

Effective Date: August 2nd, 2006



# Western Surety Company

## LICENSE OR PERMIT BOND

Bond No. 14870010

2006 07 14 8 11

KNOW ALL PERSONS BY THESE PRESENTS, that we, Pro-Lawn Care (Company Name)

Don Sichling, 1104 E. Main Street, Griffith, IN 46319 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.

Signed and sealed this 2nd day of August, 2006

WHEREAS, the said Obligee has granted or is about to grant to the said Principal a license or permit to engage in the business of Landscaping Contracting (Type of Business)

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2006 AUG 16 PM 1:25  
MICHELE BROWN  
RECORDER

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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 Landscaping Contracting (Type of Business)

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 notice upon the Obligee ten (10) days in advance of its intention to do so.

PROVIDED 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 forth above.

Term of bond: August 2nd 2006, to August 2nd, 2007



My Commission Expires November 30, 2006

D. Krell  
Notary Seal

Pro-Lawn Care Company Name  
[Signature] Principal

WESTERN SURETY COMPANY, Surety  
By [Signature]  
Paul T. Bruflat, Senior Vice President

CS  
11/00E  
D.A. M.

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID AW  
PROLA-2

DATE (MM/DD/YYYY)  
08/02/06

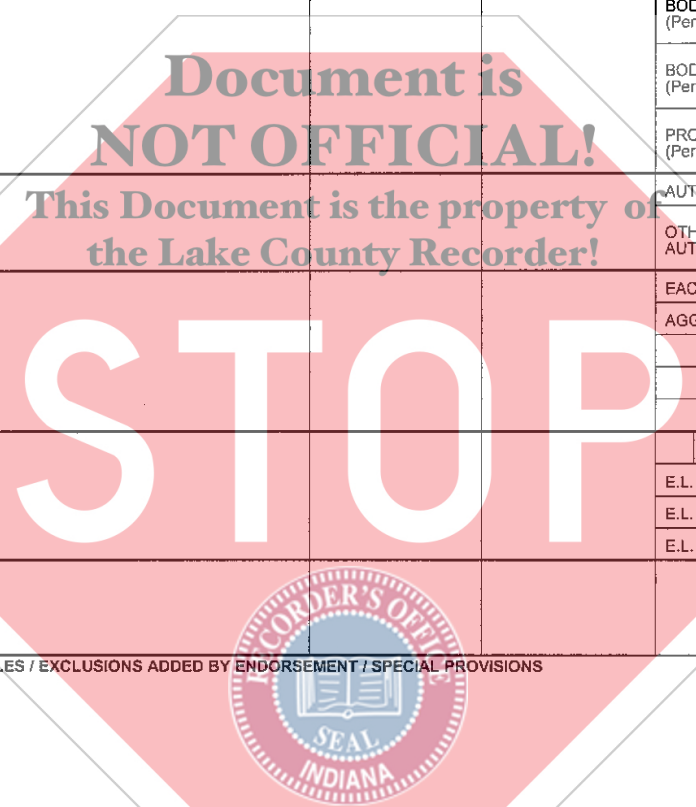
<b>PRODUCER</b>  Hunt Insurance Agency, Inc. 12000 S. Harlem Avenue Palos Heights IL 60463-1153 Phone: 708-361-5300 Fax: 708-361-5316	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Pro-Lawn Care Don Sichling dba: 1104 E. Main Street Griffith IN 46319	INSURER A: <b>Society Insurance Company</b>	15261
	INSURER B:	
	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.

2006

INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CBP440792	05/04/06	05/04/07	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				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				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC	\$
		GARAGE LIABILITY				AUTO ONLY: EA ACC	\$
		<input type="checkbox"/> ANY AUTO				AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTHER	
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
		OTHER				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$



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

<b>CERTIFICATE HOLDER</b>  LAKEC-1  Lake County Indiana Recorder's Office 2293 N Main Street Crown Point IN 46307	<b>CANCELLATION</b>  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 
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