

## American States Insurance Company INDIANAPOLIS, INDIANA

94027759 COUNTY UNIFIED BOND 01-EX-910155-10

KNOW ALL MEN BY THESE PRESENTS:

MION ALL WILL BY THESE THESE AND	<b>.</b>
That Brown and Sons Aspha	lt Contractors, Inc.
of _P. O. Box 288, 10607 Baker and AMERICAN STATES INSURANCE C	P1., Crown Point, IN: 46307 as Principal COMPANY duly authorized to transact surety business in the State of Indiana, as
in the penal sum of FIVE THOUSAND A	all cities, towns and municipalities in Lake County, Indiana ND NO/100 (\$5,000.00) DOLLARS, lawful money of the Third States, for the le, we bind ourselves, our heirs, executors, administrators, successors and assigned sents.
Signed, sealed and dated this	20 046
and regulations of the County or a city	Principal to file this bond and guarantees the compliance with the ordinances contown within Lake County.  TION OF THIS OBLIGATION IS SUCH, That if the above bounder Principal shall
on and after the13th _day of all loss, costs, expenses or damage to it	ng to such license or permit, then the above obligation shall be void, otherwise
PROVIDED the term of the bond	is continuous.
AND, PROVIDED, the Surety may to the Obligee.	cancel this bond at any time by giving thirty (30) days notice in writing mailed
	s of the number of years this bond shall continue or be continued in force and payable or paid, the Surety shall not be liable hereunder for a larger amount; is bond.
of claims that may be filed against this bo	of the number of licenses held by the Principal within the County and the number and either under a single license or more than a single license, the total of which Surety shall not be liable hereunder for a larger amount, in the aggregate, than
PROVIDED FURTHER, that this bo	and shall be not construed to provide indemnity as a result of the Principal's failure contract.
IN WITNESS WHEREOF, the part	ies hereto have set their hands and seals the day and year above written.
	Principal
	AMERICAN STATES INSURANCE COMPANY
	BY: Whi C. But
<b>9-1045</b> (1-8.)	John C. Barber Attorney-in-Fact
\ · = -1'	1.7 N.J.B.R.



## 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, ---- GORDON\*W: JOHN C. BARBER, G. MICHAEL WINSLOW OR MARK A. BATES-----Crown Point 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 ONE HUNDRED THOUSAND AND NO/100 (\$100,000.00) 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 29th day of September Assistant: Vice-President and its corporate seal to be hereto affixed this AMERICAN STATES INSURANCE COMPANY STATE OF INDIANA COUNTY OF MARION 93, before me personally came day of Joseph F. Heim: , to me known; who 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 Joseph F. Heimt further said that he is acquainted with Joseph Assistant Vice President of said Corporation; and that he executed the above instrument and knows him to be the IRITA BROWN, Notary Public My Commission Expires: 12:4/96 Resident of Marion County STATE OF INDIANA COUNTY OF MARION 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 Rower of Attorney, executed by said AMERICAN STATES INSURANCE COMPANY, which 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 countereigned. 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 A.D., 19 94

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

Assistant Vice-President