## 2020-017377

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER



2020 Mar 12

3:23 PM

## **CONTINUATION CERTIFICATE**

| The Ohio Casualty Insu  | rance Company   | Surety u   | pon:                         |                                      |  |
|---|---|--|------------------------------|--------------------------------------|--|
| a certain Bond No.:   | 328604142   |  |                              |                                      |  |
| Cross Ref Bond No.:   |   |  |                              |                                      |  |
| dated effective:  | March 1, 2019   |  |                              |                                      |  |
| on behalf of:   | FINISH CARPENTRY SERVICE  | S INC  |                              |                                      |  |
| and in favor of:  | Board of Commissioners of the Co  | nunty of Lake, State o   | LIndiana, a                  | and any Cities                       | and Towns in Lake County,                                    |
| does hereby continue sa   | id bond in force for the further peti   | <b>OFFIC</b>   | IAL                          |                                      |  |
| beginning on:   | March 1, 20 his Docume  | ent is the pr  | opert                        | y of                                 | _  |
| and ending on:  | March 1, 2021 the Lake  | County Red   | order                        | !                                    |  |
| Amount of bond:   | \$5,000.00  |  |                              |                                      |  |
| Description of bond:  | CARPENTRY CONTRACTOR  |  |                              |                                      |  |
|   |   |  |                              |                                      |  |
| provision that the Suret<br>be cumulative and that<br>of all defaults committee | continuation certificate does not<br>y's liability under said bond and thi<br>the said Surety's aggregate liability<br>d during the period (regardless of<br>nount of said bond as hereinbefore). | s and all Continuatio<br>under said bend and<br>the tumber of years) | n Certification this and all | tes issued in c                      | onnection therewith shall not sation Certificates on account |
| Surety Name:  | The Ohio Casualty Insurance Con-  | WOIANA THE   |                              | SOLTY IN<br>SOLTY IN<br>1919<br>1919 | MCE COM  |
|   | Midwest Insurance Center, Inc.  | *  |                              |                                      |  |
| Agency Address: Agency Telephone:   | 944 WEST US HWY 30, Scherery  | ille, 1N 46375   | *** ***                      | <del></del>                          |  |
| vacina terchimie:   | 417-004-3333  |  |                              |                                      |  |



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.

The Ohio Casualty Insurance Company

## **POWER OF ATTORNEY**

| Agency Name: Midwest Insure   |   | Bond Number: 325604142 of Indiana, and any Cities and Towns in Lake County, Indiana  |  |  |  |  |
|---|---|--|--|--|--|--|
| Bond Amount: (\$5,000.00  | ) Five Thousand Dollars And   | te of Indiana, and any Cities and Towns in Lak<br>Zero Cents   | e County, Indiana  |  |  |  |
| consecutory camed the "Company<br>each individually if there be mor<br>deed, any and all undertakings,<br>signed by the president and atte          | <ul> <li>r), pursuant to and by authority he<br/>a than one named, its true and lan<br/>bonds, recognizances and other a<br/>sted by the secretary of the Compa<br/>to the companies.</li> </ul>  | rein set forfit, does hereby name, constitute and app<br>viul attorney-in-fact to make, execute, seat, acknow<br>urely obligations, in pursuance of these presents an<br>any in their own proper persons.  | organized under the laws of the State of New Hampshire<br>loint Timothy A. Mikolajewski in the city and state of Seat<br>ledge and deliver, for and on its behalf as surely and as its<br>I shall be as binding upon the Companies as if they have be<br>my and the corporate seal of the Company has been affixed   | tie, W/<br>act an<br>een du                            |  |  |
| this 26th day of September, 201   | 6.  |  |  |  |  |  |
|   | N   | Document is<br>OT OF TA  | he Ohio Casualty Insurance Company  Long  Long |  |  |  |
| STATE OF PENNSYLVANIA   | This D  | ocument is the prop  |  |  |  |  |
| COUNTY OF MONTGOMERY  |   |  | der!<br>If to be the Assistant Secretary of The Otto Casually in   |  |  |  |
| On this zoon day or september<br>Company and that he, as such, i<br>authorized officer.   | being authorized so to do, execute  | peared David M. Carey, who acknowledged himse<br>the foregoing instrument for the purposes therein or  | if to be the Assistant Secretary of The Otto Casualty in<br>ontained by signing on behalf of the corporations by himself   | surano<br>las dul                                      |  |  |
|   | OF ADJANY PAGE  | Manuel, Pennsystema Associated of Recines  | Teresa Pastella, Notary Public   |  |  |  |
| This Power of Allomey is made a<br>and effect reading as follows:   | and executed pursuant to and by a   | uthority of the following by lew and Authorizetions o  | of The Ohio Cesualty Insurance Company, which is now in fi   | ull forc   |  |  |
| Any officer or other office<br>President may prescribe, a<br>eny and all undertakings,<br>have full power to bind the<br>power or authority granted | : Section 12. Power of Attorney. al of the Corporation authorized in shell appoint such attorneys-in-face bonds, recognizances and other as a Corporation by their atgrature ar to any representative or attorney- ing such power or authority. | or that purpose in writing by the Creamon or the I, as may be necessary to ect in behalf of the Corpurely obligations. Such attempts in fact, withjest to detectived, such instruments stell be as binding a in-fact under this necessary of the endote may be re- | President, and subject to such limitation as the Chairman<br>pretion to make, execute, seal, acknowledge and deliver as<br>the limitations set forth in their respective powers of attorne<br>is if signed by the President and attested to by the Secreta<br>worked at any time by the Board, the Chairman, the Presiden  | n or the<br>s suret<br>ey, sha<br>ery. Any<br>nt or by |  |  |
| Certificate of Designation – Th<br>fact as may be necessary to act<br>obligations.  | e President of the Company, acting on behalf of the Company to make   | pursuant to the Bylaws of the Company, authorize<br>e, execute, seal, acknowledge and deliver as surely  | David M. Cerey, Assistant Secretary to appoint such attorn<br>or any and all undertakings, bonds, recognizances and other  | neys-In<br>r surety                                    |  |  |
| assistant secretary of the Comp   | any or facsimile or mechanically r  | f Directors, the Company consents that facsimile or<br>eproduced or efectronic seal of the Company, whe<br>be valid and binding upon the Company with the sa   | mechanically reproduced signature or electronic signatures<br>rever appearing upon a certified copy of any power of atto<br>ma force and effect as though manually afficed.  | s of any<br>amey o                                     |  |  |
|   | signed, Assistant Secretary, of Th  |  | ify that this power of attorney executed by said Company i   | ks in fui  |  |  |
|   |   | ed the seals of said Company this 12th day of  | March , 2020 .   |  |  |  |
|   | -   |  | ·  |  |  |  |