

THIS RENEWAL IS FOR YOUR CONVENIENCE

FIDELITY BOND — NAME SCHEDULE FORM

Bond No. 31 0170 10199 82 9

657035

UNITED STATES FIDELITY AND GUARANTY COMPANY
BALTIMORE, MARYLAND

(Herein called Underwriter)

DECLARATIONS

Item 1. Name of Insured (herein called Insured): Lake County Plan Commission

Principal Address: 2293 N. Main Street, Crown Point, IN
(NO.) (STREET) (CITY) (STATE)

Item 2. Schedule of Employees and Limit of Liability:

Each of the persons named in the following Schedule, or added thereto as hereinafter provided, is herein called Employee and the liability of the Underwriter hereunder shall not exceed the amount of indemnity stated opposite the name of such Employee in said Schedule or for which added thereto.

No.	Name and Position	Location	Amount of Indemnity	Premium
1	Joan Wood-Office Manager	Crown Point, IN	\$1,000.00	3.50
2	Ann Versal-Secretary	Crown Point, IN	\$1,000.00	3.50
3	Gayle Lester-Secretary	Crown Point, IN	\$1,000.00	3.50
4	Mary Ellen Keil-Secretary	Crown Point, IN	\$1,000.00	3.50
5	Lonnie Carter-Secretary	Crown Point, IN	\$1,000.00	3.50
6	Rose Gervais-Secretary	Crown Point, IN	\$1,000.00	3.50
7	Joann Procopi-Secretary	Crown Point, IN	\$1,000.00	3.50
8	Lynette Davis-Secretary	Crown Point, IN	\$1,000.00	3.50

BOARD OF COMMISSIONERS OF THE COUNTY OF LAKE

WILLIAM BIELSKI JR
RECORDER
JAN 21 2 01 PM '82
STATE OF INDIANA
LAKE COUNTY
CLERK OF SUPERIOR COURT

This Schedule of Employees and Limit of Liability continued on last page of this bond (Use separate Schedule if necessary)

Item 3. Bond Period: from noon on January 12, 1982 subject, however, to Section 1.
(MONTH, DAY, YEAR)

Item 4. The liability of the Underwriter is subject to the terms of the following riders attached: DENIED
DATE: 1/18/82

Item 5. The Insured by the acceptance of this bond gives notice to the Underwriter terminating or canceling prior bond(s) or policy(ies) No.(s) 31 0170 474 77 such termination or cancellation to be effective as of the time this bond becomes effective.

THE JOHNSTON INSURANCE AGENCY INC
114 N MAIN ST PO BOX 277
CROWN POINT INDIANA 46307
PHONE 663 0314

YOUR AGENT

William Gagg
PRESIDENT

Countersigned by *Timothy P. Johnston* Authorized Representative