



Oppenheimer Trust Company
of Delaware
405 Silverside Road
2nd Floor
Wilmington, DE 19809
Phone 302-792-3500
Fax 302-792-3509

July 9, 2014

Massey Clark Fischer, Inc
400 Executive Center Drive, Suite 205
West Palm Beach, FL 33401
Attn: Judi Harden

RECEIVED JUL 14 2014

Re: Bernstein Family Realty, LLC

Dear Ms. Harden:

I apologize for the delay in responding to you. Your letter was misdirected when being forwarded to our new address.

Oppenheimer Trust Company of Delaware has resigned as Manager of Bernstein Family Realty and the related Bernstein Family Trusts due to a depletion of funds by the family. There are no assets to pay this invoice.

Please contact Mr. Eliot Bernstein going forward. Thank you.

Sincerely,

A handwritten signature in black ink that reads 'Janet Craig'.

Janet Craig, CTFA
Senior Vice President

OPPENHEIMER
TRUST COMPANY OF DELAWARE
Oppenheimer Trust Company
of Delaware
405 Silverside Road
2nd Floor
Wilmington, DE 19809

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WILHELMEGEDEB 197
TOMS ZONE OF
TROPICAL FOREST

Massey Clark Fischer, Inc
400 Executive Center Drive, Suite 205
West Palm Beach, FL 33401
Attn: Judi Harden

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MASSEY • CLARK • FISCHER, INC.

INSURANCE AND FINANCIAL SERVICES
400 EXECUTIVE CENTER DRIVE, SUITE 205
WEST PALM BEACH, FLORIDA 33401

May 22, 2014

Bernstein Family Realty LLC
Attn: Janet Craig
c/o Oppenheimer Trust Co.
18 Columbia Turnpike 3rd Floor
Florham Park NJ 07932

Re: Personal Lines Homeowners
Company: Scottsdale Insurance Company
Policy Number: TBD
Expiration date: 02/05/14

Dear Mr. Bernstein:

We are enclosing our invoice in the amount of \$7,454.31 for rewrite of the above captioned policy. Please make your check payable to Massey, Clark, Fischer, Inc. and mail to us as soon as possible.

We are also enclosing an updated application that requires your signature. Please review the application to make sure the information is still correct. Should you need to make any changes or if your operations have changed in any way, please contact our office.

We appreciate the opportunity to be able to provide this valuable coverage for you. Please note we are a FULL SERVICE Agency and we can provide Life, Health, Disability, Long Term Care, Bonds, Auto, Home, Flood, complete Business Insurance coverage's including Property/Liability/Auto/Workers Compensation, 401(k) Retirement Plans and Employee Group Health/Dental/Life. Please let us know if we can show you any of these other plans we offer.

As always, if we can be of any assistance, please do not hesitate to call. We greatly appreciate your business!

Cordially,



Judi Harden, ACSR ext. 3765
Senior Account Manager

Enclosures

P.S. Signed application and payment must be received in our office to bind coverage.

cc: Walter & Patricia Sahm

Massey, Clark, Fischer, Inc.
 400 Executive Ctr Dr, Ste 205
 West Palm Beach, FL 33401
 Phone : 561-478-1660 Fax : 561-478-6876

| | | | |
|-------------------------------------|-----------------|-----------------|-------------|
| INVOICE # | | 21776 | Page 1 of 1 |
| ACCOUNT NO. | OP | DATE | |
| BERNFAM | JH | 05/22/14 | |
| POLICY INFORMATION | | | |
| COMPANY | | | |
| Scottsdale Insurance Company | | | |
| PRODUCER | | | |
| Eric J. Fischer, CLU | | | |
| EFFECTIVE | EXPIRATION | BALANCE DUE ON | |
| 02/05/13 | 02/05/14 | 05/30/14 | |

Bernstein Family Realty LLC
 2753 N.W. 34th Street
 Boca Raton, FL 33434-3459

| Item # | Eff Date | Trn | Description | Amount |
|-------------------------|-----------------|------------|----------------------------|--------------------|
| 225175 | 02/05/13 | REW | REWRITE OF DWELLING POLICY | \$ 6,849.00 |
| 225176 | 02/05/13 | CFE | FEES/TAXES | \$ 605.31 |
| Invoice Balance: | | | | \$ 7,454.31 |

Please make check payable to **Massey, Clark, Fischer, Inc.**

Scottsdale Insurance Company

(866) 351-3056 Fax (954) 837-4393

www.macneillgroup.com

specialty.lines@macneillgroup.com

Dwelling Fire Application

Date: 5/22/14

| | | | | | | | |
|------------------------|-----------------------------|------|--------------|-------------------|------------------------------|------------------|-----------------|
| Agency Name / Address: | Massey Clark Fischer | | | Applicant's Name: | Rosenstein Family Health Llc | | |
| Phone: | 561-478-1640 | Fax: | 561-478-6816 | Mailing Address: | 2753 N.W. 34th St. | | |
| E-mail: | judi@masseyclarkfischer.com | | | City: | Boca Raton | ST: | FL |
| Code: | Subcode: | | | Zip: | 33434 | County: | Palm Beach |
| Agency Customer ID: | | | | E-mail: | | Phone No.: | Bus. Phone No.: |
| | | | | Effective Date: | | Expiration Date: | |

APPLICANT INFORMATION

| | | | | | |
|---|----------------------------|---|---|---------|--|
| Previous Address (If less than three years) | Years at Previous Address: | Location of property if different from above (attach Additional Location Supplemental Application, if necessary): | | | |
| Street: | | Street: | Singer | | |
| City: | ST: Zip: | City: | ST: Zip: | County: | |
| Applicant's Occupation (State nature of business if self-employed): Self - Real Estate | Marital Status | DOB | Applicant's Employer Name and Address: | | |
| Co-Applicant's Occupation (State nature of business if self-employed): | Marital Status | DOB | Co-Applicant's Employer Name and Address: | | |

COVERAGES / LIMITS OF LIABILITY

PREMIUM

| Policy Type | Dwelling | Other Structures | Personal Property | ALE/Fair Rental Value | Personal / Premises Liability Each Occurrence | Med Pay Each Person | Est. Total Premium | \$ |
|--------------------------------|--|---|---|---------------------------------------|---|---------------------|--------------------|----|
| DP3 | \$ 345,500 | \$ 34,550 | \$ 182,750 | \$ 36,550 | \$ 500,000 | | \$ 5,000 | |
| PERILS | <input checked="" type="checkbox"/> Fire <input type="checkbox"/> EC <input checked="" type="checkbox"/> VMM | | | | | | Deposit | \$ |
| Deductible Type & Amount (%\$) | <input type="checkbox"/> All perils: _____ | <input type="checkbox"/> Wind & Hail: _____ | <input type="checkbox"/> Named Storm: _____ | <input type="checkbox"/> Other: _____ | | | Balance | \$ |

ENDORSEMENTS / ADDITIONAL COVERAGES

| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Replacement Cost Dwelling <input type="checkbox"/> Replacement Cost Contents <input type="checkbox"/> Personal Injury (Primary Owner Only) | <input type="checkbox"/> Residence Burglary \$ _____ <input type="checkbox"/> Earthquake Zone: _____ | <input type="checkbox"/> Workers Comp (CA & NY - Primary Owner Only) <input type="checkbox"/> Tenant Relocation (MA only) <input type="checkbox"/> Other: _____ |
|--|---|---|

PAYMENT PLAN

| |
|--|
| Billing: <input type="checkbox"/> Insured <input type="checkbox"/> Mortgagee <input checked="" type="checkbox"/> Agency Bill |
|--|

RATING / UNDERWRITING

| | | | | | | | | |
|---|------------------------|---|--|--|---|--|--|---|
| Year Built 1978 | Purchase Date 2008 | Construction Type <input type="checkbox"/> Frame <input type="checkbox"/> Modular Home <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> EIFS <input type="checkbox"/> Masonry Veneer <input type="checkbox"/> Log Home <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Hand-hewn <input type="checkbox"/> Fire Resistive <input type="checkbox"/> Milled <input type="checkbox"/> MFG/Mobile Home <input type="checkbox"/> Co-op <input type="checkbox"/> Other: _____ | Structure Type <input type="checkbox"/> Dwelling <input checked="" type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Rowhouse <input type="checkbox"/> Condo <input type="checkbox"/> Co-op | Usage Type <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Seasonal <input type="checkbox"/> Vacation Rental <input type="checkbox"/> Farm <input type="checkbox"/> COC/Reno <input type="checkbox"/> Other: _____ | Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Unoccupied <input checked="" type="checkbox"/> Tenant Completion Date: _____ No. Weeks Rented: _____ No. Vacant No. of Months: _____ | No. Stories 1 No. Families 1 No. H/H Residents | Windstorm Loss Mitigation Features <input type="checkbox"/> Hurricane Straps <input checked="" type="checkbox"/> Clips <input checked="" type="checkbox"/> Hurricane Shutters <input type="checkbox"/> HIP Roof <input type="checkbox"/> Impact Resistant Glass | |
| Square Feet Replacement Cost \$ 345,000 | Market Value \$ | | | | | | | |
| Territory Code 02 | Protection Class SD | Distance To Hydrant 500 FT | Fire Station MI | System Central | Smoke <input type="checkbox"/> <input type="checkbox"/> | Temp <input type="checkbox"/> <input type="checkbox"/> | Burglar <input type="checkbox"/> <input checked="" type="checkbox"/> Deadbolt <input checked="" type="checkbox"/> Fire Extinguisher <input checked="" type="checkbox"/> Visible to Neighbors | Foundation: <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Stilts Sprinklers: <input type="checkbox"/> Full <input type="checkbox"/> Partial Swimming Pool: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Approved Fencing <input type="checkbox"/> Diving Board <input type="checkbox"/> Slide |
| Fire District / Code No.: / | | Local | | | | | | |

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| Updates | Partial | Complete | Year | Details | | |
|---|--------------------------|-------------------------------------|------|--|--|-----------------|
| Wiring | <input type="checkbox"/> | <input type="checkbox"/> | 2013 | Circuit Breakers: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Aluminum: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fuses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Knob & Tube: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No. of Amps 200 |
| Plumbing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2002 | Type: <input checked="" type="checkbox"/> Copper <input type="checkbox"/> PVC Other: _____ | Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Heating | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2002 | Primary: Central Wood Stove? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Secondary: _____ | None |
| Roofing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2000 | Roof Type/Material: Concrete Tile | Condition of Roof: Good | |
| Any known leaks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Exclude Roof? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |

LOSS HISTORY

Any losses, whether or not paid by insurance, in the last three years, at this or any other location?

Yes No If Yes, indicate below:

| DATE | TYPE | DESCRIPTION OF LOSS | AMOUNT PAID / RESERVED | OPEN / CLOSED |
|------|------|---------------------|------------------------|--|
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |
| | | | \$ | <input type="checkbox"/> Open <input type="checkbox"/> Closed |

PRIOR / CURRENT COVERAGE

| | | |
|---|--------------------------|--------------------------|
| Prior carrier / Current carrier: <i>Verisk</i> | Policy number: 011302326 | Expiration date: 2/15/14 |
| If lapse or no prior coverage, provide explanation: | | |

GENERAL INFORMATION

| Explain all "Yes" responses in the "Remarks" section | | YES | NO | Explain all "Yes" responses in the "Remarks" section | | YES | NO |
|---|--|--------------------------|-------------------------------------|---|--|--------------------------|-------------------------------------|
| 1. Any business conducted on premises? (including farms, day care, etc.) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 11. Is property situated on more than five acres? No. of acres: _____ Describe land use: _____ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Any residence employees? Number and type of full time and part time employees: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 12. Other structures on premises? (barns, sheds, etc.) If yes, describe: _____ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Any brush, flooding, forest fire hazard, landslide, etc.? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 13. Is building retrofitted for earthquake? (If applicable) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Any other insurance with this company? List policy numbers: | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 14. During the last five years (ten [10] years in RI) has any applicant or household member been indicted or convicted of any crime? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Any coverage declined, cancelled or non-renewed during the last three years? (Not applicable in MO or CA) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 15. Is there any existing fire, water or structural damage? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Has applicant had any foreclosure, repossession, bankruptcy, judgment or lien procedures filed during the past five years? Reason: _____ _____ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 16. Is building undergoing renovation or reconstruction? Starting Date: _____ Starting Value: \$ _____ Contractor Name: _____ Completion Date: _____ Completed Value: \$ _____ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Is applicant delinquent on mortgage or tax payments? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 17. Is house for sale? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Are there any animals or exotic pets kept on premises? Breed: _____ Bite History: _____ | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 18. Is property within 300 ft. of a commercial or non-residential property? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Any lake, pond or dock on premises? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 19. Is there a trampoline on the premises? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Distance to tidal water: 10 Miles <input type="checkbox"/> Feet | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 20. Was the structure originally built for other than a private residence and then converted? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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REMARKS (Attach additional sheets if more space is required)

ADDITIONAL INTEREST

| INT No.: | Type Of Interest | Mortgagor Information | Loan Number: |
|----------|---|--|--------------|
| 1 | <input checked="" type="checkbox"/> Mortgagor <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust | Name: <u>Walter + Patricia Sahn</u> Address: <u>82-30 82 17th Winterthur</u> City: <u>The Villages</u> ST: <u>FL</u> Zip: <u>32162</u> | |
| | <input type="checkbox"/> Mortgagor <input type="checkbox"/> Additional Interest <input type="checkbox"/> Trust | Name: _____ Address: _____ City: _____ ST: _____ Zip: _____ | |

ADDITIONAL REQUIREMENTS / ATTACHMENTS

| | | | | |
|-------------------------------------|--------------------------------------|--|---|---|
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Photographs | <input type="checkbox"/> Protection Class 9/10 Questionnaire | <input type="checkbox"/> Woodstove Questionnaire/Photos (2) | <input type="checkbox"/> Replacement Cost Estimator |
|-------------------------------------|--------------------------------------|--|---|---|

NOTICES, FRAUD WARNINGS AND ATTESTATION

PRIVACY POLICY:

I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE:

This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties. (Not applicable to Nebraska, Oregon or Vermont applicants).

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 such person to criminal and civil penalties.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

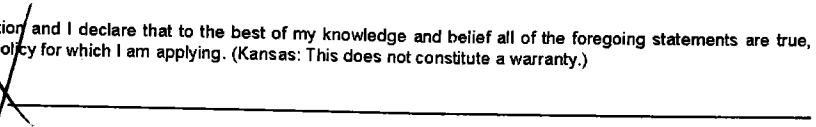
FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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NEW YORK OTHER THAN AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other 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 shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

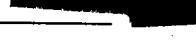
APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

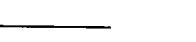
APPLICANT'S SIGNATURE: 

DATE: 

CO-APPLICANT'S SIGNATURE: 

DATE: 

PRODUCER'S SIGNATURE: 

DATE: 

AGENT NAME: 

AGENT LICENSE NUMBER: 

(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: 

(Applicable in Iowa Only)

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