94021163



9-1045

American States Insurance Company INDIANAPOLIS, INDIANA

COUNTY UNIFIED BOND

KNOW ALL MEN BY THESE PRESENTS.

| MAON ALL MEN DE TITLOLIVIO. | |
|---|------------|
| That GARRARD BUILDERS, INC. | |
| of <u>2649 Morningside Drive, Crown Point</u> , IN 46307 as Princip and AMERICAN STATES INSURANCE COMPANY duly authorized to transact surety business in the State of Indiana. | al as |
| Surety, are held and firmly bound unto ALL CITIES, TOWNS & MUNICIPALITIES IN LAKE COUNTY. Indian in the penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00) DOLLARS, lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assign jointly and severally, firmly by these presents. | na ne |
| Signed, sealed and dated this | |
| Chapter 88 of IC17-2 requires the Principal to file this bond and guarantees the compliance with the ordinance and regulations of the County or a city or town within | |
| NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH. That if the above bounden Principal sh on and after the | nst es, |
| PROVIDED the term of the bond is continuous. | |
| AND, PROVIDED, the Surety may cancel this bond at any time by giving thirty (30) days notice in writing mail to the Obligee. | S 1 A |
| PROVIDED FURTHER, regardless of the number of years this bond shall continue or be continued in force a of the number of premiums that shall be payable or paid, the Surety shall not be liable hereunder for a larger amount in the aggregate, than the amount of this bond. | |
| PROVIDED FURTHER, that this bond shall be not construed to provide indemnity as a result of the Principal's failute to perform the terms of a construction contract. | ıre |
| IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year above written. Scott Manager PRES | |
| Garrard Builders, Inc. Princip AMERICAN STATES INSURANCE COMPANY BY: Christine D. Beison Attorney-in-Fa | |
| Christine D. Beison Attorney-in-Fa | اد |

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689-760

WARNING



American States Insurance Company

INDIANAPOLIS, INDIANA

| | | EIDER OR CHRISTIN | NE D. DETOON |
|---|--|--|---|
| | | | A Proposition of the Control of the |
| Highland | and State of | | ndiana |
| true and lawful Attorney(s)-in-Fact, with ful | | | |
| iver any and all bonds, recognizances, contri | acts of indemnity and other conditiona | l or obligatory undertakings, | provided, nowever, |
| hat the penal sum of any WO HUNDRED FIFTY THOUSAN | D AND NO/100 (\$250,00 | 00.00) DOLLARS | |
| d to bind the Corporation thereby as fully and to diduly attested by its Secretary, hereby ratifying d may be revoked pursuant to and by authority "The Chairman, the President or any Vic or Assistant Vice-President) shall have po as the business of the Corporation may recognizances, stipulations and undertal | i and confirming all that the said Attorner granted by Section 7.07 of the By-Lawit se-President (including any Executive V wer, by and with the concurrence with a prequire and to authorize any such p | y(s)-in-Fact may do in the premis s of the American States insura fice-President, Senior Vice-Pre ny other officer of the Corporati erson, to execute, on behalf o | ses. This Power of Attorney is executed nce Company, which reads as follows sident, Second Vice-President on, to appoint Attorneys-in-fact |
| IN WITNESS WHEREOF, American States | | presents to be signed by its 5 | Second Vice-President, attested by it |
| sistant Vice-President and its corporate seal | to be hereto affixed this | day of No | venber |
| D. 19_92 | | CAN STATES INSURANCE CO | OMPANY |
| This Do | ment is the pro | operty of | 172 |
| TEST: Assistant Vice-Presider | Lake County Rec | Second Vic | e President |
| | Bake County Acce | oz der. | |
| ATE OF INDIANA | | | () () () () () () () () () () |
| OUNTY OF MARION SS | | | A Contract of the Contract of |
| 2545 | Navanhan | | 92 |
| On this day of | November | , A.D., 19 | 92, before me personally cam |
| | Joseph F. Heim | | |
| ing by me duly sworn, acknowledged the | execution of the above instrument | and did depose and say: the | , to me known, wh |
| al; that it was so affixed by authority of the Bo | pard of Directors of said Corporation; | and that he signed his name | thereto under like authority. And sai |
| oseph F. Heim sistant Vice-President of said Corporation; | er said that he is acquainted with_ | | and knows him to be th |
| sistant vice-i resident of said corporation | and that he executed the above in | 1 D | |
| DATE OF THE POST OF | ER, NOTARY PUBLIC | KANNINA) | marlen |
| MARION COUNTY | , STATE OF INDIANA | Notary | Public |
| MY COMMISSIO | N EXPIRES: 10/2/96 | | S. P. |
| ATE OF INDIANA | | | (ž (S 68 |
| OUNTY OF MARION SS | E M. SEAL SE | | 1. |
| I, John J. Rosich the above and foregoing is a true and correct | Assistant Vice-President of AMERI | ICAN STATES INSURANCE | COMPANY, do hereby certify the |
| still in force and effect. This Certificate may be signed and seale | ed by facsimile under and by the ar | | |
| SURANCE COMPANY which reads as foll "All policies and other instruments of insu- the president or any vice-president (includ- or Assistant Vice-President) and the secret | urance issued by the Corporation shing any Executive Vice-President, Si lary, assistant secretary, or other offic proporation, may be facsimilies. Sucl | enior Vice-President, Vice-Pr cer, whose signatures, if the h signatures and facsimiles shall have ceased to be suc | resident, Second Vice-President, instrument is duly countersigned thereof shall be authorized and |
| by an authorized representative of the Co binding upon the Corporation notwithstan or other instrument of insurance shall ha | ve been actually issued by the Cor | poration." | |
| by an authorized representative of the Cobinding upon the Corporation notwithstan | ve been actually issued by the Cor | poration." | |
| by an authorized representative of the Co binding upon the Corporation notwithstan or other instrument of insurance shall ha | ve been actually issued by the Cor | poration." | |

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK, WITH A RED DIAGONAL IMPRINT — AMERICAN STATES INSURANCE — PRESENT IN ITS ENTIRETY. IF YOU HAVE ANY QUESTIONS REGARDING THE VALIDITY OF THIS POWER OF ATTORNEY, CALL 317-262-6262 OR WRITE US AT P.O. BOX 1636, INDIANAPOLIS, IN 46206-1636.

Assistant Vice-President

9-1459 (2-92)