LAKE COUNTY FILED F

MERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 092625 LICENSE OR PERMIT BOND

KNOW ALL MEN BY THESE PRESENTS, That we Trim-A-Seal of Indiana, Inc., & Howard Weiss
as Principal, and the AMERICAN STATES INSURANCE COMPANY, with its principal office at
Indianapolis, Indiana, as Surety, are held firmly bound unto All Cities, Towns and
Municipalities in Lake County, State of Indiana, hereinafter called Obligee, in
the penal sum of _Five Thousand and no/100 Dollars
(\$ 5,000.00)
bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally,
firmly by these presents. NOT OFFICIAL!
Signed and sealed this is 29th under of the property of , 19 90 =
WHEREAS, the said Obligee has granted or is about to grant to the said Principal a License or
Permit to engage in the business of Door and Window Installer
NOW THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly
arising by reason of the failure to comply with the laws, ordinances, resolutions, rules, and regulations
governing said business, then this obligation shall be word, otherwise to be and remain in full force and
effect.
PROVIDED, HOWEVER, that the Surety shall have the right to terminate its liability hereunder
by serving written notice upon the Obligee thirty (80) days in advance of its intention to do so.
Term of Bond: March 29, 19 90 to March 29, ,19 91.
TRIM-A-SEAL OF INDIANA, INC., HOWARD WEISS
Principal



AMERICAN STATES INSURANCE COMPANY

By Thomas A. Pampalone

Autorney-in-Fact

5.50

2.....

American States Insurance Company Indianapolis, Indiana

KNOW ALL MEN BY laws of the State of India	Y THESE PRESENTS, that and having its principal o	American States Insu office in the City of Indi	rance Company, a ianapolis, Indiana,	a Corporation hath made	on duly orga , constitute	anized and d and appoi	existing under inted, and doe	r the s by
these presents make, co	onstitute and appoint		M.	J. PAME	PALONE,	SR.,	M. J.	
	. ELAINE GIOLAS							
THE PERSONAL PORCE	, EDATED GIOLES			<u>'</u>				
		(Jointly or	Severally)					
of Merril	Llville ey(s)-in-Fact, with full power	and S	State of	Indiar ame, place	na and stead,	to execute,	acknowledge	and
deliver any and all bond	s, recognizances, contracts	of indemnity and oth	er conditional or c	obligatory u	ndertaking	s, pı	covided,	
	the penal sum of							_
not exceed ONE	MILLION AND NO	100 C\$1,000 C	000.001SDOL	LARS				
Power of Attorney is exe Insurance Company, wh "The Chairman Secretary or an and Attorneys-in behalf of the Co	on thereby as fully and to the attested by its Sectetary, he cuted and may be revoked pich reads as follows: of the Board, the Presider by Assistant Secretary of the Fract as the business of the progration, any bonds, recognition, and states insured	pursuant to and by au or or any Vice Presid Corporation, to appro- e Corporation may re anizances, stipulation	thority granted by ent shall have por int Resident Vice- quite or to authori s and undertaking	Section 7:0 yer, by and Presidents, zelany one s. whether	I with the c Resident A of such pe	-Laws of the concurrence Assistant Sources to ex- rsons to ex- surety or of	e American Si e with the ecretaries ecute, on therwise"	lates
Assistant Secretary and	its corporate seal to be her	reto affixed this	4th da	y of		June		
A. D. 19 <u>86</u>	1		AMER	IICAN STA	TES INSUI	RANCE CO	MPANY	
(SEAL)	11/2/20		B	las	uam	7.0	elec	
ATTEST:	Assistant Secretary				Assistant	Vice-Presiden	t	
STATE OF INDIANA COUNTY OF MARION	SS:	WENTER'S	34.					
On this 4th	day of	o une		_, A. D., 1	9 86	., before m	e personally o	came
Alansor	T. Abel						to me known,	, who
being by me duly sworn, States Insurance Compa so affixed by authority	acknowledged the execution of the Board of Directors of	on of the above instruit said Corporation; that of said Corporation; of	ment and did depo the seal affixed to and that he signe	se and say the said ins d his name	t; that he is strument is: thereto u	a Vice-Pre such corpor inder like a	sident of Ame rate seal; that i authority. And	rican I was said
Alanson T. A	Abel further said aid Corporation; and that he	d that he is acquainted	with Dan W	. Guio		and k	nows him to b	e the
Massistant Secretary of a	Y COMMISSION EXPI	RES						
	February 5, 1939 My Commission Expires		<u> </u>	irain	Notary Publi	cade.		
STATE OF INDIANA COUNTY OF MARION	} ss:							
Dan W. C	Guio, the	Assistant Secretary o	AMERICAN STA	TES INSU	RANCE CO	MPANY, de	o hereby certif	y that
is still in full force and e This Certificate may INSURANCE COMPAN "All policies and president or a countersigned if shall be author?	is a true and correct copy of flect. / be signed and sealed by fix y which reads as follows: d other instruments of insurativice-president and the siby an authorized representated and binding upon the Come such policy or other instru	acsimile under and by ance issued by the Co ecretary or an assistative of the Corporation	y the authority of S proporation shall be tant secretary, when, may be facsiming ding the fact that a	Section 8.03 signed on nose signa les. Such s ny such offi	of the By- behalf of th tures, if th ignatures a cer shall ha	Laws of Ah ne Corporat e instrume and facsimil ave ceased	MERICAN STA tion by the int is duly les thereof to be such	
In witness whereof, i	I have hereunto set my hand	and affixed the seal of	said Corporation,	this2	9th	day of	March	
A. D., 19 <u>90</u>				.•	/'	•		
(SFAL)			/	j. 14.1	Z			

Form 9-1459 (8-80)

Assistant Secretary