



**BERGER, FISCHOFF
& SHUMER, LLP**

ATTORNEYS AND COUNSELORS AT LAW

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1517 VOORHIES AVENUE, 2ND FLOOR
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REPLY TO: [] SYOSSET OFFICE
[X] BROOKLYN OFFICE

HEATH S. BERGER
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BRIAN P. SCHECTER
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OF COUNSEL:
STEFANI GOLDIN
LAWRENCE KATZ
ANDREW M. LAMKIN
BRIAN NOVAK

ALSO ADMITTED IN NEW JERSEY**

To Whom It May Concern:

Please find our Lender Settlement Approval package attached to this correspondence. I am the team lead and a partner at Berger, Fischhoff & Shumer, LLP. I have been practicing law since 1996 and have been working in the practice area of real estate and lender settlement since 1992 as a title closer and since 1996 as a practicing attorney. My team includes 4 paralegals, all with many years of experience including Jacqueline Rodriguez (over 10 years in the business as both a mortgage loan processor and real estate paralegal), Fay Riggi (over 10 years as a paralegal, transfer agent, and closing manager for JP Morgan Chase handling over 250 closings per month), and Tara Zipprich (over 7 years as a real estate paralegal).

We are approved settlement agent for the following lenders (not an exhaustive list):

Bank of America
Loan Depot
FM Mortgage
Santander Bank
Sterling National Mortgage (commercial division)
HAB Bank (commercial)
Wells Fargo Home Mortgage
Cross Country Mortgage
NBKC
American Mortgage Bankers
Guardhill

Please let me know if you need any additional information. My team and I look forward to working with you.

Thank you.

Very truly yours,
Peter J. Goodman
Peter J. Goodman, Esq.



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WIRING INSTRUCTIONS

Account No.: 816116961

ABA Routing No.: 021000021

Account Name: Berger, Fischoff & Shumer, LLP

Attorney Special Account - IOLA

6901 Jericho Turnpike, Suite 230

Syosset, New York 11791

516 747-1136

Bank Name: Chase

42 West Main Street

Smithtown, New York 11787

Peter J. Goodman, Esq.

Peter J. Goodman, Esq., has been a practicing attorney since 1996. His practice areas are in real estate law, religious corporation law, and small business transactions with an emphasis on purchases, sales, and lender settlement, litigation, foreclosure prevention and loss mitigation.

Education: Hofstra School of Law
The George Washington University

Licenses: Juris Doctorate



Memberships/Affiliations: Long Island Housing Crisis Task Force; Long Island Housing Partnership (formerly served on Strategic Planning Committee); New York State Coalition For Excellence in Homeownership Education; New York State Bar Association; Nassau County Bar Association; Brooklyn Bar Association; United States District Court-Eastern District of New York; Former Treasurer for the Town of Hempstead Democratic Committee.

Speaking Engagements and Articles: Mr. Goodman was a regular presenter of the closings portion of the Community Development Corporation of Long Island (CDCLI) and Nassau County Homeownership Center's HUD certified training program helping first-time homeowners obtain the dream of homeownership. Mr. Goodman's most recent speaking engagements on foreclosure prevention, homeownership, and/or shortsales include: The Center for New York City Neighborhoods; Charles Rutenbeg Realty, and The Neighborhood Housing Services of Northern Queens. Additionally, Mr. Goodman authored the cover article for the October, 2008 Nassau Lawyer entitled "Keeping up with the Latest Reforms in Foreclosure Litigation" and the September, 2009 Suffolk Lawyer article entitled "Protecting Tenant's Rights at Foreclosure." Mr. Goodman has been quoted in the New York Times, The Wall Street Journal, the Long Island Business News, and New York Newsday.

Practice Areas/Areas of Expertise: Real Estate and Small Business Transactions; Religious and Not for Profit Corporation transactions; and Litigation (personal injury, general).

Honors and Awards: Peter Goodman was awarded a citation from the Nassau County Office of the Executive, a Certificate of Appreciation for outstanding and dedicated service to Peace Valley Haven, and a certificate from the Community Mayor's of New York State that recognizes Mr. Goodman as a Mayor Member Representative for the area of Garden City.

Contact Info:

Berger, Fischhoff, & Shumer, LLP

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Syosset, New York 11791
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Fax No: (516) 740-0887

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Brooklyn, New York 11235
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Email: pgoodman@bfsllawfirm.com



**Appellate Division of the Supreme Court
of the State of New York
Second Judicial Department**

I, **Aprilanne Agostino**, Clerk of the Appellate Division of the Supreme Court of the State of New York, Second Judicial Department, do hereby certify that **Peter Jason Goodman** was duly licensed and admitted to practice as an Attorney and Counselor-at-Law in all the courts of the State, according to the laws of the State and the court rules and orders, on the **31st** day of **January 1996**, has duly taken and subscribed the oath of office prescribed by law, has been enrolled in the Roll of Attorneys and Counselors-at-Law on file in my office, has duly registered with the administrative office of the courts, and according to the records of this court is in good standing as an Attorney and Counselor-at-Law.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Appellate Division on **March 30, 2017**.



Aprilanne Agostino

Clerk of the Court



DECLARATIONS

THIS IS A CLAIMS-MADE POLICY. PLEASE READ THE POLICY CAREFULLY.

LAWYERS PROFESSIONAL LIABILITY POLICY

Notice: This professional liability coverage is provided on a claims-made basis; therefore, this policy provides no coverage for claims arising out of incidents, occurrences or alleged wrongful acts which took place prior to the retroactive date stated in the policy. This policy covers only claims actually made or incidents reported against you while the policy remains in effect. All coverage under this policy ceases upon termination of this policy, except for the automatic extended reporting period of 60 days or an extended reporting period of 12, 24, 36, 60, 84 months or unlimited time that you may choose to purchase. Unless the extended reporting period coverage is for an unlimited time period, potential coverage gaps may arise upon expiration of the extended reporting period. During the first several years of the claims-made relationship, claims-made rates are comparatively lower than occurrence rates. You can expect substantial annual premium increases, independent of overall rate level increases, until the claims-made relationship reaches maturity.

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Policy Number	Coverage is provided by:	Agency	Agency Code
LHY 9688237 04	HANOVER INSURANCE COMPANY 440 LINCOLN STREET WORCESTER, MA 01653	CBS COVERAGE GROUP INC	8606836

Issue Date: 09/16/2016
Change Description: Renewal

Item 1. Named Insured and Address:

BERGER, FISCHOFF & SHUMER, LLP
6901 JERICO TURNPIKE
STE 230
SYOSSET, NY 11791

Item 2. Policy Period:

Inception Date: 09/18/2016
Expiration Date: 09/18/2017
Endorsement Effective Date:
12:01 A.M. Standard Time at the address of the **named insured** as stated herein.

Item 3. LIMIT OF LIABILITY:

- a. \$2,000,000 for each **claim**; not to exceed
- b. \$2,000,000 for all **claims** in the Aggregate
- c. **Claims Expenses Inside the Limits or**
 Claims Expenses Outside the Limits

Item 4. DEDUCTIBLE: \$20,000 each claim N/A Aggregate

Item 5. RETROACTIVE DATE: 09/18/2002

Item 6. PREMIUM FOR THE POLICY PERIOD:
Policy Coverage Premium: \$19,139.00
Revised Annual Premium: N/A
Additional/Return Premium: N/A
Total Amount: \$19,139.00

Item 8. Forms attached at Issue:

401-1268	(08-12)	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders
913-0001NY	(03-13)	Lawyers Professional Liability Insurance Policy
913-0034NY	(07-10)	New York Claim Expenses in Addition to Policy Limits Endorsement
913-0048NY	(03-14)	First Dollar Defense with No Sublimit Endorsement (New York)
913-0053	(07-10)	Modified Retroactive Date Endorsement
913-0058	(07-10)	Retirement Extended Reporting Period Endorsement
913-0091	(03-11)	Claim Reporting Guidelines
913-0095NY	(07-10)	New York "ERP Policy Holder Notice
SIG-1100	(08-14)	Signature Page

Item 9. Forms attached by Endorsement:

Item 10. Producer Name and Address:

CBS COVERAGE GROUP INC
111 EXPRESS STREET PLAINVIEW NY 11803

**INFORMATION REGARDING THE
OPTIONAL EXTENDED REPORTING PERIOD ENDORSEMENT**

The enclosed policy provides coverage for claims reported to the company after the retroactive date, during the **policy period** and any subsequent renewal of this **policy** or any **extended reporting period**. Except for the **extended reporting period**, there is no coverage for **claims** reported after **termination of coverage**.

Subject to the policy's terms and conditions, your firm and/or each of the individual firm members may purchase an Extended Reporting Period Endorsement, also known as "tail coverage," that will extend the time for reporting **claims** arising out of professional services rendered while the policy was still in effect although the policy may have been cancelled or non-renewed, or when a firm member leaves the firm or the practice of law. An unlimited **extended reporting period** avoids any coverage gaps that may otherwise occur.

In the event this **policy** is terminated on the next anniversary date, the premium charged for this endorsement is expressed as a percentage of **your policy's** annual premium.

Extended Reporting Period	Factor
12 Months	.900
24 Months	1.500
36 Months	1.750
60 Months	2.000
84 Months	2.500
Unlimited	3.000

Please contact your agent or customer service representative with any questions.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: CBS Coverage, a division of Assured SKCG Inc, 111 Express Street, Plainview, NY 11803. CONTACT NAME: INSURER(S) AFFORDING COVERAGE: INSURER A: Hanover Insurance Company (22292), INSURER B: Travelers Insurance Group (25674).

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with 7 columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability (Prof. Liab), Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Crime.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Evidence of Coverage. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

**Travelers Casualty and Surety Company of America
Hartford, Connecticut**
(A Stock Insurance Company, herein called the Company)

<p>ITEM 1</p>	<p>NAMED INSURED:</p> <p>BERGER, FISCHOFF & SHUMER, LLP</p> <p>D/B/A:</p> <p>Principal Address: 6901 JERICHO TURNPIKE SUITE 230 SYOSSET, NY 11791</p>
<p>ITEM 2</p>	<p>POLICY PERIOD:</p> <p>Inception Date: May 2, 2017 Expiration Date: May 2, 2018 12:01 A.M. standard time both dates at the Principal Address stated in ITEM 1.</p>
<p>ITEM 3</p>	<p>ALL NOTICES OF CLAIM OR LOSS MUST BE SENT TO THE COMPANY BY EMAIL, FACSIMILE, OR MAIL AS SET FORTH BELOW:</p> <p>Email: BSIclaims@travelers.com Fax: (888) 460-6622</p> <p>Mail: Travelers Bond & Specialty Insurance Claim 385 Washington St. – Mail Code 9275-NB03F St Paul, MN 55102</p>
<p>ITEM 4</p>	<p>COVERAGE INCLUDED AS OF THE INCEPTION DATE IN ITEM 2:</p> <p>Crime</p>

ITEM 5	CRIME		
	Insuring Agreement	Single Loss Limit of Insurance	Single Loss Retention
A. Fidelity			
1. Employee Theft	\$1,200,000	\$25,000	
2. ERISA Fidelity	\$1,200,000	\$0	
3. Employee Theft of Client Property	Not Covered		
B. Forgery or Alteration			
	\$1,000,000	\$25,000	
C. On Premises			
	\$1,000,000	\$25,000	
D. In Transit			
	\$1,000,000	\$25,000	
E. Money Orders and Counterfeit Money			
	\$1,000,000	\$25,000	
F. Computer Crime			
1. Computer Fraud	\$1,000,000	\$25,000	
2. Computer Program and Electronic Data Restoration Expense	\$100,000	\$5,000	
G. Funds Transfer Fraud			
	\$1,000,000	\$25,000	
H. Personal Accounts Protection			
1. Personal Accounts Forgery or Alteration	\$100,000	\$5,000	
2. Identity Fraud Expense Reimbursement	Not Covered		
I. Claim Expense			
	\$5,000	\$0	

<p>ITEM 5. (Cont'd)</p>	<p>If “<i>Not Covered</i>” is inserted above opposite any specified Insuring Agreement, or if no amount is included in the Limit of Insurance, such Insuring Agreement and any other reference thereto is deemed to be deleted from this Crime Policy.</p> <p>Policy Aggregate Limit of Insurance: <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is applicable, then the Policy Aggregate Limit of Insurance for each Policy Period for Insuring Agreements A through H, inclusive, is: Not Applicable</p> <p>If a Policy Aggregate Limit of Insurance is not included, then this Crime Policy is not subject to a Policy Aggregate Limit of Insurance as set forth in Section V. CONDITIONS B. PROVISIONS AFFECTING LOSS ADJUSTMENT AND SETTLEMENT 1. <u>Limit of Insurance</u> a. <u>Policy Aggregate Limit of Insurance</u>.</p> <p>Cancellation of Prior Insurance: By acceptance of this Crime Policy, the Insured gives the Company notice canceling prior policies or bonds issued by the Company that are designated by policy or bond numbers Not Applicable, such cancellation to be effective at the time this Crime Policy becomes effective.</p> <p>INSURED’S PREMISES COVERED:</p> <p>All Premises of the Insured in the United States of America, its territories and possessions, Canada, or any other country throughout the world, except: Not Applicable</p>
<p>ITEM 6</p>	<p>PREMIUM FOR THE POLICY PERIOD:</p> <p>\$2,356.00 Policy Premium</p> <p>N/A Annual Installment Premium</p>
<p>ITEM 7</p>	<p>FORMS AND ENDORSEMENTS ATTACHED AT ISSUANCE: ACF-7006-0511; CRI-3001-0109; CRI-7064-0109; CRI-19060-0713; CRI-19072-0315; CRI-19076-0116; CRI-19085-0516; CRI-7013-0109; CRI-7019-0109; CRI-7025-0109; CRI-5033-0613</p>

THE DECLARATIONS, THE APPLICATION, THE CRIME TERMS AND CONDITIONS, ANY PURCHASED INSURING AGREEMENTS, AND ANY ENDORSEMENTS ATTACHED THERETO, CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE COMPANY AND THE NAMED INSURED.

Countersigned By

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its authorized officers.



Executive Vice President



Corporate Secretary