

137168



Western Surety Company

LICENSE AND PERMIT BOND

For County, City, Town or Village Only - Not Valid for Bonds Required by the State. Not Valid for Contract, Performance, Maintenance, Subdivision, Agent to Sell Hunting and Fishing Licenses or Utility Guarantee Bond.

KNOW ALL MEN BY THESE PRESENTS:

BOND No. L & P. 42025791

That we, Repairs by Monley, Inc.
of the Village of Elk Grove, State of Illinois, as Principal,
and WESTERN SURETY COMPANY, a Corporation duly licensed to do business in the State
of Illinois, as Surety, are held and firmly bound unto the
City of Merrillville, State of Indiana, Obligee, in the amount
(Valid only when County, City, Town or Village is named as Obligee)
of Five Thousand and no/100s (\$ 5,000.00) DOLLARS,

lawful money of the United States, to be paid to the said Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed Carpenter

NOW THEREFORE, if the Principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments) pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 28th day of November, 1990, and ending on the 28th day of November, 1991, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the Obligee and to the Principal, in care of the Obligee or at such other address as the Surety deems reasonable, and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the Principal.

Dated this 28th day of November, 1990



Countersigned
By [Signature]
Resident Agent

[Signature]
Principal
WESTERN SURETY COMPANY
By [Signature]
President

ACKNOWLEDGMENT OF SURETY

STATE OF SOUTH DAKOTA }
County of Minnehaha } ss (Corporate Officer)
On this 28th day of November, 1990 before me, the undersigned officer, personally appeared Joe P. Kirby, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

J. RHONE
NOTARY PUBLIC
SOUTH DAKOTA
My Commission Expires 6-12-96

[Signature]
Notary Public, South Dakota
Western Surety Company
1-605-336-0850

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

STATE OF _____
County of _____ } ss

On this _____ day of _____, 19____, before me personally appeared

_____ known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he executed the same.

My commission expires

19____ Document is

Notary Public

NOT OFFICIAL!

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)
This Document is the property of
the Lake County Recorder!

STATE OF Indiana
County of Lake } ss

On this 4th day of December, 1990, before me,

personally appeared Eric W. Moninger, who acknowledged himself to be the
Sec. Treasurer of Monkey, Inc, a corporation,
and that he as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the same on behalf of the corporation by himself as such officer.

My commission expires

4-1

1993



Notary Public

Western Surety Company

License or Permit No. _____

LICENSE AND PERMIT
BOND

As

of _____

State of _____

Name of Applicant

Address

Filed _____, 19____

Approved this _____

day of _____, 19____

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
11/28/90

PRODUCER:

King-Forman Insurance Agency, Ltd.
1420 Renaissance Drive, Suite 211
Park Ridge, Illinois 60068

(708) 298-0100

INSURED:

Repairs by Monley, Inc.
P. O. Box 553
Elk Grove Village, Illinois 60007

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

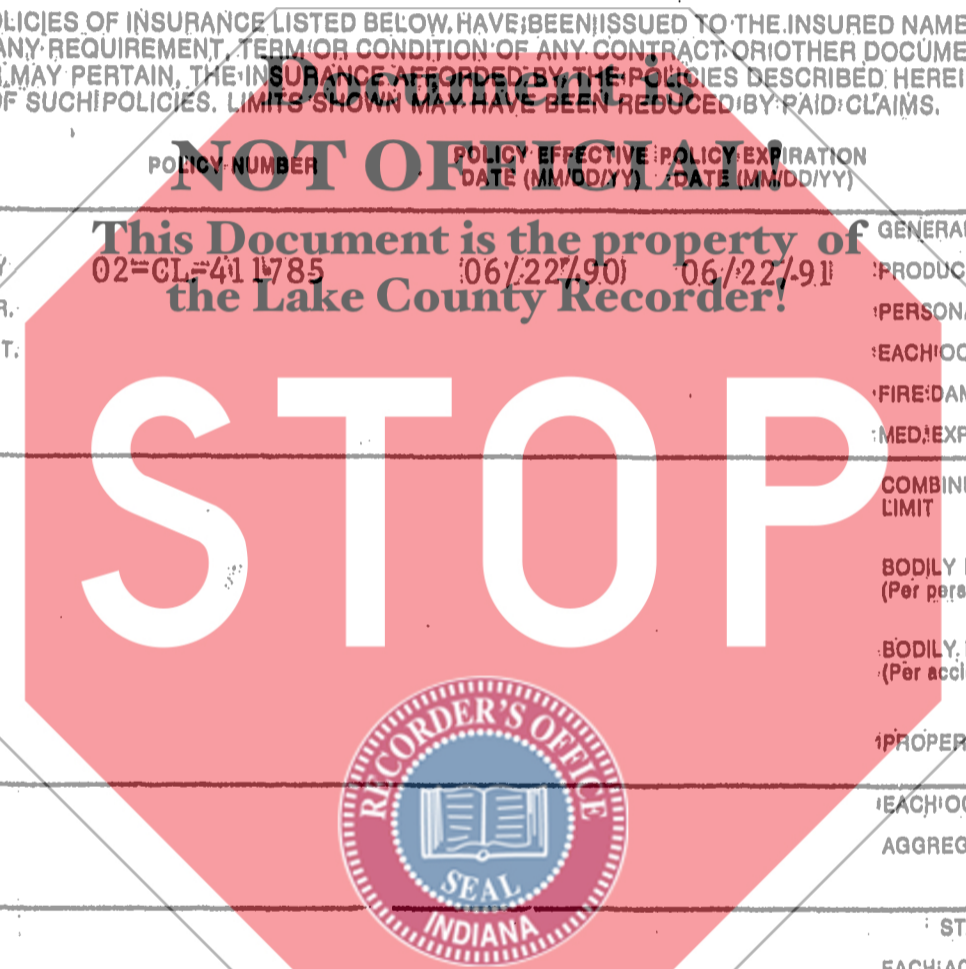
COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** American States Insurance Company
- COMPANY LETTER **B** Casualty Insurance Company
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

COVERAGES

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.

CO/LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.	02-CL-411785	06/22/90	06/22/91	GENERAL AGGREGATE \$ 1,000 PRODUCTS-COMP/OP/AGG. \$ 1,000 PERSONAL & ADV. INJURY \$ 1,000 EACH OCCURRENCE \$ 1,000 FIRE DAMAGE (Any one fire) \$ 50 MED. EXPENSE (Any one person) \$ 5
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC-90-023818	06/30/90	06/30/91	STATUTORY LIMITS EACH ACCIDENT \$ 100 DISEASE-POLICY LIMIT \$ 500 DISEASE-EACH EMPLOYEE \$ 100



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Certificate Holder shown below is named as an Additional Insured

CERTIFICATE HOLDER

The City of Merrillville, Indiana

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL Ten DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Robert A. Forman