



Bond 6698310

LAKE COUNTY
FILED FOR RECORD

LICENSE OR PERMIT BOND **2010 013184**

2010 MAR 11 AM 10:15

KNOW ALL BY THESE PRESENTS, That we, LINTFIGHTERS OF INDIANA, INC.

as Principal, of 9945 Redbud Road

MISHLEIGH SWAN
RECORDER

(Street and Number)

Munster

INDIANA

and the AMERICAN STATES INSURANCE COMPANY

(City)

(State)

, a INDIANA

corporation, as Surety, are held and firmly

bound unto Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns in Lake County, Indiana

, as Obligee, in the sum of

Five Thousand Dollars And Zero Cents

Dollars (\$ 5,000.00)

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 10th day of March, 2010.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Dryer Vent Cleaning and Repair

by the Obligee.

NOW, THEREFORE, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER:

1. This bond shall continue in force:

Until March 10

executed by the Surety

OR

Until canceled as herein provided.

2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

** I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. **

LINTFIGHTERS OF INDIANA, INC.

Principal



AMERICAN STATES INSURANCE COMPANY

By

T. Mikolajewski

Tim Mikolajewski, Vice-President

16
AD
CS



CERTIFICATE OF LIABILITY INSURANCE

OP ID JO
LINO-01

DATE (MM/DD/YYYY)

03/10/10

PRODUCER Bekan Insurance Group- Scherer P.O.Box 568 Schererville IN 46375-0568 Phone: 219-865-1515	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Lintfighters of Indiana, Inc 9945 Redbud Road Munster IN 46321	INSURER A. Pekin Insurance Company	
	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.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY	PENDING	03/04/10	03/04/11	EACH OCCURRENCE	\$ 1000000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5000
						PERSONAL & ADV INJURY	\$ 1000000
		GEN'L AGGREGATE LIMIT APPLIES PER				GENERAL AGGREGATE	\$ 2000000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG	\$ 2000000
		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 AUTO ONLY	EA ACC \$ AGG \$
		GARAGE LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> ANY AUTO				AGGREGATE	\$
		EXCESS / UMBRELLA LIABILITY					\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N			E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Dryer installation/maintenance/repair							

CERTIFICATE HOLDER Lake County Plan Commission 2293 N. Main Crown Point IN 46307	CANCELLATION 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 Michelle R. Jones

ACORD 25 (2009/01)

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**SURETY ONLINE™
BOND TRANSACTION RECEIPT**

BOND NUMBER 6698310
AGENCY NUMBER 26-0978

PREPARER

NAME HIA HAMMOND INSURANCE			PHONE NUMBER (219) 865-1777
ADDRESS HAMMOND INS AGY INC DBA SCHERERVILLE, IN 46375-0717	CITY	STATE	ZIP CODE

APPLICANT

NAME LINTFIGHTERS OF INDIANA, INC.			PHONE NUMBER (219) 218-1700
ADDRESS 9945 Redbud Road Munster, IN 46321	CITY	STATE	ZIP CODE

APPLICANT BILLING ADDRESS

NAME Lintfighters of Indiana, Inc.			PHONE NUMBER (219) 218-1700
ADDRESS 9945 Redbud Road Munster, IN 46321	CITY	STATE	ZIP CODE

BOND

DESCRIPTION OF BOND Dryer Vent Cleaning and Repair	BOND TYPE Contractors License Bonds	CLASS CODE 906
BOND AMOUNT \$ 5,000.00	EFFECTIVE DATE March 10, 2010	EXPIRATION DATE March 10, 2011
		TERM N/A

OBLIGEE

NAME Board of Commissioners of the County of Lake, State of Indiana, and any Cities and Towns in Lake County, Indiana			
ADDRESS 2293 N. Main Street Crown Point, IN 46307	CITY	STATE	ZIP CODE

BONDING COMPANY

BONDING COMPANY NAME AMERICAN STATES INSURANCE COMPANY

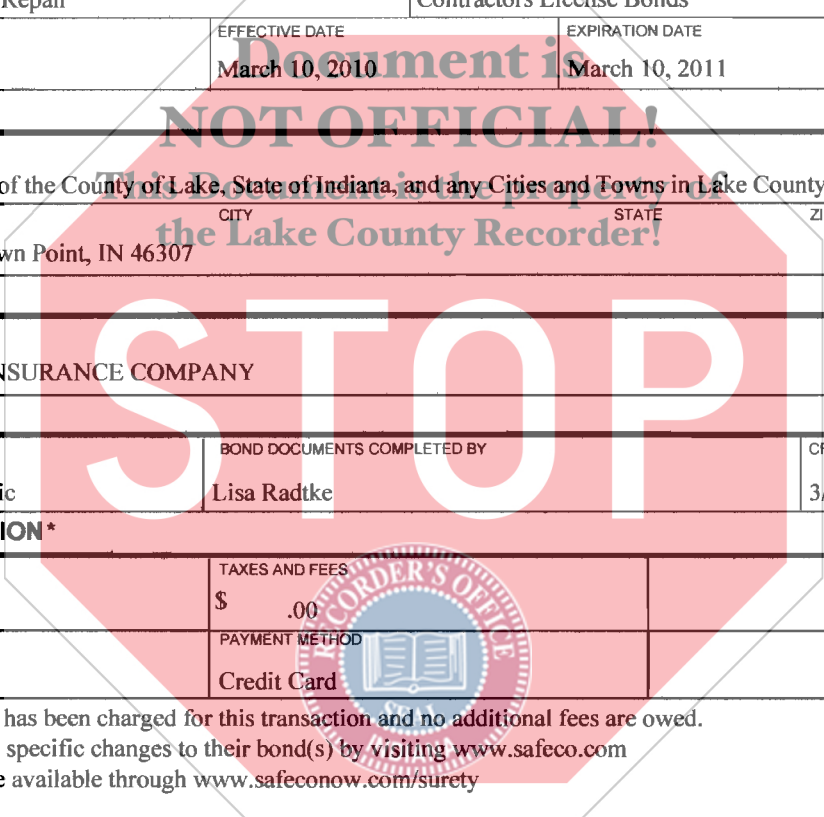
DOCUMENTS

BOND SIGNED BY President signature graphic	BOND DOCUMENTS COMPLETED BY Lisa Radtke	CREATION DATE 3/10/2010
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PAYMENT INFORMATION*

TOTAL TERM PREMIUM \$ 75.00	TAXES AND FEES \$.00
TOTAL AMOUNT DUE \$ 75.00	PAYMENT METHOD Credit Card

* The credit card provided has been charged for this transaction and no additional fees are owed.
Bond holders may request specific changes to their bond(s) by visiting www.safeco.com
Agent bond(s) changes are available through www.safeconow.com/surety



Surety Online

310 E. 96th Street
Indianapolis, IN 46240
(888) 844-2663
Fax: (425) 556-4039
Email: bonds@libertymutual.com