



Bond No. LP 618582

STATE OF WISCONSIN
LAPE COUNTY
FILED FOR RECORD

Capitol Indemnity Corporation

2000 052796

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License and Permit Bond

WILLIAM W. GRIFFIN
NOTARY PUBLIC

For County, City, Town or Village Only - Not valid for bonds required by the state. Not valid for Contract, performance, Maintenance, Subdivision, Agent to sell Hunting and Fishing Licenses or Utility Guarantee Bond.

Surety:
Capitol Indemnity Corporation
P.O. Box 5900
Madison, WI 53705-0900

Principal: (Full name and address)
Pioneer Environmental, Inc.
1000 N Halstad, Suite 202
Chicago, IL 60622

Obligee: (Principal's customer)
Town of Schererville
833 W Lincoln Highway
Schererville, IN 46375

Agency Name/Address/Code:
Klein Insurance Group of Madison, Inc.
PO Box 45470
Madison, WI 53744-5470

Effective Date: July 21, 2000
(Valid for one year)

Expiration Date: July 21, 2001

PENAL AMOUNT OF BOND (Not valid for more than \$25,000): \$5,000.00, lawful money of the United States, to be paid to the said obligee, for which payment well and truly to be made we bind ourselves and our legal representative, jointly and severally.

The condition of this obligation is such, that whereas, the principal has been licensed by the obligee for Environmental Soil ~~Testing~~ Remediation

NOW THEREFORE, if the principal shall faithfully perform the duties and comply with the laws and ordinances (including all amendments), pertaining to the license or permit, then this obligation to be void, otherwise to remain in full force for not more than 12 consecutive months, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing to the obligee and at the expiration of thirty-five (35) days from the mailing of notice or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall be relieved from any liability for any subsequent acts or omissions of the principal.

Signed with our hands and sealed with our seals this, the 21st day of July, AD 2000.

[Signature]
Principal
CAPITOL INDEMNITY CORPORATION

Countersigned by: _____
(Licensed Resident Agent, if applicable)

Surety
By: *[Signature]*
President



On the 1st day of March, A.D., 1995, before me personally came George A. Fait, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Dane, State of Wisconsin; that he is the President of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.

STATE OF WISCONSIN
DANE COUNTY

[Signature]
Peter E. Hans, Notary Public
My Commission is permanent



9.00
AC

ck. 12771