STATE OF INDIANA EMPLOYERS SECURITY INSURANCE COMPANY

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MORGE BOND NUMBER: R-04-01-45

KNOW ALL MEN BY THESE PRESENTS:

THAT Gannon Metals, Fabricators, and Erectors, Inc., of 418 E. Chicago Ave., East Chicago 46312, State of Indiana, as Principal, and EMPLOYERS SECURITY INSURANCE COMPANY, of Indianapolis, Indiana, as Surety, are held and firmly bound unto All Cities, Towns and Municipalities in Lake County, Indiana, as Obligee, the penal sum of Five Thousand and no/100 Dollars (\$5,000.00), lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly, severally, and firmly by these presents.

Signed, sealed and dated: November 21, 1997.

WHEREAS, the above bounded Principal has applied for license as Heating & Air Conditioning Contractor for the term beginning January 01, 1998 and ending January 01, 1999, and this Bond is to cover the term of said License.

NOW, THEREFORE, the condition of this obligation is such that if a License is granted to the said Principal, and if such LICENSEE shall during the life of said License faithfully observe all the Ordinances of said Obligec, and faithfully perform the duties required by Ordinance, rules or regulations and will save and keep harmless and indemnify said Obligee, from all actions, suits, costs, damages and expenses, including Attorneys' Fees which shall or may at any time happen to come to it or for or on account of any injury or damage received or sustained by any person, then the above obligation shall be void; otherwise to be and remain in full force and effect.

It is understood and agreed that this bond may be continued by continuation certificate signed by the Surety.

It is further understood and agreed that if the Surety shall so elect, this bond may be canceled by giving thirty days' notice in writing to said Obligee.

Gannon Metals, Fabridators, and Erectors, Inc.

Principal's Signature

EMPLOYERS SECURITY INSURANCE COMPANY

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

I, Janiece L. Schwinn, a Notary Public in Porter County, in the State aforesaid, do hereby certify that Thomas A. Pampalone, Agent and Attorney-in-Fact of the Employers Security Insurance Company, who is personally known to me, appeared before me this day and acknowledged that he signed, sealed and delivered the foregoing instrument as his free and voluntary act as Agent and Attorney-in-Fact of the Employers Security Insurance Company, and as the free and voluntary act of the Employers Security Insurance Company, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 21st day of November, 1997.

My Commission Expires: 09-03-01

Notary Public

THIS IS NOT A VALID POWER OF ATORNEY IF THIS STATEMENT DOES NOT APPEAR IN RED INK.

EMPLÓYERS SECURITY INSURANCE COMPANY

POWER OF ATTORNEY

		ER OF ALIURN	L X	
	N	O:		$\mathcal{L}_{\mathcal{A}} = \{ (x,y) \in \mathcal{A} \mid x \in \mathcal{A} \}$
the laws of the State of Indian	ESE PRESENTS: That EMPLOY a and having its principal office THOMAS P	ERS SECURITY INSURAN at the City of Indianapolis, AMPALONE	NCE COMPANY, a corporation in the State of Indiana, does	n organized and existing under hereby constitute and appoint
M.J. PAMPALONE SR. M.J. PAMPALONE JR.	ELAINE G	IOLAS		
of the City of	State of Indiana	ite two and lautist Attames	u/o3 in Post and In their and	
is named above, to sign its r instruments in the nature there contracts; and executing or gua In Witness Whereof, the said	name as surety to, and to executed on behalf of the Company in ranteeing bonds and undertakings I EMPLOYERS SECURITY INSTANCE President and Assistant Secretary	ie, seal and acknowledge and its business of guaranteein required or permitted in any URANCE COMPANY has controlled.	ny and all bonds, undertaking ng the fidelity of persons; guy actions or proceedings allow caused this instrument to be se-	naranteeing the performance of yed by law, aled with its corporate seal, duly
Walter HOLV WO	EMPLOYERS	SECURITY INSURANCE	COMPANY	
(g(SEAL)E)	Signed) By Joseph Clock	President	(Signed) By Ha	ML T CAKEN Assistant Secretary
STATE OF INDIANA INDIANAPOLIS CITY } s	S:			
On this day of	.A.D 199	before me personally came	- JOSEPH A RAUGHMAN	Vice President of
EMPLOYERS SECURITY INS	SURANCE COMPANY and	FRANK 1 * RAKER	Assistant S	
both of whom I am personally and FRANK J. BAKER	acquainted, who being by me s	everally duly sworn, said, t	that they, the said	H.A. BAUGHMAN ary of the said EMPLOYERS
said corporation; that the scal a corporation, and that they signe	MPANY, the corporation described affixed to said Power of Attorney of differences thereto by like orde	was such corporate seal, that or as Vice President and Assi	t it was so affixed by order of	the Board of Directors of said
My commission expires on	the 21st day in March, A.D. 1999.			多方。中华生的 数块
	SYPUS (Signed)	James 1 Rugal	WITE	新 机 F · F · F · F · F · F
	SEAL)	Notary Public		
	NOTATE AND ASSESSED.			
SECURITY INSURANCE CO	granted under and by authority a MPANY:		子 多 物 植 为 物 验	
	tion with the fidelity and surery ins signed, executed, and acknowledg			
issued in accordance with these	resolutions. Said Power(s) of Att lice President, jointly with the Assi	torney for and on behalf of t	he Company may and shall be	executed in the name and on
	regoing officers and the seal of the			
	rney(s)-in-Fact for purposes only			
nature thereof, and, unless subs	sequently revoked and subject to a	any limitations set forth ther	ein, any such Power of Attorn	ey or certificate bearing such
facsimile signature or facsimil	e seal shall be valid and binding all be valid and binding upon the (upon the Company and an	y such power so executed an	d certified by such facsimile
	(s)-in-Fact shall have the power:			
	orney issued to them, to execute a			
all conds and undertakings, and binding upon the Company as i	l other writings obligatory in the r f signed by the Executive Officer	nature thereof, and any such and sealed and attested to by	instrument executed by such A the Assistant Secretary of the	Attorney(s)-in-Fact shall be as Company.
	, Assistant Secretary the Resolution of the said Compa			
I, the undersigned Assistant Attorney is in full force and eff	t Secretary of the EMPLOYERS	SECURITY INSURANCE	COMPANY do hereby certify	that the foregoing Power of
	ve hereunto set my hand and the se			PANY on this
ZIOT day of	Harmonian tradimi	11011		

Assistant Secretary