

Effective Date: June 6th, 2013



Western Surety Company

LICENSE OR PERMIT BOND

Bond No. 6170991

2013 051077

KNOW ALL PERSONS BY THESE PRESENTS, that we, Affordable Remodelers Inc.
(Company Name)

1207 Oak Grove Dr., Valparaiso, IN 46383, as Principal,
(Owner's Name and Full Address)

and WESTERN SURETY COMPANY, with its principal office at Sioux Falls, South Dakota, as Surety, are held and firmly bound unto The Board of Commissioners of the County of Lake, State of Indiana, and all cities and towns in Lake County, Indiana, hereinafter called Obligee, in the penal sum of Five Thousand Dollars (\$5,000.00) for the payment of which well and truly to be made we do hereby bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this 6th day of June, 2013.

WHEREAS, the said Obligee has granted or is about to grant to the said Principal a license or permit to engage in the business of General Contractor
(Type of Business)

NOW, THEREFORE, if the said Principal shall indemnify the Obligee against any loss directly arising by reason of the failure to comply with the laws, ordinances, resolutions, rules and regulations governing the business of General Contractor
(Type of Business)

in said Lake County, Indiana, then this obligation shall be void, otherwise to be and remain in full force and effect.

PROVIDED, HOWEVER, that the Surety shall have the right to terminate its liability hereunder by serving written notice upon the Obligee ten (10) days in advance of its intention to do so.

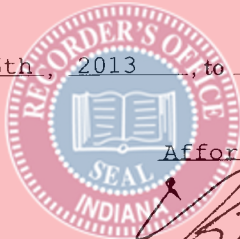
PROVIDED FURTHER, the aggregate liability of the Surety to any and all persons, regardless of the number of claims made against this bond or the number of years this bond remains in force, shall in no event exceed the amount set forth above.

Term of bond: June 6th, 2013, to June 6th, 2014.



My Commission Expires August 11, 2016

S. Petrik
Notary Seal



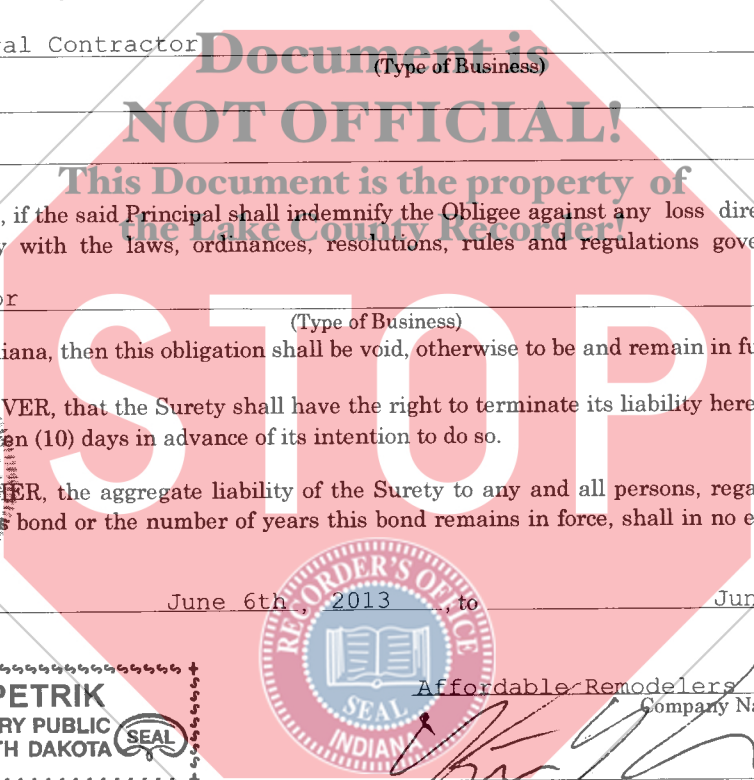
Affordable Remodelers Inc.
Company Name

[Signature]
Principal

WESTERN SURETY COMPANY, Surety

By Paul T. Bruflat
Paul T. Bruflat, Vice President

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDS
JUL 15 PM 2:04
MICHAEL J. BROWN
RECORDER



14-1
CK 6471
NON-COM
DN

E



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/6/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Anton Insurance Agency, Inc.
PO Box 563
Chesterton, IN 46304-0563

CONTACT NAME:
PHONE (A/C, No, Ext): (219) 926-8681 **FAX (A/C, No):** (219) 926-3585
E-MAIL ADDRESS:

INSURED
Affordable Remodelers Inc.
4207 Oak Grove Drive
Valparaiso, IN 46383-2064

INSURER(S) AFFORDING COVERAGE **NAIC #**
INSURER A: Property-Owners Insurance Co. **32905**
INSURER B: Auto-Owners Insurance Company **18988**
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		09472553	5/1/2013	5/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		09111245	5/1/2013	5/1/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N				E.L. EACH ACCIDENT \$ 100,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
REMODELING CONTRACTOR/General

CERTIFICATE HOLDER
Lake County Plan Commission
2293 N. Main St.
Crown Point, IN 46307

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Angeline Anayi