

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275

94022910

COUNTY UNIFI	ED BOND	12 A			
KNOW ALL MEN BY THESE PRESENTS:			2		
That Michael Cowley, dba COWLEY'S SIDING			C	6 €	197
of 7511 Harrison, Hammond, IN 46324 and AMERICAN STATES INSURANCE COMPANY duly authorize	red to transact surety i	nusiness in	the State (as' Prin	ncipal
Surety, are held and firmly bound unto All Cities. Towns in the penal sum of FIVE THOUSAND AND NO/100 (\$5,000.00 payment of which, well and truly to be made, we bind ourselves, ou jointly and severally, firmly by these presents.	& Municipalitie D) DOLLARS, lawful m	es in Lal	ke Count be United S	, Inc	diana or the
Signed, sealed and dated this 24th 0 C day of C	March	, 1	9 <u>94</u> .		
Chapter 88 of IC17-2 requires the Principal to file this board regulations of the County or a city or town within	IAKE FION IS SUCH, That if 19 94 al's non-compliance w	the above indemnith or bread	bounden F ify said Ob ch of any la	rincipal ligee ag	shall gainst tutes,
PROVIDED the term of the bond is continuous.		1			
AND, PROVIDED, the Surety may cancel this bond at an to the Obligee.	y time by giving thirty	(30) days	notice in v	vriting m	nailed
PROVIDED FURTHER, regardless of the number of year of the number of premiums that shall be payable or paid, the S in the aggregate, than the amount of this bond.					
PROVIDED FURTHER, regardless of the number of license of claims that may be filed against this bond either under a single may exceed the penalty of this bond, the Surety shall not be liab the amount of this bond.	e license or more than	a single li	cense, the	total of	which
PROVIDED FURTHER, that this bond shall be not construe to perform the terms of a construction contract.	ed to provide indemnit	y as a result	t of the Prin	ncipal's t	lailure
IN WITNESS WHEREOF, the parties hereto have set the	ir hands and seals th	e day and	year abov	e writte	n.
Micha BY:	Ciclail College de Couley, dba Co AMERICAN STATES		CE COMP	dei	<u></u>
9-1045	itricia J. Schnei	lder	Atto	rney-in-	Fact



American States Insurance Company

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, ---- THOMAS D. LUNDEBERG, PATRICIA J. SCHNEIDER OR CHRISTINE D. VELASOUEZ Highland Indiana and State of its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, contracts of indemnity and other conditional or obligatory undertakings, provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed TWO HUNDRED FIFTY THOUSAND AND NO/100 (\$250,000,00) DOLLARS ----and to bind the Corporation thereby as fully and to the same extent as if such bonds were signed by the President, sealed with the common seal of the Corporation and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. This Power of Attorney is executed and may be revoked pursuant to and by authority granted by Section 7.07 of the By-Laws of the American States Insurance Company, which reads as follows:
"The Chairman, the President or any Vice-President (including any Executive Vice-President, Senior Vice-President, Second Vice-President or Assistant Vice-President) shall have power, by and with the concurrence with any other officer of the Corporation, to appoint Attorneys-in-fact as the business of the Corporation may require and to authorize any such person to execute, on behalf of the Corporation, any bonds, recognizances, stipulations and undertakings, whether by way of surety or otherwise. IN WITNESS WHEREOF, American States Insurance Company has caused these presents to be signed by its Second Vice-President, attested by its Assistant Vice-President and its corporate seal to be hereto affixed this 23rd day of February A.D. 19 94 **AMERICAN STATES INSURANCE COMPANY** Assistant Vice-President STATE OF INDIANA COUNTY OF MARION **23rd** February before me personally came Joseph F. Heim being by me duly sworn, acknowledged the execution of the above instrument and did depose and say; that he is a Second Vice-President of American States Insurance Company; that he knows the seal of said Corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of the Board of Directors of said Corporation; and that he signed his name thereto under like authority. And said Joseph F. Heim John J. Rosich further said that he is acquainted with Assistant Vice-President of said Corporation; and that he executed the above instrument. DIAMA K. CALLAHAN, HOTARY PUBLIC TIPTON COUNTY, STATE OF INDIANA Notary Public MY COMMISSION EXPIRED: 12 23/95 STATE OF INDIANA SS COUNTY OF MARION I, John J. Rosich the Assistant Vice-President of AMERICAN STATES INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which John J. Rosich is still in force and effect This Certificate may be signed and sealed by facsimile under and by the authority of Section 8.03 of the By-Laws of AMERICAN STATES INSURANCE COMPANY which reads as follows: "All policies and other instruments of insurance issued by the Corporation shall be signed on behalf of the Corporation by the Chairman the president or any vice-president (including any Executive Vice-President, Senior Vice-President, Vice-President, Second Vice-President or Assistant Vice-President) and the secretary, assistant secretary, or other officer, whose signatures, if the instrument is duly countersigned by an authorized representative of the Corporation, may be facsimilies. Such signatures and facsimiles thereof shall be authorized and binding upon the Corporation notwithstanding the fact that any such officer shall have ceased to be such officer at the time such policy or other instrument of insurance shall have been actually issued by the Corporation. In witness whereof, I have hereunto set my hand and affixed the seal of said Corporation, this

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