

## **Nestern Surety Company**

LICENSE OR PERMIT BOND

Bond No. 14808432 KNOW ALL PERSONS BY THESE PRESENTS, that we, (Company Name) On Time Construction Inc. , 19143 S Blackhawk Parkway #16, Mokena , , as Principal, (Owner's Name and Full Address) and WESTERN SURETY COMPANY, with its principal office at Sioux Falls, South Dakota, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana, and any cities and towns in Lake County, Indiana, hereinafter called Obligee, in the penal sum of Five Thousand Dollars (\$5,000.00), for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents. 2006 March 7th \_\_\_\_ day of \_\_\_ Signed and sealed this \_\_\_ ... <u>.</u>... WHEREAS, the said Obligee has granted or is about to grant to the said Principal a license or permit to engage in the Carpentry Contracting business of NOW, THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with the laws, ordinances, resolutions, rules and regulations governing the business of In said Lake County, Indiana, then this obligation shall be void, otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, that the Surety shall have the right to terminate its liability hereunder by serving written natice upon the Chilipe from (10) days in advance of its intention to do so. ROVIDED FURTHER, the aggregate liability of the Surety to any and all persons, regardless of the number of claims made against this bond or the number of years this bond remains in force, shall in no event exceed the amount set forte above.

March 7th

March 7th D. KRELL SOUTH DAKOTA SEAL **NOTARY PUBLIC** My Commission Expires November 30, 2006 COMPANY, Surety WESTERN SØRE

Form F5478-8-2002

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



ACORD 25 (2001/08)

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: County Recorder

- 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 redacted, to the extent permitted by law, each Social Security number in the

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

Signature of Declarant

Printed Name of Declarant