



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

LICENSE AND PERMIT BOND

Bond No. LSM0570476

2014 026054

KNOW ALL MEN BY THESE PRESENTS:

That we, Heritage Home Improvements, Inc.
16249 S 107th Ave Suite 9
Orland Park, IL 60467

as Principal, and the RLI Insurance Company, a corporation duly licensed to do business in the state of Indiana, as Surety, are held and firmly bound unto the Board of Commissioners of the County of Lake, State of Indiana, and any cities and towns in Lake County, Obligees, in the penal sum of Five Thousand and 00/100 (\$ 5,000.00) DOLLARS, lawful money of the United States, to be paid to the said Obligees, for which payment well and truly to be made, we bind ourselves and our legal representatives, jointly and severally by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the said Principal has been licensed as a General Contractor by the Obligees.

NOW, THEREFORE, if the said Principal shall faithfully perform the duties and in all things comply with the laws and ordinances, including all Amendments thereto, pertaining to the license or permit applied for, then this obligation to be void, otherwise to remain in full force and effect for a period commencing on the 27th day of March, 2014, and ending on the 27th day of March, 2015.

This bond may be terminated at any time by the Surety upon sending written notice to the clerk of the Political Subdivision with whom this bond is filed and to the Principal, addressed to them at their first known address, and at the expiration of thirty (30) days from the mailing of said notice, or as soon thereafter as permitted by applicable law, whichever is later, this bond shall terminate and the Surety shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said date.

Dated this 27th day of March, 2014.

[Signature]
 Principal
 (Individual, Partner or Corporate Officer)

 Principal
 (Additional Partner or Partners)



AMOUNT \$ 5000.00
 CASH CHARGE
 CHECK # _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK KA

RLI Insurance Company
 By [Signature]
 Roy C. Die Vice President