# ense Bond CORD

KNOW ALL MEN BY THESE PRESENTS, that    Demotice Glass   Line   Chock	2015 NCS 102 2015 SFF 21 AM 11: 53	Bond No.: 0564873
located at (address/city/state/zip) 800 15TH ST SE, DEMOTTE, REGISTED  Principal; (hereinafter called Principal) and The Cincinnati Insurance Company as Surety (hereinafter called Surety) are held and firmly bound unto the Board of Commissioners of the County of Lake, State of Indiana and any Cities, Towns, and Municipalities in Lake County, Indiana, as Obligee (hereinafter called Obligee) in the full and just sum of Pive Thousand and No/100  Dollars (\$5,000.00 ) to be paid to said Obligee, its successors and assigns, for the payment thereof well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.  THE CONDITION OF THE ABOVE OBLIGATION ARE SUCH, that WHEREAS, the Principal is an applicant for a Windows license, and WHEREAS, the Principal shall save and hold harmless the Obligee or any unknown third party from any loss, costs and damages, expenses or liability of any kind resulting from the issuance of said license or permit, and  WHEREAS, the said Principal will conform in all respects to the ordinances and building codes of the Obligee while performing Windows work, and  WHEREAS, the effective date of this bond is December 31 , 20 14  NOW, THEREFORE, if the license shall be issued to the Principal who shall conform to the ordinances and codes, including all amendments thereto, of the Obligee, then this obligation shall be vaid, otherwise, the same shall remain in full force and effect until:  DEFINITE TERM ending December 31 to the United States of the Continuation Certificate.  The Lake County Recorder:	2013 003103	
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SIGNED, SEALED AND DELIVERED this

Printed name and title

- Regardless of the number of years this bond shall remain in force and the number of annual premiums paid thereafter, the aggregate liability of the Surety hereunder is limited to the penal sum of this bond and any payment or payments made shall reduce the amount of the bond to the extent of such payment or payments.
- The Surety reserves the right to cancel this bond by giving thirty (30) days written notice to the obligee and on the effective date of such thirty (30) day cancellation notice, the surety is discharged and relieved of any liability, it being understood and agreed, however, that the said principal and said Surety will be liable for any loss accruing up to the effective date of said thirty (30) day cancellation notice, in no event, however, in excess of the penalty of the (2) bond.

Principal:

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

\*\*Power of Attorney must be attached to the bond to be valid\*\*

3 Copies \$14.00 \$#12974

## THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

#### POWER OF ATTORNEY

0564873

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Jr., M.J. Pampalone

of Merrillville, IN its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Any such obligations in the United States,

Ten Million and No/100 Dollars (\$10,000,000.00).

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company officers of the Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

continue to be valid and binding on the Company.

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 1st day of April, 2007.

CORPORATE SEAL STATE OF OHIO COUNTY OF BUTLER

Document is the cincinnati insurance company NOT OFFICIAL

This Document is the property of \\ ss: the Lake County Recorder!

Vice President

On this 1st day of April, 2007, before me came the above-named Vice President of THE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.

MARK J. HULLER, Attorney at I NOTARY PUBLIC STATE OF OHIO My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Farmer Chio this 5th day of November 2014

BN-1005 (3/02)

## STATE OF INDIANA

# **COUNTY OF LAKE**

I, <u>Bridgette M. Evers</u> Notary Public of <u>Lake</u> County, in the State of <u>Indiana</u> do hereby certify that <u>M.J. Pampalone, Jr.</u> Attorney-in-Fact, of the <u>Cincinnati Insurance Company</u> who is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered said instrument, for and on behalf of the <u>Cincinnati Insurance Company</u> for the uses and purposes therein set forth.

