TAMERICAN STATES INSURANCE A MATERIAL CORPORATION

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275

94025701

9-1045

COUNTY UNIFIED BOND

KNOW ALL MEN BY THESE PRESENTS:

That Phillip Harvey DBA Harvey and Sons
of
Surety, are held and firmly bound unto <u>All Cities</u> , <u>Towns</u> , <u>and Municipalities of Lake County</u> Indiana 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 assigns, jointly and severally, firmly by these presents.
Signed, sealed and dated this
Chapter 88 of IC17-2 requires the Principal to file this bond and guarantees the compliance with the ordinances and regulations of the County or a city or town within Lake County County.
NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal shall on and after the
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 mailed to the Obligee.
PROVIDED FURTHER, regardless of the number of years this bond shall continue or be communed invorce and 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, regardless of the number of licenses held by the Principal within the County and the number of claims that may be filed against this bond either under a single license or more than a single license, the total of which may exceed the penalty of this bond, 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 failure to perform the terms of a construction contract.
IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year above written.
Phillip Harvey Phillip Harvey AMERICAN STATES INSURANCE COMPANY
BY: Batha m Schnakethsii
Bertha M. Schnabel Attorney-in-Fact



American States Insurance Company

INDIANAPOLIS, INDIANA

	SMITH,	G. MICHAEL	WINSLOW, E	BERTHA M.	SCHNABEL OF	ARIHUR A.	ERDELAC -
1	Hobar	rt.		State of	India	ına	
s true and lawful Ati					is name, place and	stead, to execute,	acknowledge and
eliver any and all bon hat the pen	al sum c	of any one s	uch instru	ment exec	gatory undertakings, ruted hereum	_provided, der shall i	however, not exceed
FIFTY THOUSA							
or Assistant Vice	Secretary, here irsuant to and to i, the Presiden e-President) sh a of the Corpo	by ratifying and confir	ming all that the say Section 7.07 of that (including any E: d with the concurre and to authorize an	id Attorney(s)-In-F e By-Laws of the xecutive Vice-Pre nce with any othe nv such person to	act may do in the prer American States Insu sident, Senior Vice-P r officer of the Corpor o execute, on behalf	nises. This Power of rance Company, wh resident, Second Vi ation, to appoint Atto	Attorney is executed ich reads as follows ce-President rneys-in-fact
		can States Insurance					dent, attested by its
ssistant Vice-Presider .D. 19 93	nt and its corp	porate seal to be here	eto affixed this	10th day of		June	
.TTEST:	de	nis Dolun	nent is th		ATES INSURANCE	2)	
11631.	Assistant V	ice-President	Count y	Pleede	Second	Ce-President	CO MIC
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TATE OF INDIANA) 00						(\$(S ea
OUNTY OF MARIO	N SS						
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On this 10 t	h day	of	June		, A.D., 19	93_, before m	e personally came
			Joseph F	. Heim			o ma knowa who
eing by me duly swi	orn, acknowle	edged the execution			depose and say: t	hat he is a Second	o me known, who I Vice-President o
merican States Insu	rance Compa	any: that he knows t	he seal of said C	orporation: that	the seal affixed to t	he said instrument	is such corporate
eal; that it was so affi		· ·			it he signed his nam	e thereto under like	authority. And said
Joseph F. He		further said th	at he is acquaint	14 14 15 11	ohn J. Rosi	and kr	lows him to be the
	ent of said C	orporation; and that	he executed the	above instrum	ent.	/	
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ssistant Vice-Presid MARGO L. THA ENDRICKS COU	NTY, STAT	E OF INDIANA		102	Note	ily Fublic	AY P
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MARGO L. THA ENDRICKS COU MY COMMISSI STATE OF INDIANA COUNTY OF MARIO	NTY, STATION EXPIR	Ch , the Assistan	MOIANA t Vice-President	of AMERICAN S	STATES INSURANCE	CE COMPANY, do	hereby certify the
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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.