe land use)		✓	23. WAS THE STRUCTURE ORIGINALLY BUILT FOR OTHER THAN A PRIVATE RESIDENCE AND THEN CONVERTED?		✓
12. DOES APPLICANT OWN ANY RECREATIONAL VEHICLES (SNOWMOBILES, DUNE BUGGYS, MINI BIKES, ATVS, ETC)? (List year, type, make, model)		✓	24. ANY LEAD PAINT HAZARD?		✓
13. IS BUILDING RETROFITTED FOR EARTHQUAKE? (If applicable)		✓	25. IF A FUEL OIL TANK IS ON PREMISES, HAS OTHER INSURANCE BEEN OBTAINED FOR THE TANK? (Give First Party and limit, and Third Party and limit)		✓
			26. IF BUILDING IS UNDER CONSTRUCTION, IS THE APPLICANT THE GENERAL CONTRACTOR?		✓

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	AMOUNT
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ADDITIONAL INTEREST

NT #	MORTGGE ADDL INT	NAME AND ADDRESS	LOAN NUMBER
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REMARKS (Attach Additional Sheets if More Space is Required)

Prior Insurance: NEW PURCHASE

EXTENDED REPLACEMENT COST - 25%	MOLD \$10,000
ORDINANCE OR LAW - 10%	PREMISES LIABILITY \$500,000
VANDALISM OR MALICIOUS MISCHIEF \$995,000	WATER BACKUP \$10,000
SHAPE OF ROOF GABLE ROOF	NUMBER OF STORIES 1
OPENING PROTECTION OTHER/UNKNOWN	OPENING PROTECTION TYPE UNKNOWN
ROOF ANCHOR CLIPS	TOWNHOUSE OR ROWHOUSE YES

ATTACHMENTS	PHOTOGRAPH	RECREATIONAL VEHICLE APP
STATE SUPPLEMENT(S) (If applic	SOLID FUEL SUPPLEMENT	WATERCRAFT APPLICATION
INLAND MARINE APPLICATION	PROTECTION DEVICE CERT	LEAD FREE PAINT CERTIFICAT
REPLACEMENT COST ESTIMATE	PERS EXCESS/UMBRELLA A	HOME BASED BUSINESS SUPP

BINDER/SIGNATURE

INSURANCE BINDE	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM NOON
COVERAGE IS NOT BOUND	

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. 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

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

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 PRODUCE NUMBER
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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**

AGENT/BROKER INSURANCE SERVICE CENTER INC PO BOX 40736 FAYETTEVILLE, NC 28309		BORROWER DANNY SPELL 244 GRAND VIEW DR SNEADS FERRY, NC 28460	
(910) 323-3045		Producer Code 800605	No Phone Number Supplied

A.	TOTAL PREMIUM	G. Non Refundable Set Up Fee \$15.00		PAYMENT SCHEDULE	
	\$5,527.67	NUMBER OF INSTALLMENTS	AMOUNT OF EACH INSTALLMENT		
B.	DOWN PAYMENT	10	\$499.23	FIRST INSTALLMENT DUE	INSTALLMENT DUE DATES
	\$956.66			10/10/2025	10th
C.	AMOUNT FINANCED				
	\$4,571.01				

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
	\$421.29	4323132	9/10/2025	Johnson & Johnson Inc	Homeowners	12	\$5,107.00
E.	TOTAL OF PAYMENTS The amount you will have paid after you make all payments as scheduled. (C + D)					FIN TXS/FEES	\$270.67
						ERN TXS/FEES	\$150.00
						FIN TXS/FEES	
F.	APR					ERN TXS/FEES	
	Cost of finance charge at a yearly rate inc setup fee	TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>>					\$5,527.67
	19.6312%	SEE PAGE 3 FOR ADDITIONAL PREMIUMS >>>>					

Quote Number: 9553950	JJPF LICENSE NUMBER: 119498373
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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.

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. (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

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 upons 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:

AGENT/BROKER INSURANCE SERVICE CENTER INC PO BOX 40736 FAYETTEVILLE, NC 28309 (910) 323-3045	BORROWER DANNY SPELL 244 GRAND VIEW DR SNEADS FERRY, NC 28460 No Phone Number Supplied
Producer Code 800605	

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	
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				ERN TXS/FEES	
TOTAL PREMIUMS FROM PAGE 3 >>>>					

Quote Number: 9553950



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: DANNY SPELL

JJPF ACCT # OR CONTRACT ID: 9553950

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