

The Ohio Casualty Insurance Company

136 North Third Street, Hamilton, Ohio 45025

94031002

BOND

31-17-287

APR 26 8 25 AM '94
RECORDED

SPIEKHOUT HEATING AND AIR CONDITIONING, INC.

KNOW ALL MEN BY THESE PRESENTS That we,
of South Holland, Illinois (hereinafter called the Principal) as Principal, and THE OHIO CASUALTY INSURANCE COMPANY, an Ohio corporation with principal offices at Hamilton, Ohio (hereinafter called the Surety) as Surety, are held and firmly bound unto LAKE COUNTY, INDIANA AND ANY CITY, TOWN OR MUNICIPALITY THEREIN (hereinafter called the Obligee), in the penal sum of FIVE THOUSAND AND NO/100- - - - - (\$5,000.00) Dollars, for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

SIGNED AND SEALED this 15th day of May 1994

WHEREAS, the said Principal has made or is about to make application to said Obligee for { a license as } Heating and Air Conditioning Contractor
{ ~~contractor~~ }
for a term beginning on May 15, 1994 * and ending on May 15, 1995
*(Strike out if license or permit is issued for indefinite term)

NOW, THEREFORE, if the Principal shall indemnify the Obligee against any loss directly arising by reason of the failure of said Principal to comply with the laws or ordinances under which such license or permit is granted, or any lawful rules or regulations pertaining thereto, then this obligation shall be void; otherwise to be remain in full force and effect.

PROVIDED, HOWEVER, AND UPON THE FOLLOWING EXPRESS CONDITIONS:

1. This bond shall be and remain in full force during the term of said license or permit unless cancelled in accordance with paragraph 2 below; but if said license or permit was issued for a specific term, and is renewed for one or more specific terms, this bond will be extended to cover such additional term(s) upon the execution, by the Surety, of a Continuation Certificate, provided such certificate is acceptable to the Obligee. In no event, however, shall the liability of the Surety be cumulative from year to year or from period to period, nor exceed the penal sum written in the first paragraph of this bond!

2. The Surety shall have the right to terminate its liability hereunder by notifying in writing Lake County Recorder

(Give name and address of department or official to whom notice should be addressed):

2293 North Main Street, Crown Point, Indiana 46307

ten (10) days in advance of its intention so to do.

SPIEKHOUT HEATING AND AIR CONDITIONING, INC.
By: *[Signature]*

THE OHIO CASUALTY INSURANCE COMPANY

By: *Joyce Dolato*
Joyce Dolato, Attorney-in-fact.

Countersigned By:

NOT REQUIRED

800

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
04/07/94

PRODUCER:

The Braman Agency, Inc.

8601 Connecticut Street
Merrillville, IN 46410-6286

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

INSURED

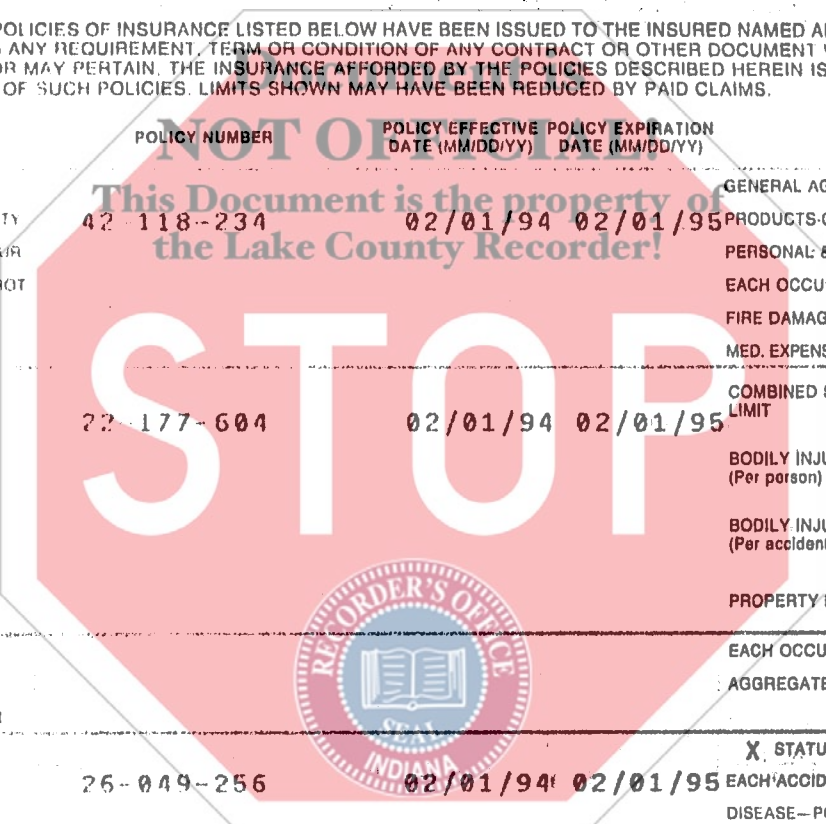
SPIEKHOUT HEATING AND AIR
CONDITIONING, INC.
310 E. 168th Street
South Holland IL
60473

- COMPANY LETTER **A** Indiana-Consolidated Ins. Co.
- COMPANY LETTER **B**
- COMPANY LETTER **C**
- COMPANY LETTER **D**
- COMPANY LETTER **E**

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR OWNERS & CONTRACTOR'S PROT	42-118-234	02/01/94	02/01/95	PRODUCTS-COMP/OP AGG. \$ 2,000,000 PERSONAL & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 50,000 MED. EXPENSE (Any one person) \$ 5,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$ 1,000,000
A X	ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY	22-177-604	02/01/94	02/01/95	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA FORM OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	26-049-256	02/01/94	02/01/95	X STATUTORY LIMITS: EACH ACCIDENT \$ 100,000 DISEASE-POLICY LIMIT \$ 500,000 DISEASE-EACH EMPLOYEE \$ 100,000
	OTHER				



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Lake County Plan Commission
Lake County Government Center
2293 N. Main Street
Crown Point IN 46307

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeff R. Biesen