

# Bond Safeguard

INSURANCE COMPANY

900 S. Frontage Road, Suite 250, Woodridge, IL 60517 (630) 495-9380

BOND NO. 15- 6041616

2017 07 10 622

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## INDIANA

### LICENSE AND/OR PERMIT BOND

(ONLY VALID IF FILLED IN FOR LESS THAN \$25,001.00 AND OBLIGEE IS AN INDIANA COUNTY, CITY, TOWN OR VILLAGE.)

KNOW ALL MEN BY THESE PRESENTS:

That we HERITAGE CONTRACTING LLC  
(Principal's Name)  
1036 177TH ST HAMMOND, IN 46324  
(Principal's Address)

as Principal, and BOND SAFEGUARD INSURANCE COMPANY, an insurance company duly licensed 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 Indiana

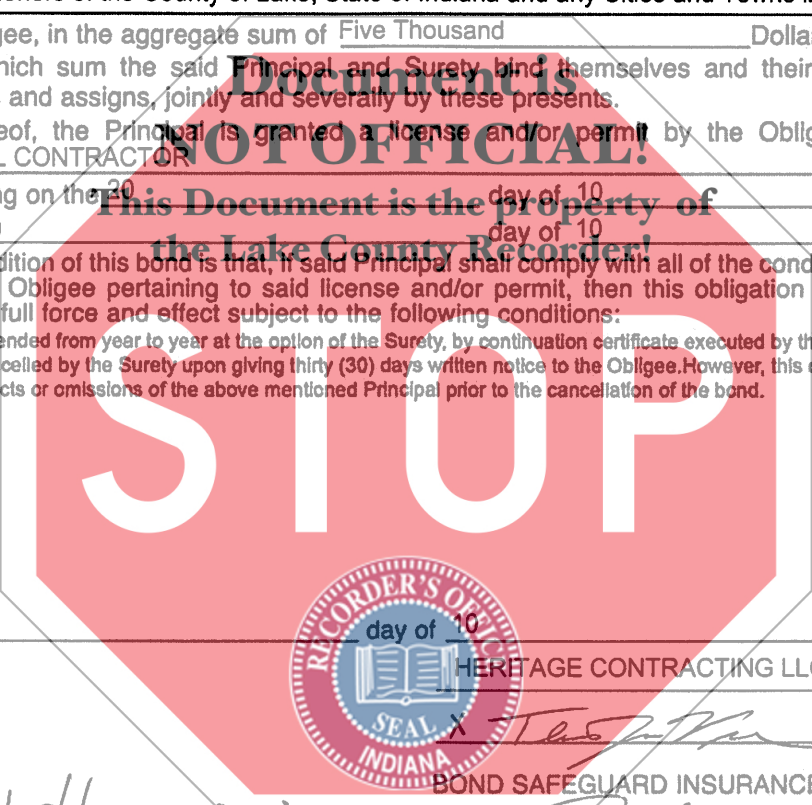
State of Indiana, Obligee, in the aggregate sum of Five Thousand Dollars (\$5000) to the payment of which sum the said Principal and Surety bind themselves and their heirs, administrators, executors, successors and assigns, jointly and severally by these presents.

In consideration thereof, the Principal is granted a license and/or permit by the Obligee to engage in the business of GENERAL CONTRACTOR

for the period beginning on the 20 day of 10 and ending on the 20 day of 10

THEREFORE: the condition of this bond is that, if said Principal shall comply with all of the conditions of the ordinance and regulations of the Obligee pertaining to said license and/or permit, then this obligation shall be null and void otherwise to remain in full force and effect subject to the following conditions:

1. This obligation may be extended from year to year at the option of the Surety, by continuation certificate executed by the Surety;
2. This obligation may be cancelled by the Surety upon giving thirty (30) days written notice to the Obligee. However, this obligation shall remain in full force and effect as to the acts or omissions of the above mentioned Principal prior to the cancellation of the bond.



STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORDER  
 2017 OCT 20 10:10 AM  
 MICHAEL J. BROWN  
 RECORDER

Dated this 20 day of 10, 2017

Countersigned: \_\_\_\_\_  
Principal  
\_\_\_\_\_ Officer

BY: [Signature] BY: [Signature]  
President

#### ACKNOWLEDGEMENT OF SURETY (Corporate Officer)

STATE OF ILLINOIS )  
COUNTY OF DUPAGE ) SS



On this 21st day of September 20 09, before me, the undersigned officer personally appeared David E. Campbell, who acknowledged himself to be the aforesaid officer of BOND SAFEGUARD INSURANCE COMPANY, a corporation, and that he, as such officer, being authorized to do so, executed the foregoing instrument for the purpose therein contained, by signing the name of the corporation by himself as such officer. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

"OFFICIAL SEAL"  
 MAUREEN K. AYE  
 Notary Public, State of Illinois  
 My Commission Expires 09/21/17

25- [Signature]  
 CS [Signature]  
 Notary Public, State of Illinois

