

AMERICAN STATES INSURANCE COMPANY INDIANAPOLIS, INDIANA 46204-1275

COUNTY UNIFIED BOND

COOM I T UMIFIED BOND
KNOW ALL MEN BY THESE PRESENTS:
That L. PETERS CONSTRUCTION COMPANY
of P.O. Box 278, Lansing, IL 60438 as Principal and AMERICAN STATES INSURANCE COMPANY duly authorized to transact surety business in the State of Indianass
Surety, are held and firmly bound unto <u>ALL CITIES</u> , <u>TOWN & MUNICIPALITIES IN 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 8th day of April , 19 96 .
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
NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the above bounden Principal shall on and after the8th day of April, 19_96, indemnify said Option against all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statutes, ordinances, rules or regulations pertaining to such license or permit, then the above obligation shall be vaid, otherwise to be and remain in full force and effect.
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 continued in force 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.
L. PETERS CONSTRUCTION COMPANY Principal AMERICAN STATES INSURANCE COMPANY

Les Attorney Fact

CHRISTINE D. VELASQUEZ

9-1045 (1-80)



American States Insurance Company INDIANAPOLIS, INDIANA

constitute and appoint	D. LUNDEBERG,	PATRICIA J.	SCHNEIDER OF	CHRISTINE	D. VELAS	QUEZ
	Highland ney(s)-in-Fact, with full p	nwer and authority he	d State of	Indian		acknowledge and
	, recognizances, contract			·		
that the pena	1 sum of any	ne such inst	rument execu	ted hereun	der shall	not exceed
	ND NO/100 (\$1					
ind duly attested by its Se ind may be revoked pursu "The Chairman, it or Assistant Vice-P as the business o recognizances, sti	n thereby as fully and to the ocretary, hereby ratifying an uant to and by authority gra- he President or any Vice-F- President) shall have power of the Corporation may re- ipulations and undertaking	d confirming all that the inted by Section 7.07 of resident (including any by and with the concurtuire and to authorize s, whether by way of s	said Attorney(s)-in-Fact the By-Laws of the Am Executive Vice-Preside rence with any other off any such person to ex urety or otherwise"	may do in the premis erican States Insurar ent, Senior Vice-Pres icer of the Corporatio secute, on behalf of	es. This Power of ice Company, whi ident, Second Vi in, to appoint Atto the Corporation,	Attorney is executed ich reads as follows: ce-President rneys-in-fact any bonds,
IN WITNESS WHERE	EOF, American States Ins	rance Company has co	lused these presents t	be signed by its Si	scond Vice-President	lent, attested by its
	and its corporate seal to	e hereto affixed this				
ID 19. 95	NO		AMERICAN STATI	ES INSURANCE CO	MPANY	
	What I		1 /	2		_
TTEST.	- West	ument is t	ne prop	2011 4	12.	_
	Assistant Vice-President	ake Count	y Recorde	Second Vice	-President	A New
			•			St. Co.
TATE OF INDIANA	l ss					(i (Seal
OUNTY OF MARION	}					A COUNTY
On this 17th	day of	May		AD 19	below m	e personally came
	ouy or				, Delote m	s personany came
	Jo	eph F. Heim				o me known, who
merican States Insurar	n, acknowledged the exe nce Company; that he k d by authority of the Boar	cution of the above in	Corporation: that the	seal affixed to the	he is a Second	Vice-President of
Joseph F. Hei	m further	aid that he is acquai	nted with Johr	J. Rosich		
ssistant Vice-President	t of said Corporation; ar	d that he executed th	00		1	
KATHLEEN FOR	D, NOTARY PUBLI		Back	1		
	TY, STATE OF INDI		Julia	Notary	Public	
MY COMMISSIO	N EXPIRES: 12/2/9	8		////		ARY PU
TATE OF INDIANA	1	E & SEAL				(² (Seal)
OUNTY OF MARION	SS	WDIAN!	. intit	/		(-)
ı, John J	Pooish w	To the same of the		Trans (0) 14 444 1 100 4 4 4 400		MOIAN
e above and foregoing	is a true and correct cor	eistant Vice-Presiden y of a Power of Attorn	TOT AMERICAN STA 8v. executed by said.	AMERICAN STATE	COMPANY, 00 S INSURANCE	COMPANY, which
still in force and effec	ct. / be signed and sealed	-				
ISURANCE COMPAN'	Y which reads as follow:	:	•		•	
or Assistant Vice-Pres by an authorized rep binding upon the Co	er instruments of insurant vice-president (including sident) and the secretary resentative of the Corpo reporation notwithstandin of insurance shall have	any Executive Vice-Pr assistant secretary, o ration, may be facsing the fact that any su	esident, Senior Vice- r other officer, whose nilies. Such signature ch officer shall have	President, Vice-Pre signatures, if the in a and facsimiles the	sident, Second ' strument is duly nereof shall be a	Vice-President, countersigned authorized and
			,	ation this 8t	h day of	April
D., 19	I have hereunto set my	nano eno amxeo (ne	s seal of said Corpor	auon, inis	day ot	
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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.