

- AUTO-OWNERS INSURANCE COMPANY (Lansing, Michigan)
- HOME-OWNERS INSURANCE COMPANY (Lansing, Michigan)
- OWNERS INSURANCE COMPANY (Lima, Ohio)
- PROPERTY-OWNERS INSURANCE COMPANY (Marion, Indiana)

Bond No. 217010

SURETY BOND
Public Official, Bid, Contract,
License or Permit Bonds and
Probate Bonds

3

SURETY BOND

KNOW ALL MEN BY THESE PRESENTS

That we, Expert Remodeling, LLC.

, as Principal, and the Auto-Owners Insurance Company, a corporation organized under the laws of the State of Indiana, and having its principal office at Lansing, Michigan, as Surety, are held and (City & State of Surety)

firmly bound unto Board of Commissioners, County of Lake, State of Indiana and any cities & towns in Lake County, Ind. in the penal sum of (\$ 5,000.00)

Five thousand and no/100-----Dollars, lawful money of the United States of America, for which payment, well and truly to be made, we jointly and severally bind ourselves, our successors, administrators and assigns, firmly by these presents.

SIGNED, SEALED, and DATED this 1st day of May, ~~xxx~~ 2003.

WHEREAS the aforesaid Principal has been granted a license or permit as Contractor for Residential Carpentry (If a bid bond insert "submitted its bid for, etc.") by said Obligee for the period of one year from May 1, 2003.

(If a Contract Bond insert "entered into written contract with aforesaid Obligee dated, etc.")

(If a Public Official Bond insert "been elected or appointed (name) for the terms beginning (date) and ending (date)")

(If a License or Permit Bond insert "been granted a license or permit as (name business) by the said Obligee for the period of one year from (date)")

(If a Probate Bond insert "been appointed (Executor, Administrator, Guardian, Conservator) of the estate of (name of deceased, minor or incompetent)")

NOW, THEREFORE, THE CONDITION OF THIS OBLIGATION IS SUCH, that if the aforesaid Principal shall comply with the laws of the aforesaid Obligee governing said License or Permit.

(If a Bid Bond insert "be awarded the contract upon said bid and undertake said contract")

(If a Contract Bond insert "comply with the terms and conditions of the aforesaid contract")

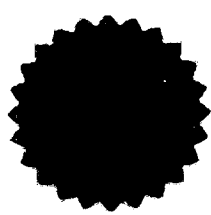
(If a Public Official Bond insert "faithfully perform the duties of said office")

then this obligation shall be void, otherwise to remain in full force and effect.

PROVIDED: FIRST: - That the liability of the Surety shall in no event exceed the penalty of this Bond.
SECOND: - If this is a Bid Bond, any proceedings at law or in equity brought against said Surety to recover any claim hereunder, must be instituted within six (6) months from the date of this instrument.

No further conditions.

(If no further conditions insert "no further conditions")



[Handwritten Signature]
Principal

AUTO-OWNERS INSURANCE COMPANY

Surety

By *[Handwritten Signature]*
Attorney-in-Fact

2003
MAY 1 10 30 AM
CLERK OF SUPERIOR COURT
LAKE COUNTY INDIANA

14-
GC
CRIST

Matthew B. McFadden and Todd W. VanKeppel
jointly and/or severally
Valparaiso, Indiana

provided, however, that the penal sum of any one such instrument executed hereunder shall not
exceed Five Hundred Thousand and no/100 (\$500,000.00) Dollars

February 99 1st

T.J. Buda, Jr. *John W. Fisher*

T.J. Buda, Jr. John W. Fisher, President

1st February 99

STOP

January 20 2003

Nancy Lou Smith
Nancy Lou Smith

T. J. Buda, Jr.

1st May 2003

T.J. Buda, Jr.
T. J. Buda, Jr.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/08/2003

PRODUCER
Sievers Insurance Agency
P.O. Box 1400
Valparaiso, IN 46384
219-462-2196

INSURED
EXPERT REMODELING, LLC
PETE DANILAITIS
2070 HIDDEN VALLEY DRIVE
CROWN POINT,, IN 46307

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 | | NAIC# |
|-----------------------------|--------------------------|-------|
| INSURER A: | CITIZENS/HANOVER INS. CO | |
| INSURER B: | AUTO-OWNERS INS. CO. | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |

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.

| NBR LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---------|-------------|--|----------------------------------|----------------------------------|-----------------------------------|---|
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | OHW 643060101 | 05/01/03 | 05/01/04 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000 |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | |
| B | | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | 44-081-542-00 | 10/25/02 | 10/25/03 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 |
| | | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| B | | OTHER LICENSE & PERMIT BOND | 217010 - LAKE 217011 - PORTER | 05/01/03 05/01/03 | 05/01/04 05/01/04 | \$ 5,000. \$ 5,000. |



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

Sievers Insurance Agency
206 Lincolnway • Valparaiso, IN 46383
Ph: (219) 462-2196 / Fax: (219) 465-7014

CERTIFICATE HOLDER
BOARD OF COMMISSIONERS, COUNTY OF LAKE, STATE OF INDIANA AND ANY CITIES & TOWNS IN LAKE COUNTY, IN 2293 N. MAIN STREET CROWN POINT, IN 46307

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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
Matthew B. McAdams