

## AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275

94022304

## **COUNTY UNIFIED BOND**

KNOW ALL ME	EN BY THESE PRESENTS:	<b>C</b> /1	
That	Tom Sansone & Jim Sansone DBA Sansone Home Improvement	<b>3</b> 2.	<b>5</b>
of	Portage, IN	LL.	as Principal
and AMERICAN	N STATES INSURANCE COMPANY duly authorized to transact surety business in the	State of	Indiana, as
n the penal sui	d and firmly bound unto <u>all cities, towns &amp; municipalities of Lake</u> of the Usand AND NO/100 (\$5,000.00) DOLLARS, lawful money of the Ush, well and truly to be made, we bind ourselves, our heirs, executors, administrators, suc	nited Sta	a for the
ointly and seve	erally, firmly by these presents.	<b>=</b>	7
Signed,	sealed and dated this	93;	
Chapter and regulations	88 of IC17-2 requires the Principal to file this bond and guarantees the compliance of the County or a city or town within Lake	with the	ordinances County.
on and after the	HEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bout 11th day of August 19 93, indemnify s	said Obli	gee against
ordinances, rule	expenses or damage to it caused by said Principal's non-compliance with or breach cases or regulations pertaining to such license or permit, then the above obligation shall ain in full force and effect.	of any lav	ws, statutes, d, otherwise
	ED the term of the bond is continuous.		
AND, PRo the Obligee.	OVIDED, the Surety may cancel this bond at any time by giving thirty (30) days not	ice in w	iting mailed
of the number of	ED FURTHER, regardless of the number of years this bond shall continue or be control premiums that shall be payable or paid, the Surety shall not be liable hereunder to the the amount of this bond.		
of claims that m	ED FURTHER, regardless of the number of licenses held by the Principal within the Couray be filed against this bond either under a single license or more than a single license penalty of this bond, the Surety shall not be liable hereunder for a larger amount, in his bond.	se, the to	tal of which
	ED FURTHER, that this bond shall be not construed to provide indemnity as a result of terms of a construction contract.	he Princ	ipal's failure
IN WITN	ESS WHEREOF, the parties hereto have set their hands and seals the day and year	r above	written.
	Thamas Flores	<u>e</u>	
	AMERICAN STATES INSURANCE	COMPA	WHHEIREN,

Richard L. Smith, President

Augrney in Fa

9-1045 (1-80)



## American States Insurance Company INDIANAPOLIS, INDIANA

KNOW ALL MEN BY THESE PRESENTS, that American States Insurance Company, a Corporation duly organized and existing under the laws of the State of Indiana, and having its principal office in the City of Indianapolis, Indiana, hath made, constituted and appointed, and does by these presents make, constitute and appoint

true and lawful Attorn	Hobart		and	State of	Indiana		
TINA BUR IRMINI VITOILI	ey(s)-in-Fact, wi	th full power an		by conferred in its nar	me, place and stead	to execute, acknowle	edge and
liver any and all bonds,	recognizances,	contracts of inde	mnity and other o	conditional or obligatory	undertakings, DX	ovided, howe	ver,
hat the penal IFTY THOUSAND							ceed
d to bind the Corporation							ornoratio
d duly attested by its Sec d may be revoked pursus "The Chairman, the or Assistant Vice-Pr as the business of recognizances, stip	retary, hereby ra ant to and by aut a President or a esident) shall ha the Corporation sulations and un	tifying and confirm hority granted by ny Vice-President tive power, by and n may require an dertakings, what	ning all that the sai Section 7.07 of the I (including any Ex- with the concurred to authorize and her by way of sur	id Attorney(s)-in-Fact ma e By-Laws of the Americ xecutive Vice-President, nce with any other office ny auch person to exec	ly do in the premises. It can States insurance Cook, Senior Vice-President of the Corporation, to the cook on behalf of the	his Power of Attorney is company, which reads a the Second Vice-Preside appoint Attorneya-in-fa Corporation, any bond	executer is follows ant act is,
sistant Vice-President a							nea by n
D. 19. 93 .	nd its corporate	See to be nere	G MILKOO UIIS		INSURANCE COMP		
J. 19			ile.	AMERICAN STATES	INSURANCE COMP.	NIV I	
	This	Docum	ent is t	ae propert	y of	•	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TEST:	Yun	- N- a		By //pa	14 4 2	Dem	16
	ssistant Vice-Pr	esident		- Acceptance	Second Vice-Pre	sident	13 Wa
			1.50		4.24	19 20	
ATE OF INDIANA	1 00						a lake
OUNTY OF MARION	300						
On this 10th	day of	- X	Time		AD 10 93	_, before me personi	the com
On this	day of	erings to Service	interior		, A.D., 1823_	- i paiote ma batsom	any cam
			Joseph F	Loim Sa		, to me kno	
nerican States Insuran al; that it was so affixed OSEPH F. Hein sistant Vice-President	by authority of	the Board of Dire	ectors of said Cor at he is acquaint	poration; and that he sign and with John	igned his name there	to under like authority.	And sai
MARGO L. THAYE	O NOTABY	BUELLA	STOPPING	an.	10/1	$\Omega L_{\bullet}$	(C)47
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NDRICKS COUNT	VEXPIRES:	12/3/96		101 L	Notary Pub	ic	RYP
NDRICKS COUNT MY COMMISSION		E		<b>₩</b> 3			
MY COMMISSION		No. of the second secon					17924
MY COMMISSION TATE OF INDIANA	<b>∖</b> ss		JEAL.	3		i i i i i i i i i i i i i i i i i i i	•(
MDRICKS COUNT MY COMMISSION TATE OF INDIANA DUNTY OF MARION	} ss		MDIANA		/	And the second s	NOIA
MY COMMISSION ATE OF INDIANA DUNTY OF MARION L John J	ss Rosich	the Assistant	Vice-President	of AMERICAN STATE	S INSURANCE COI	MPANY, do hereby c	POIAN Brtify the
MY COMMISSION  ATE OF INDIANA  DUNTY OF MARION  I, John John John John John John John John	SS Rosich is a true and co	, the Assistant	Vice-President o	of AMERICAN STATE	S INSURANCE COMERICAN STATES IN	MPANY, do hereby consuRANCE COMPAN	ertify the
MY COMMISSION  ATE OF INDIANA  DUNTY OF MARION  John J.  above and foregoing  still in force and effect	SS Rosich Is a true and co	rrect copy of a F	Power of Attorney	, executed by said AM	MERICAN STATES I	ISURANCE COMPAN	Y, whic
MY COMMISSION  ATE OF INDIANA  UNTY OF MARION  JOHN J.  above and foregoing  still in force and effect  This Certificate may  SURANCE COMPANY  "All policies and other the president or any way."	Rosich is a true and co t, be signed and which reads a or instruments cice-president (i	rrect copy of a F I sealed by facs as follows: of insurance issued in the control of the control	Power of Attorney imile under and ued by the Corpo ecutive Vice-Pre	y, executed by said AN by the authority of Se pration shall be signed sident, Senior Vice-Pre	MERICAN STATES IF  ection 8.03 of the By  d on behalf of the Co esident, Vice-Preside	-Laws of AMERICAN rporation by the Chai and, Second Vice-Pres	NY, which STATE rman, sident,
MY COMMISSION  ATE OF INDIANA  DUNTY OF MARION  I, John J.  above and foregoing still in force and effect This Certificate may SURANCE COMPANY "All policies and othe the president or any w or Assistant Vice-Pres van authorized rep	Rosich is a true and co t. be signed and which reads a r instruments o ice-president (li ident) and the s resentation notwit	I sealed by facs as follows: of insurance issunctioning any Exsertery, assist the Corporation, that and ing the first an	imile under and used by the Corpo ecutive Vice-Preant secretary, or may be facsimilact that any such	y, executed by said AN by the authority of Se pration shall be signed sident, Senior Vice-Pro other officer, whose si lies. Such signatures the officer shall have ce	MERICAN STATES IF ection 8.03 of the By I on behalf of the Co esident, Vice-Preside gnatures, if the instru- and facsimiles there	ISURANCE COMPANICAN  In the companication by the Chain second Vice-Presiment is duly counters to shall be authorized.	STATE rman, ident, igned d and
MY COMMISSION  ATE OF INDIANA  DUNTY OF MARION  I, John J.  above and foregoing still in force and effectoristill in force and effectoristill in force and effectoristill in certificate may burner of the president or any work or Assistant Vice-President or an authorized republinding upon the Color other instrument of the witness whereof,	Rosich is a true and co t. be signed and which reads a r instruments c ice-president (li ident) and the resentative of t poration notwit f insurance sho	I sealed by facs as follows: of insurance issued including any Exsecretary, assistant Corporation, that and in averbeen a label and have been as	Power of Attorney imile under and ued by the Corpo ecutive Vice-Pre ant secretary, or may be facsimi act that any such ctually issued by	y, executed by said AN by the authority of Se pration shall be signed sident, Senior Vice-Pro other officer, whose si lies. Such signatures the officer shall have ce	dection 8.03 of the By on behalf of the Co esident, Vice-Preside gnatures, if the instru- and facsimiles there eased to be such off	ISURANCE COMPANICAN  In the companication by the Chain second Vice-Presiment is duly counters to shall be authorized.	STATE rman, sident, signed d and policy
MY COMMISSION  ATE OF INDIANA  DUNTY OF MARION  I, John J  a above and foregoing  still in force and effect  This Certificate may  SURANCE COMPANY  "All policies and othe  the president or any v  or Assistant Vice-Pres  by an authorized rep  binding upon the Coo  or other instrument of	Rosich is a true and co t. be signed and which reads a r instruments c ice-president (li ident) and the resentative of t poration notwit f insurance sho	I sealed by facs as follows: of insurance issued including any Exsecretary, assistant Corporation, that and in averbeen a label and have been as	Power of Attorney imile under and ued by the Corpo ecutive Vice-Pre ant secretary, or may be facsimi act that any such ctually issued by	by the authority of Se pration shall be signed sident, Senior Vice-Pro other officer, whose si lies. Such signatures the officer shall have ce to the Corporation."	dection 8.03 of the By on behalf of the Co esident, Vice-Preside gnatures, if the instru- and facsimiles there eased to be such off	NSURANCE COMPANIEL - Laws of AMERICAN reportation by the Chains, second Vice-Presument is duly counters of shall be authorized at the time such	STATE rman, sident, signed d and policy

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.