

Bond Safeguard

INSURANCE COMPANY

246 East Janata Boulevard, Lombard, Illinois 60148 (708) 495-9380

Check Box If Previously Faxed

94030759 MISCELLANEOUS SURETY BOND — SIMPLE ISSUE

Name of Applicant Michael J. Dunn Taxpayer I.D. or S.S. # 331-54-9413

Address of Applicant 1805 - 221st Street Street and Number

Sauk Village, IL. 60411-5015 Cook City State Zip Code County Telephone (708) 758-6323

Individual Sole Proprietorship Partnership Corporation

Occupation or business activity Carpenter contractor

Year business started new Has Applicant ever been bankrupt? no

If Applicant is a Partnership or Corporation, list Partners or Owners.

NAME COMPLETE RESIDENCE ADDRESS & TELEPHONE #

If Applicant is an individual, complete:

Employer's Name Dunn & Associates Telephone (708) 758-6323

Employer's Address 1805-221st Street Sauk Village, IL. 60411-5015

TYPE OF BOND License/Permit Bond COMPLETE SECTION ON REVERSE.

AMOUNT OF BOND \$5,000 EFFECTIVE DATE 04-22-94

OBLIGEE NAME & ADDRESS All Cities & Towns of Lake County, Indiana

AGENT'S RECOMMENDATION

How long have you known the applicant? 5 years

Tell us what you know and think of this applicant:



The undersigned applicant indemnitor(s) hereby request the BOND SAFEGUARD INSURANCE COMPANY (herein referred to as "Company") to become surety for and furnish the herein applied for bond and such other bond or bonds as may now or hereafter be required by or in behalf of the above named applicant.

The undersigned certify that the information and statements contained in this application are true and correct, and the undersigned jointly and severally in consideration of the Company becoming surety, or executing or guaranteeing any bond or bonds for the applicant, do for value received hereby covenant, promise, and agree to pay the Company the usual premium; and we each jointly and severally agree to indemnify and save the surety harmless from and against any liability, and all loss, cost, charges, suits, damages, counsel fees, and expenses of whatever kind or nature which said Company shall at any time sustain or incur, for or by reason, or in consequence of said Company having become surety or entering into such bond or bonds and agree to place the Company in funds to meet any claim or demand before it shall be required to make payment.

The Company may decline, except for statutory provisions to the contrary, to become surety on any bond of the applicant, and in case it does act as surety shall have the right to withdraw or cancel same whenever it shall see fit; and in any event the Company shall not be required to disclose the reason upon which its action is based, and shall not be responsible for any loss or damage that may be sustained by reason of such action. Without notice to the applicant or indemnitor(s), the Company at any time may increase or decrease the penalty of any bond of the applicant, or may change the terms or conditions of any such bond and this agreement does also indemnify the Company as to any such bond as so altered.

Signed 22 day of April, 19 94

Michael J. Dunn APPLICANT

Agent Hl-way Insurance No. 1738
Street No. 1027 Dixie Highway
City Chicago Heights,
State IL Zip Code 60411

[Signature] PERSONAL INDEMNITOR

IF APPLICANT IS PARTNERSHIP OR CORPORATION THEN PARTNERS/OWNERS MUST SIGN AS PERSONAL INDEMNITOR.

COMPLETE REVERSE SIDE

COMPLETE FOR DEFECTIVE TITLE BOND

Make of Vehicle _____

Year & Model _____ Body Style _____

No. of Cylinders _____ Serial Number _____

Explain why the present owner does not have the vehicle title: _____

ATTACH A COPY OF BILL OF SALE

NOTE: Bond Penalty must equal X times current value of vehicle.
Secretary of State will require client to submit appraisal.

COMPLETE FOR HIGHWAY PERMIT BOND

State Dept. of Transportation: State Rt. # _____ County _____

Local County: County Rt. # _____ Section # _____

If any question, attach copy of Permit Application.

COMPLETE FOR ALL LICENSE & PERMIT BONDS

Type of License or Permit Required carpentry contracting

Public Liability & Workers Compensation Insurance carried?

No Yes (Give Limits) \$500,000 CSL

Property Damage Insurance carried?

No Yes (Give Limits) _____

Name of Insurance Company: Statewide Insurance Company

COMPLETE FOR LOST INSTRUMENT BOND

Serial Number and description of lost instrument: _____

Date of Instrument: _____

Describe manner of loss. _____

Is instrument payable to bearer? Yes No

Is instrument endorsed? Yes No

If registered, in whose name registered? _____

Has notice of loss been given? Yes No When? _____

To whom? _____

If the lost instrument was a check, has payment been stopped by the drawer? Yes No

If so, when? _____

ATTACH A COPY OF INSTRUMENT

COMPLETE FOR SEPTIC SYSTEM AND SEWER BONDS

ATTACH BOND FORM