

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

2010 011711

# LICENSE AND PERMIT BOND

STATE OF INDIANA LAKE COUNTY FILED FOR REGORDIO. LSM0171506

2010 MAR -3 PM 12: 40

KNOW ALL MEN BY THESE PRESENTS:

MICHELLE R. FAJMAN RECORDER

| That we, Judy Sylvester DBA L & J Roofing 9228 Indianpolis Blvd Highland, IN 46322                |   |   |                    |
|---|---|---|--------------------|
| as Principal, and theRLI Ins  | surance Company   | , a corporation duly licensed to do busin   | ess in the state   |
| of, as Sure   | ty, are held and firmly boun  | and any cities and towns in Lake County, IN   | 011'               |
|   |   | and any cities and towns in Lake County, IN   | , Obligee,         |
| in the penal sum of   |   | ousand and 00/100<br>e paid to the said Obligee, for which payment we   | ll and truly to be |
| made, we bind ourselves and our legal represe   |   |   | ii and truly to be |
| THE CONDITION OF THE ABOVE OBLIG  | ATION IS SUCH, That wh  | ereas, the said Principal has been licensed as a(n  | ı)                 |
| Roofing   | g contractor  | by the Obligee.   |                    |
| This bond may be terminated at any time by the this bond is filed and to the Principal, addresses | ne Surety upon sending writed to them at their first know permitted by applicable law | f January, 2010, and ending on the ten notice to the clerk of the Political Subdivision address, and at the expiration of thirty (30) day, whichever is later, this bond shall terminate and the Principal subsequent to said date. | n with whom        |
| Dated this 13th day of January 2  Principal (Individual, Partner or Corporate Officer)            | 2010  | Principal (Additional Partner or Partner  | rs)                |
| Countersigned  By Making  | CORPORATE SEAL  | RLI Insurance Company   | 16º2<br>16 11 2    |
| Resider   | nt Agent  | Roy C. Die  | Vice President     |



RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

## **POWER OF ATTORNEY**

### **RLI Insurance Company**

Bond No. <u>LSM0171506</u>

#### Know All Men by These Presents:

| That the                            | RLI Insu                             | rance Company  | , a cor   | oration organize                              | ed and existing un                      | nder the laws of the State of  |
|-------------------------------------|--------------------------------------|--|---|---|---|--|
| Illinois                            | . ar                                 | nd authorized and lice   | nsed to do busines  | s in all states and                           | d the District of C                     | Columbia does hereby make,   |
| constitute and appoir               |                                      | Roy C. Die   | iı  | n the City of                                 | Peor                                    | ria , State of   |
| Illinois                            | . as                                 | Vice President   | with full   | power and auth                                | ority hereby conf                       | ferred upon him/her to sign,   |
| execute acknowledg                  | e and deliver                        | for and on its behalf  | as Surety, in gene  | ral, any and all                              | bonds, undertakin                       | gs, and recognizances in an  |
| amount not to exce                  | eed                                  | One Million a  | and 00/100  | Doll:   | ars (\$1,000,0                          | 000.00 for any single  |
|                                     |                                      | following described b  |   |   | Value and                               |  |
| oongation, and speci                | nearly for the                       | tono wing deservous  |   |   |   |  |
| Principal: J                        | ady Sylvester                        | DBA L & J Roofing  |   |   |   |  |
| Obligee: _B                         | oard of Com                          | nissioners of the Coi  | unty of Lake, Sta<br>only when a County, City   | te of Indiana, an<br>Town or Village is nar   | nd any cities and<br>med as Obligee)    | towns in Lake County, IN   |
| Type Bond: R                        | oofing contra                        | ctor   |   |   |   |  |
| Bond Amount: \$                     | 5,000.00                             |  |   |   |   |  |
| Effective Date:Ja                   | anuary 13, 20                        | 10   |   | ~   |   |  |
| The                                 | RLI Insuran                          | ce Company   | further   | certifies that the                            | e following is a                        | true and exact copy of a   |
| Resolution adopted                  | by the Board o                       | of Directors of  | CUIRD TAS   | urance Compar                                 | ıv                                      | _, and now in force to-wit:  |
| -                                   | -                                    | 7700   |   | CTAT  |   |  |
| Secretary, or the undertakings in t | Treasurer methe name of wers of Atto | ay appoint Attorney<br>the Company. The<br>rney or other oblig | s in Fact or Age<br>corporate seal i  | ents who shall l<br>s not necessary           | have authority to<br>y for the validity | , Secretary, any Assistant<br>o issue bonds, policies or<br>y of any bonds, policies,<br>my such officer and the |
| IN WITNESS WHE                      | REOF, the                            | RLIIns   | urance Company  | 7   | has caused these                        | e presents to be executed by   |
| itsVice Pre                         | esident                              | _ with its corporate s   | eal affixed this  | 13th day of                                   | January                                 | _,2010 .   |
|                                     |                                      |  | attitution tile   |   |   |  |
| ATTEST:                             |                                      |  | HANCE COMME   | RLI Insurar                                   | nce Company                             |  |
| ATTEST:                             | $\sim$                               |  | ORPORAL   |   | ice Company                             |  |
| $(\mathcal{L}_{\mathcal{L}})$       | 1080                                 |  | SEAL  |   |   |  |
|                                     | 1. 00 m                              |  | SHALL   |   | <i>//</i> · \                           | - Ju   |
| Cynthia S. Dohm                     |                                      | Assistant Secretary  | LIN OIS MANUAL THE PROPERTY OF THE PARTY OF | Roy C. Die                                    |   | Vice President   |
| On this 13th day                    | of Januar                            | y , 2010 before i  | me, a Notary Publ   | ic, personally ap                             | peared                                  | Roy C. Die   |
|                                     | nia S. Dohm                          | , who being  | by me duly sworn  |   |   | he above Power of Attorney   |
|                                     | Vice Presiden                        |  | nd  |   |   | , respectively, of the said  |
|                                     | I Insurance C                        | ompany   | , and acknow  | vledged said ins                              | strument to be the                      | e voluntary act and deed of  |
| said corporation.                   |                                      |  |   |   |   |  |
|                                     |                                      |  | ***************************************   | ****  | <b>^</b>                                |  |
| and                                 | vieline II                           | 7. Backler   |   | OFFICIAL SEAL"                                |   |  |
| Jacqueline M. Bockler               |                                      | Notary Pub   | STATE OF JACO   | DUELINE M BOCKLER<br>HISSION EXPIRES 03/01/10 | <b>L</b>                                |  |
|                                     |                                      |  | 4   | ***************************************       | <b>≯</b>                                |  |

A1306806

# **RLI**

RLI Insurance Company P.O. Box 3967 Peoria IL 61612-3967 Phone: (309)692-1000 Fax: (309)683-1610

# **Acknowledgment of Surety**

| STATE OF Illinois  COUNTY OF Peoria ss.  |
|--|
| On this 13th day of January, 2010, before me, a Notary Public in and for said County, personally                                 |
| appeared Roy C. Die , personally known to me, who being by me duly sworn did say that  |
| he/she is the aforesaid Vice President of the RLI Insurance Company  |
| of Peoria, Illinois, a corporation duly organized and existing under the laws of   |
| the State of, that the seal affixed to the foregoing instrument is the corporate seal of said                                    |
| corporation, that the said instrument was signed, sealed and executed in behalf of said corporation by authority of its Board of |
| Directors, and further acknowledge that the said instrument and the execution thereof to be a voluntary act and deed of said     |
| corporation. the Lake County Recorder!   |
| IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed by official seal the day and year last                        |
| above written.   |
| My Commission Expires:  "OFFICIAL SEAL"  HOTARY  JACQUELINE M. BOCKLER  STATE OF  LUNOS COMMISSION EXPIRES 03/01/10              |
| 3/1/2010  Requeline M. Bockler  Notary Public  |

A0007204