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## EMPLOYERS SECURITY INSURANCE UNDIANA EMPLOYERS SECURITY INSURANCE OF INDIANA OF THE PROPERTY OF THE PROPERTY

BOND

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MOFILE BONDNUMBER: R-04-01-49

## KNOW ALL MEN BY THESE PRESENTS:

THAT Robert Halfman DBA Ornamental Iron Works, 5300 Massachusetts St., Merrillville 46410, State of Indiana, as Principal, and EMPLOYERS SECURITY INSURANCE COMPANY, of Indianapolis, Indiana,

as Surety, are held and firmly bond unto All Cities, Towns and Municipalities in Lake County, Indiana, as Obligee, 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 be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly, severally, and firmly by these presents.

Signed, sealed and dated: December 3, 1997.

WHEREAS, the above bounded Principal has applied for license as Ornamental Iron Work for the term beginning January 25, 1998 and ending January 25, 1999, as 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 Obligee, 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.

| Robert Halfman DBA Ornamental Iron Works |         |           |
|--|---------|-----------|
|  | (seal)  |           |
| Principal                                |         |           |
| BY Robert Halfman                        | _(seal) |           |
| Principal                                |         |           |
| EMPLOYERS SECURITY INSURANCE COMPANY     |         | NIV INSUS |
| BY Tha Samor Da                          | _(seal) | SEAL CO   |
| M.J. Pampalone, Jr. Attorney-In-Fact     |         | On in     |

14:90 3294

| 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 M.J. Pampalone, Jr., 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 scal this 03rd day of December, 1997.

My Commission Expires: 09-03-01

Notary Public

## **EMPLOYERS SECURITY INSURANCE COMPANY**

## **POWER OF ATTORNEY**

NO:\_\_\_R-04-01-49

|   | the laws of the State of Indiana and having its principal office at the City of Indianapolis, in the State of Indiana, does hereby constitute and appoint   |
|---|---|
|   | M. J. PAMPALONE SR. THOMAS PAMPALONE  |
|   | M.J. PAMPALONE JR. FLAINE GIOLAS  |
| • | of the City of Merrillville, State of Indiana its true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one   |
|   | is named above, to sign its name as surety to, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written  |
|   | instruments in the nature thereof on behalf of the Company in its business of guaranteeing the fidelity of persons; guaranteeing the performance of   |
| • | contracts; and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.  In Witness Whereof, the said EMPLOYERS SECURITY INSURANCE COMPANY has governed this instrument to be contracted with its contracted with its contracted with its contracted with its contracted. |
|   | In Witness Whereof, the said EMPLOYERS SECURITY INSURANCE COMPANY has caused this instrument to be sealed with its corporate seal, duly attested by the signatures of its Vice President and Assistant Secretary, this day of   |
|   | ,   |
|   | EMPLOYERS SECURITY INSURANCE COMPANY  |
|   | (Signed) By Joseph a. Say (Signed) By Trank Caker   |
|   | Vice President  Assistant Secretary   |
|   | A A A A A A A A A A A A A A A A A A A   |
|   |   |
|   | STATE OF INDIANA ] as   |
|   | INDIANAPOLIS CITY SS:   |
|   |   |
|   | On this 3 day of DECEMBER , A.D. 1997, before me personally came JOSEPH A. BAUGHMAN , Vice President of   |
|   | EMPLOYERS SECURITY INSURANCE COMPANY and FRANK J. BAKER Assistant Secretary of said Company, with both of whom I am personally acquainted, who being by me severally duly sworn, said, that they, the said NSEPH A BAHCHMAN   |
|   | and FRANK J. BAKER were respectively the Vice President and the Assistant Secretary of the said EMPLOYERS   |
|   | SECURITY INSURANCE COMPANY, the corporation described in and which executed the foregoing Power of Attorney; that they each knew the seal of  |
|   | said corporation; that the seal affixed to said Power of Attorney was such corporate seal, that it was so affixed by order of the Board of Directors of said  |
|   | corporation, and that they signed their names thereto by like order as Vice President and Assistant Secretary, respectively, of the Company.  |
|   | My commission expires on the 21st day in March, A.D. 1999.  |
|   | (Signed) James S. Quyrolds  |
|   | Notary Public   |
|   | (*(SEAL)°)  |
|   |   |
|   | W. O. I. A. C.  |
|   | This Power of Attorney is granted under and by authority of the following Resolutions adopted by the Board of Directors of the EMPLOYERS  |
| 1 | SECURITY INSURANCE COMPANY:   |
| ! | RESOLVED, that in connection with the fidelity and surety insurance business of the Company, all bonds, undertakings, contracts and other instruments   |
|   | relating to said business may be signed, executed, and acknowledged by persons or entities appointed as Attorney(s)-in-Fact pursuant to a Power of Attorney issued in accordance with these resolutions. Said Power(s) of Attorney for and on behalf of the Company may and shall be executed in the name and on                      |
|   | behalf of the Company by the Vice President, jointly with the Assistant Secretary. The signature of such officers may be engraved, printed or lithographed.   |
|   | The signature of each of the foregoing officers and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate  |
|   | relating thereto appointing Attorney(s)-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the  |
|   | nature thereof, and, unless subsequently revoked and subject to any limitations set forth therein, any such Power of Attorney or certificate bearing such   |
|   | facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is validly attached.                                    |
|   | RESOLVED, that Attorney(s)-in-Fact shall have the power and authority, unless subsequently revoked and, in any case, subject to the terms and   |
|   | limitations of the Power of Attorney issued to them, to execute and deliver on behalf of the Company and to attach the seal of the Company to any and   |
|   | all bonds and undertakings, and other writings obligatory in the nature thereof, and any such instrument executed by such Attorney(s)-in-Fact shall be as   |
|   | binding upon the Company as if signed by the Executive Officer and sealed and attested to by the Assistant Secretary of the Company.  |
|   | 1, FRANK J. BAKER , Assistant Secretary of the EMPLOYERS SECURITY INSURANCE COMPANY, do hereby certify that the   |
|   | foregoing is a true excerpt from the Resolution of the said Company as adopted by its Board of Directors and that this Resolution is in full force and effect.  I, the undersigned Assistant Secretary of the EMPLOYERS SECURITY INSURANCE COMPANY do hereby certify that the foregoing Power of                                      |
|   | Attorney is in full force and effect and has not been revoked.  |
|   | In Testimony Whereof, I have hereunto set my hand and the seal of the EMPLOYERS SECURITY INSURANCE COMPANY on this  |
|   | 3RD day of DECEMBER , 1997  |
|   | Hank Thank Thank  |
|   | THAIR O KARON   |
|   | SEAL Secretary  |
|   | (5) (m) (e) ( /   |

THIS POWER OF ATTORNEY MUST CONTAIN A VALIDATING STATEMENT PRINTED IN THE MARGIN HEREOF IN RED INK.