

Bond Number 0826320

## **License and Permit Bond**

(Valid in the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Ohio and Wisconsin only)
For County, City, Town or Village Only – Not valid for bonds required by the State.
Not valid for Contract, Performance, Maintenance, Subdivision, Supply or Utility Guarantee Bond.

Deinsingly (Full name and address)	Obligee: (Principal's cu	stomer)
Principal: (Full name and address) SOUTHWIND GROUP INC	Bd of Comm of Co of Lake-St IN, any cities/towns in Lake Cty	
1101 CUMBERLAND XING DR #111	2293 N Main St	
VALPARAISO, IN 46383	Crown Point, IN 46307	
Effective Date: 9/29/2010	Expiration Date:	9/29/2021
(Valid up to 3 years)	•	
PENAL AMOUNT OF BOND (Not valid for more than \$25,000) Five thousand dollars and 00/100		
lawful money of the United States, to be paid to the said oblige ourselves and our legal representative, jointly and severally.	e, for which payment well a	nd truly to be made we bind
The condition of this obligation is such, that whereas, the princ Plumbing	ipal has been licensed by th	ne Obligee for:
than 36 consecutive months, unless renewed by continuation of this bond may be terminated at any time by the Surety upon thirty-five (35) days from the mailing of notice or as soon there shall terminate and the Surety shall be relieved from any liability. Principal's company shall save and keep harmless the Oblige may become liable on account of the issuance of said licens penalty.  Signed with our hands and sealed with our seals this, the	sending notice in writing to after as permitted by applicate ty for any subsequent acts on the from all losses or damage and permit. The maximum 29 day of September 2	e which t may sustain of the bond in liability shall not exceed the bond tember 20 210
WES	T BENDMUTUAL INSURA	NCE COMPANY CORPORATE SEAL & SEAL
(Principal)	Kevin A. Steiner, Chie	Executive Officer
On the 1st day of March, 2009, before me personally came depose and say: that he resides in the County of Washingt WEST BEND MUTUAL INSURANCE COMPANY the corporation that he knows the seal of the said corporation; that the sea affixed by order of the Board of Directors of said corporation	ton, State of Wisconsin; that oration described in and w I affixed to said instrument	It he is the Chief Executive Officer of hich executed the above instrument; is such corporate seal, that it was so
STATE OF WISCONSIN  County of Washington	John Do	well (Notary Public) ission is permanent.

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, C S 1956 PA 218 and MCL 500 2236

NB 0054 03 09

My Commission is permanent.

8401 Greenway Blvd. Suite 1100 | Middleton, WI 53562 | Phone: (608) 410-3410 | Fax: (877) 674-2663 | www.wbmi.com