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Liberty Mutual 028665

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAY 24 AM 10:29
Liberty Mutual Surety
1001 4th Avenue, Suite 1700
Seattle, WA 98154
MICHAEL J. JOHNSON
RECORDER

BUSINESS SERVICES BOND

6759204

KNOW ALL BY THESE PRESENTS:

That in Return for the Payment of the Premium of \$ 100.00 , American States Insurance Company organized under the laws of the State of Indiana and duly authorized to transact business as Surety ("Surety") hereby agrees to indemnify

→ ATA ENERPRISE LLC of
→ 1990 GRANT ST GARY, IN 46404 (hereinafter

called "Obligee") against direct loss of money or other property, from the premises of any and all subscribers (hereinafter called "Subscribers") to its services and belonging to the Subscriber, or in which the Subscriber has a pecuniary interest or for which the Subscriber is legally liable, which the Subscriber shall sustain as result of any employee dishonesty, as hereafter defined, of an Employee or Employees of the Obligee acting alone or in collusion with others, for which the Obligee is liable, in an amount not exceeding Five Thousand Dollars And Zero Cents

Dollars, (\$ 5,000.00), the limit of the bond.

WHEREAS, the term of this bond begins 12:01 A.M. standard time on 4th day May 2011 at the address of the Obligee as indicated above and remains in full force and effect until canceled by the Surety in its entirety.

NOW, THEREFORE, THE CONDITIONS AND LIMITATIONS OF THIS OBLIGATION ARE SUCH:

1. Loss is covered under this bond only (a) if sustained through any act or acts committed by an Employee of Obligee while this bond is in force as to such Employee, and (b) if discovered prior to the expiration or cancellation of this bond in its entirety as provided in Section 14 or from its cancellation or termination in its entirety in any other manner whichever shall happen first.
2. The most the Surety will pay for loss for any one occurrence is the applicable limit of the bond shown above.
3. The term Employee or Employees, as used in this bond, shall be deemed to mean, respectively, one or more of the natural persons (except directors or trustee, if a corporation, who are not also officers or employees thereof in some other capacity) while in the full time or part time permanent service of the Obligee in the ordinary course of the Obligee's business during the effective period of this bond, and who is/are compensated solely by the Obligee by salary or wages and over whom the Obligee has the right to govern and direct in the performance of such service within any of the states of the United States of America or within the District of Columbia, but does not mean brokers, factors, commission merchants, co-signees, contractors or any other agents or representatives of the same general character.
4. A Subscriber is any person, firm, or corporation for whom the Obligee provides services in his, her or its business capacity.

AMOUNT \$ 14
 CASH CHARGE _____
 CHECK # _____
 Overage _____
 COPY _____
 NON-COM
 CLERK AD

18. This bond does not apply:

(a) To the defense of any legal proceeding brought against the Oblige or Subscriber, or to fees, costs or expenses incurred or paid by the Oblige or Subscriber in prosecuting or defending any legal proceeding whether or not such proceedings result or would result in a loss to the Oblige or Subscriber covered by this bond;

(b) To potential income, including but not limited to interest and dividends, not realized by Oblige or Subscriber because of a loss covered under this bond;

(c) To damages of any type for which the Oblige or Subscriber is legally liable, except direct compensatory damages arising from a loss covered under this bond; and

(d) To costs, fees and other expenses incurred by the Oblige or Subscriber in establishing the existence of or the amount of loss covered under this bond.

19. This bond shall inure to the benefit of the named Oblige only and no other person shall have any rights under this bond. The right of the Oblige under this bond may **NOT** be transferred to any other person without the Surety's prior written consent.

Signed and Dated May 4, 2011

AMERICAN STATES INSURANCE
COMPANY

1001 4th Avenue, Suite 1700, Seattle, WA
98164



Tim Mikolajewski
Tim Mikolajewski, Vice-President

(Surety address)

1-888-844-2663

(Phone)

THIS BOND HAS AN EMPLOYEE CONVICTION REQUIREMENT TO ESTABLISH ANY LOSS OR CLAIM.

