



2006 012879

LICENSE AND PERMIT BOND

Bond No. 0491174

Microcounty, city, 16WW dr village only)

KNOW ALL MEN BY THESE PRESENTS:		
That we Berry Electric Contracting Company	, (Address) 1201 Morris A	Avenue
(City, State, Zip) Berkeley, Illinois 60163	_, as Principal, and WEST	BEND MUTUAL INSURANCE
COMPANY, a corporation duly licensed to do business in the Sta	ate of	, as Surety, are held and
firmly bound unto the All Cities, Towns & Municipalities of Lake	County, Indiana	of
101 N. East Street, Crown Point,	_, State ofIN	, Obligee, in the sum of
Five Thousand, Dollars and Zero Cents		_Dollars (\$
lawful money of the United States, to be paid to the said Obligee	, for which payment well an	nd truly to be made, we bind our-
selves and our legal representatives, jointly and severally by the	se presents. The condition	s of this bond are such, that the
said Principal has applied for a license as/for Electrical Work		
	· · · ·	
in accordance with the requirements of the ordinance of said Ob	ligee, and has agreed to ho	old said Obligee harmless from
any damage by reason of his/her engaging in said business.		
NOW, THEREFORE, if said Principal shall faithfully perform all t	the dutice of and in all thins	re comply with the laws and ordin
nances, including all amendments thereto, appertaining to the lie	TOTAL TO	
and void; otherwise to remain in full force and effect.		, their this obligation shall be hull
This bond may be terminated at any time by the Surety upon ser	the property of	clerk of the Political Subdivision
with whom this bond is filed and to the Principal, and at the expi	ration of thirty-five (35) day	e from the mailing of said notice
this bond shall ipso facto terminate and the Surety shall there up		
	of be teneved from any ha	bility for any data of officialities of
the Principal subsequent to said date.		
This bond shall be effective on 01/19/2006	and terminate on	01/19/2007
unless said bond is extended by continuation certificate and atta		
unicas said pond is extended by continuation continuate and area		
Dated 01/03/2006		
TUTED		
E CHILLEN	2 Of the	
Berry Electric Contracting Company	WEST BEND MUTU	AL INSURANCE COMPANY
(Principal)		/
h l l l l l l l l l l l l l l l l l l l		Her
By: Mount of Jerry	By: Lollul +.	Attorney-in-Fact
Title: Mairman	Name Typed: Robert F.	Haeger, & Non-Resident
	· /	Indiana Agent
MICHIGAN ONLY: This policy is exempt from the filing requ	rements of Section 2236	of the Insurance Code of 1956,
1956 PA 218 and MCL 500.2236.		130
		· 65
NR 0022 04 05		Page 1 of 1



Power of Attorney

Know all men by these Presents, That West Bend Mutual Insurance Company, a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

Michael J Reillly, Robert F Haeger, Anna Marie Garrod, Kurt A Parent, Barbara J. Pitcher

lawful Attornev(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: \$1,000,000

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Mutual Insurance Company at a meeting duly called and held on the 21st day of December, 1999.

Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Mutual Insurance Company may appoint by written certificate Attorneys-in-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of uttorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.

In witness whereof, the West Bend Mutual Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 1st day of March, 2002.

Attest

James J. Pauly Secretary

State of Wisconsin County of Washington

Anthony J. Warren

Chief Executive Officer / President

the Lake County Recorder! On the 1st day of March, 2002 before me personally came Anthony J. Warren, to me known being by duly sworn, did depose and say that he resides in the County of Washington, State of Wisconsin, that he is the President of West Bend Mutual Insurance Company, 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 is was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.

PUBLIC

John F. Duwell

Sr. Vice President Notary Public, Washington Co. WI My Commission is Permanent

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Mutual Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this

Kevin A. Steine Sr. Vice President

Multice: Reproductions are not sinding on the company. Any questions concerning this Power of Attismes may be directed to the Bond Manager, at National Specially, insurance, a division of West Bend Milliant Insurance Co.



DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE FOR SURETY BONDS

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. If a surety bond is issued, coverage under it may be affected as follows:

You should know that coverage provided by the surety bond being offered, purchased or renewed for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

The portion of this premium quotation or invoice attributable to coverage for losses caused by certified acts of terrorism is \$0.00. We are not offering you the option to reject the coverage required to be made available to you under the Act, since there is no charge for this specific coverage under the surety bond being offered, purchased or renewed.





ACKNOWLEDGMENT OF CORPORATE SURETY

STATE OF	ILLINOIS		_)				
			SS				
County of	DuPage		_)				
Dobo# E U	On this	3rd da	y of	January		, before me	• •
Robert F. Ha				to me personali			
PANY, a cor	rporation; that t	foresaid officer or he seal affixed to as signed and sea	the foregoing	instrument is th	ne corporate se	al of said corp	oration,
		f its Board of Dire		•	•	•	
	-	ee act and deed			s. (o. /o.,o,	iii i doty, domi	, inicagoa
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My Commis	sion Expires	******	****	v y , • ×	Faura à	Lee Win	an
		OFFICIAL LAURA LEE	SEAL UIT	ient 18) No	otary Public
	· \$ N	NOTARY PUBLIC - ST IY COMMISSION EXPI	FATE OF ILLINOIS	TOTA	T	140	otally I abile
April 19th	€0i	20 08	**********	County of DuP	lane.	, State of ILL	INOIS
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MICHIGAN		policy is exemple of 1956, 1956 i	from the filin	g requirements	●	36 of the Insu	rance
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NB 0017 04 05

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Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury: unty kecorder.

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have reducted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Signature of Declarant

Printed Name of Declarant