

## **BOND RIDER**

To be attached to and for	rm a part of:
Bond No.:	32S149471 SS
Cross Ref Bond No.:	61227000000
Type of Bond:	GENERAL CONTRACTOR/ELECTRICAL BOND
Dated effective:  Executed by:	June 5, 2001  GRZEGORZ TRACIAK DBA F&G CONSTRUCTION  One of the construction of the co
And by:	American States Insurance Company , as Surety, , as Surety,
In favor of:	Board of Commissioners of the County of Lake, State of IN, and any Cities and Towns in Lake Co., IN
In consideration of the r	nutual agreements herein contained the Principal and the Surety hereby consent to:
Changing:	Principal Name and/or Address
From:	GRZEGORZ TRACIAK DBA F&G CONSTRUCTION
	4515 PINE, HAMMOND, IN 46327
То:	GRZEGORZ TRACIAK DBA F&G CONSTRUCTION
	4240 Torrence Ave, HAMMOND, IN 46327
Nothing herein containe	d shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.
This rider is effective:	June 5, 2019
Signed and Sealed on:	June 11, 2019
Principal Name:	GRZEGORZ TRACIAK DBA F&G CONSTRUCTION
Ву:	
Surety Name:	American States Insurance Company
Ву:	Timothy A. Mikolajewski



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

American States Insurance Company

## POWER OF ATTORNEY

Principal: GRZEGORZ TRACIAK DBA F&G CONSTRUCTION	
Agency Name: Meyers Glaros Group LLC	Bond Number: 32S149471
Obliges: Board of Commissioners of the County of Lake, State of IN, and any Cities and Towns in Lake Co., IN	

Bond Amount: (\$5,000.00 Five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that American States Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Timothy A. Mikelajewski in the city and state of Seattle, WA, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.

> INSU Βv

American States Insurance Company

David M. Carey, Assistant Secretary

on any business day

-610-

STATE OF PENNSYLVANIA COUNTY OF MONTGOMERY

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of American States Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



**COMMONWEALTH OF PENNSYLVANIA** 

Notarial Seal Teresa Pastella, Notary Public Upper Merion Two . Montgo My Commission Expiros March 28, 2021

validity of this Power of Attorney 0 between 9:00 am and 4:30 pm This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of American States Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-infact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surely any and all undertakings, bonds, recognizances and other surely obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I. Renee C. Llewellyn, the undersigned, Assistant Secretary, of American States Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 11th day of June 2019



Renee C. Llewellyn, Assistant Secretary



## OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER 2293 NORTH MAIN STREET **CROWN POINT, INDIANA 46307** 

MICHAEL B. BROWN

Recorder



PHONE (219) 755-3730 FAX (219) 755-3257

## **DISCLAIMER**

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REQUIREMENTS
CUSTOMER INITIALS: 6.7 DATE: 061 121 2019
EMPLOYEE INITIALS: DATE: DU 1 12 1 2019