

3

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2004 MAY 17 AM 10:00

# Western Surety Company

2004 0510120

**LICENSE AND PERMIT BOND**

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.

KNOW ALL PERSONS BY THESE PRESENTS:

BOND No. L & P- 43249284

That we, ROBERT D'AMICO,  
of the VILLAGE of STEGER, State of ILLINOIS, as Principal,  
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of  
INDIANA, as Surety, are held and firmly bound unto the LAKE COUNTY AND ~~ALL~~  
ALL CITIES AND TOWNS THEREIN, State of INDIANA, as Oblige, in the  
(Valid only when a County, City, Town or Village is named as Obligee)

amount of FIVE THOUSAND DOLLARS (\$5,000.00),  
(NOT VALID FOR MORE THAN \$25,000)

lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made, we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, That whereas, the Principal has been licensed  
CARPENTER - DRYWALL INSTALLATION

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 and effect for a period commencing on the 14th day of MAY, 2004, and ending on the 14th day of MAY, 2005, unless renewed by continuation certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing by First Class U.S. Mail to the Obligee and to the Principal at the address last known to the Surety, 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. Regardless of the number of years this bond shall continue in force, the number of claims made against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be cumulative.

Dated this 14th day of MAY, 2004.

*[Signature]*  
Principal

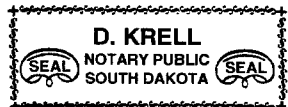
Countersigned (where required)  
By *[Signature]*  
Resident Agent

WESTERN SURETY COMPANY  
By *[Signature]*  
Senior Vice President

**ACKNOWLEDGMENT OF SURETY**  
(Corporate Officer)

STATE OF SOUTH DAKOTA }  
COUNTY OF MINNEHAHA } ss

On this 14th day of MAY, 2004, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer.  
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



*[Signature]*  
Notary Public, South Dakota

My Commission Expires November 30, 2006  
Form 849A-9-2002

Western Surety Company • 101 S. Phillips Ave.  
Sioux Falls, SD 57104 • 1-605-336-0850

14-105

Western Surety Company

License or Permit No. \_\_\_\_\_

**LICENSE AND PERMIT BOND**

As

of \_\_\_\_\_

State of \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Filed \_\_\_\_\_

Approved this \_\_\_\_\_

day of \_\_\_\_\_

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

personally appeared \_\_\_\_\_, who acknowledged himself/herself to be the \_\_\_\_\_ of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me,

**This Document is the property of the Lake County Recorder!**

COUNTY OF \_\_\_\_\_

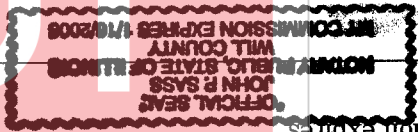
STATE OF \_\_\_\_\_

ss

(Corporate Officer)

ACKNOWLEDGMENT OF PRINCIPAL

Notary Public \_\_\_\_\_



My commission expires \_\_\_\_\_

acknowledged to me that he executed the same.

known to me to be the individual described in and who executed the foregoing instrument and \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared \_\_\_\_\_

*Robert D'Amico*  
*Wife*  
*2007*

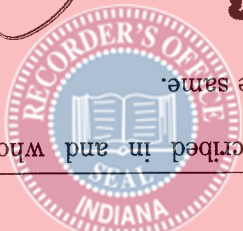
COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

ss

(Individual or Partners)

ACKNOWLEDGMENT OF PRINCIPAL



# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID JS  
DAMIC-1

DATE (MM/DD/YY)  
05/14/04

**PRODUCER**  
Chesterfield Insurance Services, LLC  
10701 S. Western Avenue  
Chicago IL 60643  
Phone: 773-239-6100 Fax: 773-239-6937

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**

**INSURED**  
  
D'Amico, Robert  
3632 Emerald Ave.  
STEGER IL 60475

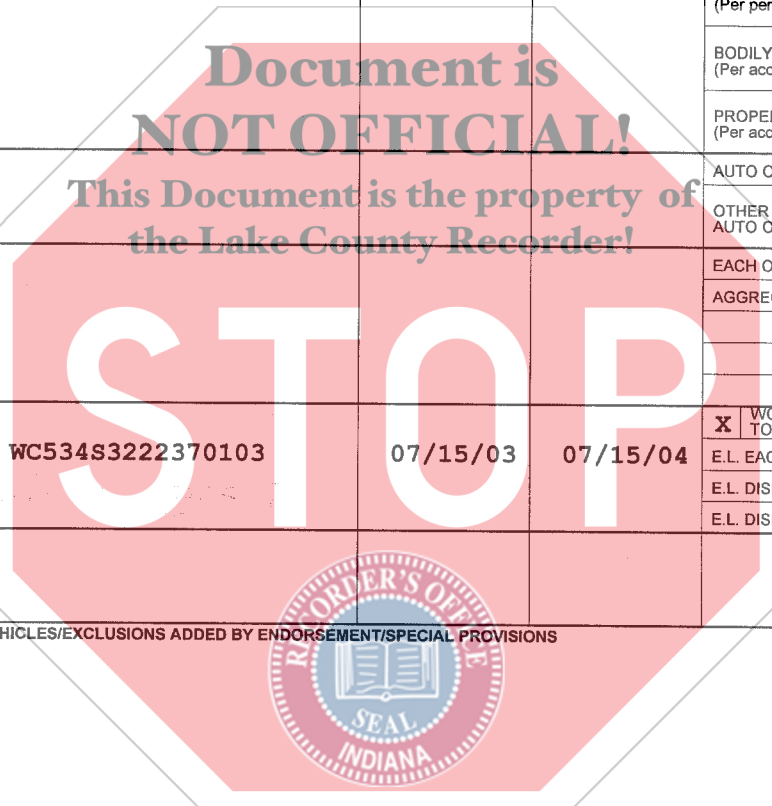
INSURER A: **Pekin Insurance Companies**  
INSURER B: **Liberty Mutual Insurance Group**  
INSURER C:  
INSURER D:  
INSURER E:

**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.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	CL0018748-0	07/14/03	07/14/04	EACH OCCURRENCE \$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<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: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	WC534S3222370103	07/15/03	07/15/04	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 100000				
	E.L. DISEASE - EA EMPLOYEE \$ 100000				
	E.L. DISEASE - POLICY LIMIT \$ 500000				
OTHER					

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



<b>CERTIFICATE HOLDER</b>	<b>N</b>	<b>ADDITIONAL INSURED; INSURER LETTER:</b>	<b>CANCELLATION</b>
Lake County Indiana and all Cities and Towns therein Lowell, Indiana 501 E. Main St. Lowell IN 46356		LAKECOU	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 Chesterfield Insurance Service