



Old Republic Surety Company

Old Republic Insurance Company

(CHECK APPLICABLE COMPANY HEREINAFTER REFERRED TO AS THE SURETY)

BOND NO. RLI-541227

2002 043377 LICENSE BOND

0:18

KNOW ALL MEN BY THESE PRESENTS, That we DANICO CONSTRUCTION CO., 605 N CHICAGO RD., THORNTON, IL 60476

as Principal, and Old Republic Surety Company organized under the laws of the state of Illinois, as Surety, are held and firmly bound unto ALL CITIES, TOWNS & MUNICIPALITIES IN LAKE COUNTY, 2293 N. MAIN ST., CROWN POINT, IN 46307

, as Obligee in the sum of FIVE THOUSAND AND NO/100 Dollars, lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

WHEREAS, the said Principal has applied to said Obligee for a license to or permit as a CARPENTRY CONTRACTOR

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, That if the said Principal shall indemnify said Obligee against all loss which the Obligee may be subject by reason of said Principal's non-compliance caused by said Principal's breach of any ordinance, rule or regulation relating thereto, then the above obligation shall be void, otherwise to be and remain in full force and effect.

This obligation may be canceled by said Surety by giving thirty (30) days notice in writing of its intention to do so to said Obligee; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of termination; and the said Surety shall be relieved of any further liability under this bond thirty (30) days after receipt of said notice by the said Obligee.

The term of this bond is for a period commencing 05/08/02 and terminating (or continuous) 05/08/03 provided, however, this bond may be continued from year to year by continuation certificate executed by said Surety.

Signed, sealed and dated the 8TH day of MAY, 2002.

DANICO CONSTRUCTION CO.

Principal

By JIM SAMPOGNARO

Old Republic Surety Company

By Michele M. Stluka  
Michele M. Stluka

Attorney-in-fact



*Handwritten initials/signature*

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

CSR JG  
DANIC-5

DATE (MM/DD/YY)  
05/08/02

PRODUCER  
First Community Insurance Ctr.  
Koening Insurance Division  
P.O. Box 576  
Beecher IL 60401  
Phone: 708-946-2276 Fax: 708-946-9635

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

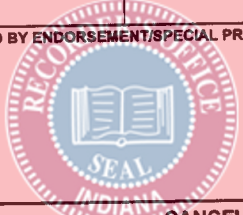
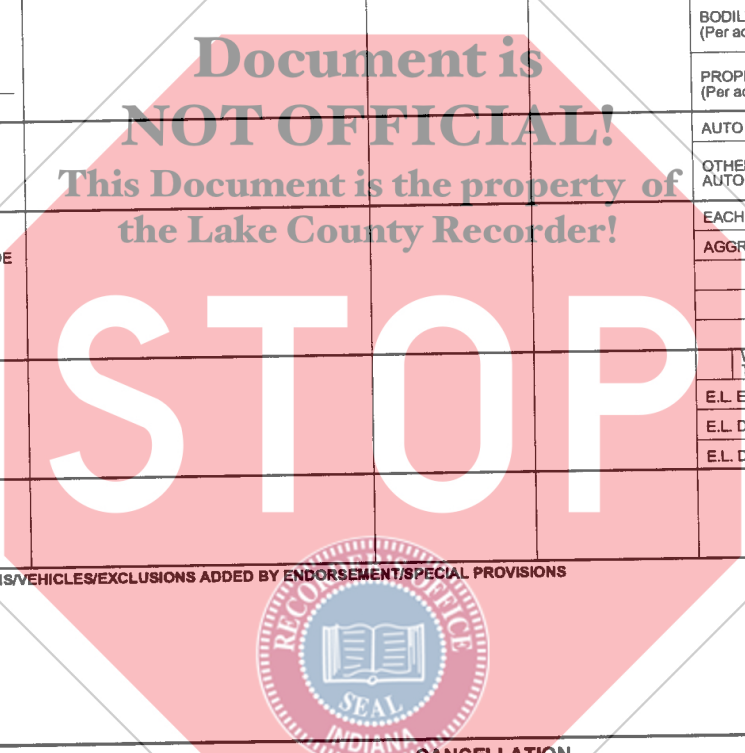
- INSURER A: **EMPLOYERS MUTUAL INS. CO.**
- INSURER B:
- INSURER C:
- INSURER D:
- INSURER E:

INSURED  
  
**DANICO CONSTRUCTION, INC.**  
605 N. CHICAGO RD.  
THORNTON IL 60476

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |              |
|----------|--|---------------|----------------------------------|-----------------------------------|--|--------------|
|          |  |               |                                  |                                   |  |              |
| A        | GENERAL LIABILITY  | 1D8-15-12-01  | 07/26/01                         | 07/26/02                          | EACH OCCURRENCE  | \$ 500,000   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |               |                                  |                                   | FIRE DAMAGE (Any one fire)   | \$ 100,000   |
|          | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |               |                                  |                                   | MED EXP (Any one person)   | \$ 5,000     |
|          |  |               |                                  |                                   | PERSONAL & ADV INJURY  | \$ 500,000   |
|          |  |               |                                  |                                   | GENERAL AGGREGATE  | \$ 1,000,000 |
|          |  |               |                                  |                                   | PRODUCTS - COMP/OP AGG   | \$ 1,000,000 |
|          |  |               |                                  |                                   | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |              |
| A        | AUTOMOBILE LIABILITY   | 1E8-15-12-01  | 07/26/01                         | 07/26/02                          | COMBINED SINGLE LIMIT (Ea accident)  | \$ 1,000,000 |
|          | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   | BODILY INJURY (Per person)   | \$           |
|          | <input checked="" type="checkbox"/> ALL OWNED AUTOS                            |               |                                  |                                   | BODILY INJURY (Per accident)   | \$           |
|          | <input checked="" type="checkbox"/> SCHEDULED AUTOS                            |               |                                  |                                   | PROPERTY DAMAGE (Per accident)   | \$           |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                |               |                                  |                                   |  |              |
|          | <input checked="" type="checkbox"/> NON-OWNED AUTOS                            |               |                                  |                                   |  |              |
|          | GARAGE LIABILITY   |               |                                  |                                   |  |              |
|          | <input type="checkbox"/> ANY AUTO  |               |                                  |                                   |  |              |
|          | EXCESS LIABILITY   |               |                                  |                                   |  |              |
|          | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE            |               |                                  |                                   |  |              |
|          | <input type="checkbox"/> DEDUCTIBLE  |               |                                  |                                   |  |              |
|          | RETENTION \$   |               |                                  |                                   |  |              |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  |               |                                  |                                   |  |              |
|          |  |               |                                  |                                   | WC STATUTORY LIMITS  | OTHER        |
|          |  |               |                                  |                                   | E.L. EACH ACCIDENT   | \$           |
|          |  |               |                                  |                                   | E.L. DISEASE - EA EMPLOYEE   | \$           |
|          |  |               |                                  |                                   | E.L. DISEASE - POLICY LIMIT  | \$           |
|          | OTHER  |               |                                  |                                   |  |              |



DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

|  |  |   |
|--|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>LAKE COUNTY PLAN COMMISSION<br>ALL CITIES, TOWNS & MUNIC<br>IN LAKE COUNTY<br>2293 N. MAIN STREET<br>CROWN POINT IN 46307 | N ADDITIONAL INSURED; INSURER LETTER:<br><br>LAKE005 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. |
|  |  | AUTHORIZED REPRESENTATIVE<br>   |