



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

YOUR INSURANCE BILL

Insurance Company:
UNITED STATES LIABILITY INSURANCE GROUP

LOGAN SQUARE LLC AND HJW INVESTMENT COMPANY LLC
6305 WOLFHEAD CT
WILMINGTON, NC 28411

Invoice Date: 02/16/2025
Policy Number: GL1192040B
Policy Term: 03/20/2025 - 03/20/2026
Coverage: COMMERCIAL GENERAL LIABILITY

IMPORTANT MESSAGES

Refer to your policy papers for details about your coverage, premium and any policy changes.

STATEMENT SUMMARY

Minimum Due: \$400.00
Payment Due Date: 03/20/2025

Policy Transaction History

| Transaction Type | Amount |
|------------------|----------|
| PREMIUM | \$400.00 |
| POLICY FEE | \$0.00 |
| AMOUNT DUE | \$400.00 |

For Coverage Questions Please Call:

THE HUNEYCUTT GROUP, INC.
1908 EASTWOOD RD
UNIT 320
WILMINGTON, NC 28403

Billing/Payment Options & Information

Visit www.jjins.com/pay to access your account, pay online and review payment history.
If payment has already been mailed to Johnson & Johnson please disregard this invoice.

SEE REVERSE SIDE FOR ADDITIONAL PAYMENT OPTIONS

KEEP THIS SECTION FOR YOUR RECORDS

REMIT THIS SECTION WITH YOUR PAYMENT

MAKE CHECKS PAYABLE TO JOHNSON & JOHNSON AND INCLUDE POLICY NUMBER ON THE CHECK

JOHNSON & JOHNSON
PO BOX 96506,
CHARLOTTE, NC 28296-0506

PAYMENT SLIP

Minimum Due: \$400.00
Payment Due Date: 03/20/2025

Amount Enclosed:

INCLUDE POLICY NUMBER ON THE CHECK

Policy Number: GL1192040B

000000400002 AF0002197070***GL1192040B*****2 0000000000

Location:

,

Billing Terms and Conditions

A bill for a balance due of \$5 or less will not be sent, this amount will be added to your next invoice.

Returned Items

A return item fee of up to \$35 may be charged for items returned by your bank as unpaid. This fee can vary by location based on applicable law.

Late Payments

Payments are applied to prior balances and fees first, then to the current policy period balance. Please note, there will be a \$10 late fee charged for all late payments.

Avoid Cancellation

Minimum Payment must be received on or before the due date for continued coverage.

For billing questions, please call 1-800-487-7565 OPTION 1 - BILLING

Payment Plans**Full Payment Plan**

Pay your premium for the entire policy period in one lump sum to avoid installment fees.

Financing Option

Finance your policy with Johnson & Johnson Preferred Financing (JJPF). Please contact your agent or JJPF at 1-800-868-5573 to create your finance agreement, pay the down payment and set up your installment payment.

How to Pay**Pay by Mail**

Pay with your personal check or money order mailed with your payment slip.

Please make checks payable to Johnson & Johnson, and include your policy number on your check.

Online Payment

Pay by electronic check, credit card or debit card at <http://www.jjins.com/pay>. Choose "Make Payment" and follow instructions. Please note there is a 3rd party fee for credit card payments.

If your policy is financed, contact your finance company to add this bill onto the finance 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

FOR PROCESSING
MAIL TO:
PO BOX 26009
GREENSBORO NC 27420

Phone: 800-868-5573

Fax:

Email:
finance@jjpf.com

| AGENT/BROKER The Huneycutt Group, Inc dba Seaside and OBX Insurance 1908 Eastwood Road, Unit 320 Wilmington, NC 28403 | | BORROWER LOGAN SQUARE LLC AND HJW INVESTMENT COMPANY LLC 6305 WOLFHEAD CT WILMINGTON, NC 28411 | | | | | |
|--|---|--|--|-----------------------|-----------------------|-----------|------|
| 877-441-3162 | | Producer Code 801474 | No Phone Number Supplied | | | | |
| A. | TOTAL PREMIUM \$400.00 | G. Non Refundable Set Up Fee \$15.00 | | | | | |
| B. | DOWN PAYMENT \$100.00 | PAYMENT SCHEDULE | | | | | |
| C. | AMOUNT FINANCED \$300.00 | NUMBER OF INSTALLMENTS 10 | AMOUNT OF EACH INSTALLMENT \$34.02 | | | | |
| D. | FINANCE CHARGE Total of Box F plus Box G \$40.20 | WHEN PAYMENTS ARE DUE | | | | | |
| E. | TOTAL OF PAYMENTS The amount you will have paid after you make all payments as scheduled. (C + D) \$340.20 | <table border="1"> <tr> <th>FIRST INSTALLMENT DUE</th> <th>INSTALLMENT DUE DATES</th> </tr> <tr> <td>4/20/2025</td> <td>20th</td> </tr> </table> | | FIRST INSTALLMENT DUE | INSTALLMENT DUE DATES | 4/20/2025 | 20th |
| FIRST INSTALLMENT DUE | INSTALLMENT DUE DATES | | | | | | |
| 4/20/2025 | 20th | | | | | | |
| F. | APR Cost of finance charge at a yearly rate inc setup fee 28.2512% | SCHEDULE OF POLICIES | | | | | |
| | | POLICY NUMBER GL1192040B | POLICY EFFECTIVE DATE 3/20/2025 | | | | |
| | | INSURANCE COMPANY AND MANAGING GENERAL AGENT Johnson & Johnson Inc | | | | | |
| | | TYPE OF COVERAGE Commercial General Liability | POLICY TERM (months) 12 | | | | |
| | | GROSS PREMIUM \$400.00 | | | | | |
| | | FIN TXS/FEES \$0.00 | | | | | |
| | | ERN TXS/FEES \$0.00 | | | | | |
| | | FIN TXS/FEES \$0.00 | | | | | |
| | | ERN TXS/FEES \$0.00 | | | | | |
| | | TOTAL PREMIUMS MUST AGREE WITH BOX "A" ABOVE >>>> \$400.00 | | | | | |
| | | SEE PAGE 3 FOR ADDITIONAL PREMIUMS >>>> | | | | | |
| Quote Number: 8574248 | | JJPF LICENSE NUMBER: B420 | | | | | |

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

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.



PREMIUM FINANCE SECURITY AGREEMENT

PHONE: 800-868-5573 FAX:

BORROWER

LOGAN SQUARE LLC AND HJW INVESTMENT COMPANY LLC
6305 WOLFHEAD CT
WILMINGTON, NC 28411

No Phone Number Supplied

SCHEDULE OF ADDITIONAL POLICIES

| | |
|-----------------------|--|
| Quote Number: 8574248 | |
|-----------------------|--|

Quote Number: 8574248



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: LOGAN SQUARE LLC AND HJW INVESTMENT COMPANY LLC

JJPF ACCT # OR CONTRACT ID: 8574248

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