

AMERICAN STATES INSURANCE COMPANY FILED INDIANAPOLIS, INDIANA 46204-1275

9-1045 (1-80)

00 OCT - 4 PH 12: 12

99081489 COUNTY UNIFIED BOND #
KNOW ALL MEN BY THESE PRESENTS: MORRIS W. CARTER 6002363 RECORDER
That ALLEN CONSTRUCTION
of3550_169th_STREET, HAMMOND, IN 46323 as Principand AMERICAN STATES INSURANCE COMPANY duly authorized to transact surety business in the State of Indiana,
Surety, are held and firmly bound unto ALL CITIES, TOWNS, SMUNICIPALTIES OF LAKE COUN INVITABLE IN THE COUNTY IN THE PARTY OF LAKE COUNTY IN THE PARTY OF THE
Signed, sealed and dated this 27th day of SEPTEMBER 1999.
Chapter 88 of IC17-2 requires the Principal to file this bond and guarantees the compliance with the ordinance and regulations of the County or a city or town within
all loss, costs, expenses or damage to it caused by said Principal's non-compliance with or breach of any laws, statute ordinances, rules or regulations pertaining to such license or permit, then the above obligation shall be void, otherwitto 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 mail to the Obligee.
PROVIDED FURTHER, regardless of the number of years this bond shall continue or be continued in force a 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 whi may exceed the penalty of this bond, the Surety shall not be liable hereunder for a larger amount, in the aggregate, the the amount of this bond.
PROVIDED FURTHER, that this bond shall be not construed to provide indemnity as a result of the Principal's failute 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.
ALLEN CONSTRUCTION
JAMES ALLEN Principal AMERICAN STATES INSURANCE COMPANY
BY: Alland
JOEL A. LAUER Attorney-in-Fac

American States Insurance Company INDIANAPOLIS, INDIANA

nstitute and appoint	JOEL A. LAU	ER	and the state of t
	Annual Control of the Section of the	The state of the s	
Hammond	and State of	In	diana
true and lawful Attorney(s)-in-Fact, with full power	and authority hereby confer	red in its name, place and	stead, to execute, acknowledge
iver any and all bonds, recognizances, contracts of	indemnity and other conditions	I or obligatory undertakings,	provided, howeve
at the penal sum of any one NNE HUNDRED THOUSAND AND NO/	such instrument d	<u>executed hereun</u>	der shall not exce
d to bind the Corporation thereby as fully and to the sar d duly attested by its Secretary, hereby ratifying and or d may be revoked pursuant to and by authority grante. "The Chairman, the President or any Vice-Pres- or Assistant Vice-President) shall have power, by as the business of the Corporation may requirecognizances, stipulations and updertakings,	me extent as if such bonds were a confirming all that the said Attorney do by Section 7.07 of the By-Laws ident (including any Executive by and with the concurrence with a re and to authorize any such p whether by way of surety or other.	igned by the President, sealed y(s)-in-Fact may do in the prens of the American States Insur- ice-President, Senior Vice-P- ny other officer of the Corpora- erson to execute, on behalf erwise"	I with the common seal of the Corpo- nises. This Power of Attorney is exe- rance Company, which reads as to resident, Second Vice-President ation, to appoint Attorneys-in-fact of the Corporation, any bonds,
IN WITNESS WHEREOF, American States Insura- sistant Vice-President and its corporate seal to be	nce Company has caused these	presents to be signed by its	Second Vice-President, attested
sistant Vice-President and its corporate-seal to be	nerelo affixed this	Day of 4	OO PO A A IV
7 19 97 This Do	cument is the	property o	CUIVIRAINT
-1/5/DA -1 -	-1 O		
	ake County R	gorden L	172
TEST: Assistant Vice-President	an market more and the second	Second V	ice-President
Assistant viso treorigin			To the state of th
ATE OF INDIANA			(§ (x
DUNTY OF MARION SS			
On this 16th day of	May	, A.D., 19	97, before me personally
	Joseph F. Heim		, to me known
ing by me duly sworn, acknowledged the execu	ion of the above instrument	and did depose and say; the	hat he is a Second Vice-Preside
nerican States Insurance Company; that he know al; that it was so affixed by authority of the Board of	is the seal of said Corporation:	n; that the seal attixed to the and that he signed his name	e thereto under like authority. And
Joseph F. Heim further said			
sistant Vice-President of said Corporation; and	that he executed the above in	strument.	
WARBARA PONSLER, NOTARY	PUBLIC	A Barlow	Q/1/2
MARION COUNTY, STATE OF II MY COMMISSION EXPIRES: 10		TOUR WOULD	romou
MI COMMISSION EXPINES: 10		Nota	ry Public
		3	673
TATE OF INDIANA	EAL.	3	(*(*
DUNTY OF MARION SS	NOIANA III		
	Common Services	INAL OTATED INDUDANC	OCHENNY de hereby sedif
I, Mark A. Lawrence , the Assisted above and foregoing is a true and correct copy-	stant Vice-President of AMEH of a Power of Attorney, executi	ICAN STATES INSURANC ed by said AMERICAN STA	TES INSURANCE COMPANY.
still in force and effect			
This Certificate may be signed and sealed by SURANCE COMPANY which reads as follows:	facsimile under and by the a	uthority of Section 8.03 of	the By-Laws of AMEHICAN ST.
"All noticies and other instruments of insurance	sissued by the Corporation sh	hall be signed on behalf of	the Corporation by the Chairma
the president or any vice-president (including ar or Assistant Vice-President) and the secretary, a	nv Executive Vice-President, S	enior Vice-President, Vice-I	President, Second Vice-Presider
by an authorized representative of the Corpora	stion, may be facsimilies. Suc	h signatures and facsimile	s thereof shall be authorized at
hinding upon the Corporation notwithstanding	the fact that any such officer	shall have ceased to be su	ich officer at the time such poli
or other instrument of insurance shall have be	en actually issued by the Cor	poration.	
In witness whereof, I have hereunto set my h	nand and affixed the seal of t	said Corporation, this	27th day of SEPTEN
D., 19 <u>9.9</u> .			
			EZ.
	And the state of t	3411	{ ž ()
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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.