

# Bond Safeguard INSURANCE COMPANY

1919 S. Highland Ave. • Bldg. A - Suite 300 • Lombard, IL 60148 (630) 495-9380

BOND NO. 15- 6028994

2007 095881

## INDIANA LICENSE AND/OR PERMIT BOND (ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00 AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)

KNOW ALL MEN BY THESE PRESENTS:

That we PNL Enterprises, Inc.  
(Principal's Name)  
194 Kingston Lane, Bloomingdale, IL 60108  
(Principal's Address)

as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed in the State of Indiana, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana & Any Cities & Towns in Lake County

State of Indiana, Obligee, in the aggregate sum of Five Thousand Dollars (\$5,000.00) to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.

In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the business of HVAC Contractor

for the period beginning on the 4th day of December, 2007, and ending on the 4th day of December, 2008

THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinances and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void; otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.

Dated this 4th day of December, 2007

Countersigned: PNL Enterprises, Inc. Principal  
[Signature] Officer

BY: [Signature] BY: [Signature] President  
BOND SAFEGUARD INSURANCE COMPANY

ACKNOWLEDGEMENT OF SURETY  
(Corporate Officer)

STATE OF ILLINOIS }  
COUNTY OF DUPAGE } SS

On this 1st day of January, 2004, before me, the undersigned president personally appeared David E. Campbell, who acknowledged himself to be the aforesaid president of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such president, being authorized to do so, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such president. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

"OFFICIAL SEAL"  
MICHELE KOLLER  
Notary Public, State of Illinois  
My Commission Expires 08/28/07

[Signature]  
Notary Public, State of Illinois



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Check Box If Previously Faxed

## MISCELLANEOUS SURETY BOND — SIMPLE ISSUE

Name of Applicant PNL Enterprises, Inc. Taxpayer I.D. or S.S. # \_\_\_\_\_

Address of Applicant 194 Kingston Lane  
Street and Number

Bloomington IL 60108 DuPage Telephone (630) 531-0996  
City State Zip Code County

Individual  Sole Proprietorship  Partnership  Corporation

Occupation or business activity General contractor

Year business started 2006 Has Applicant ever been bankrupt? No

If Applicant is a Partnership or Corporation, list Partners or Owners.

NAME	COMPLETE RESIDENCE ADDRESS & TELEPHONE #
Peter Laris	194 Kingston Lane, Bloomington, IL 60108
Barbara Laris	194 Kingston Lane, Bloomington, IL 60108

If Applicant is an individual, complete:

Employer's Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_

TYPE OF BOND License/Permit Bond COMPLETE SECTION ON REVERSE.

AMOUNT OF BOND \$5,000 EFFECTIVE DATE December 4, 2007

OBLIGEE NAME & ADDRESS County of Lake, State of Indiana

### AGENTS RECOMMENDATION

How long have you known the applicant? 2 years

Tell us what you know and think of this applicant: A good business risk

Agency Name Korei Catalano Agency No. 14-4317

### INDEMNITY

The undersigned applicant indemnitor(s) hereby request the BOND SAFEGUARD INSURANCE COMPANY (herein referred to as "Company") to become surety for and furnish the herein applied for bond and such other bond or bonds as may now or hereafter be required by or in behalf of the above named applicant.

The undersigned certify that the information and statements contained in this application are true and correct, and the undersigned jointly and severally in consideration of the Company becoming surety, or executing or guaranteeing any bond or bonds for the applicant, do for value received hereby covenant, promise, and agree to pay the Company the usual premium; and we each jointly and severally agree to indemnify and save the surety harmless from and against any liability, and all loss, cost, charges, suits, damages, counsel fees, and expenses of whatever kind or nature which said Company shall at any time sustain or incur, for or by reason, or in consequence of said Company having become surety or entering into such bond or bonds and agree to place the Company in funds to meet any claim or demand before it shall be required to make payment.

The Company may decline, except for statutory provisions to the contrary, to become surety on any bond of the applicant, and in case it does act as surety shall have the right to withdraw or cancel same whenever it shall see fit; and in any event the Company shall not be required to disclose the reason upon which its action is based, and shall not be responsible for any loss or damage that may be sustained by reason of such action. Without notice to the applicant or indemnitor(s), the Company at any time may increase or decrease the penalty of any bond of the applicant, or may change the terms or conditions of any such bond and this agreement does also indemnify the Company as to any such bond as so altered.

Signed 4th day of Dec, 2007.  
[Signature]  
APPLICANT

IF APPLICANT IS PARTNERSHIP OR CORPORATION THEN PARTNERS/OWNERS MUST SIGN AS PERSONAL INDEMNITOR  
[Signature]  
PERSONAL INDEMNITOR  
PERSONAL INDEMNITOR  
PERSONAL INDEMNITOR  
PERSONAL INDEMNITOR