



**LICENSE OR PERMIT BOND**

Bond No.: 999077167

**KNOW ALL BY THESE PRESENTS**, That we, MANUEL MEDINA DBA H & M PROFESSIONAL PAINTING  
AND \_\_\_\_\_ as Principal, of 9442 N Bishop Ln,  
Mooreville, IN 46158 \_\_\_\_\_, and the

The Ohio Casualty Insurance Company \_\_\_\_\_, a New Hampshire \_\_\_\_\_ corporation, 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 \_\_\_\_\_, of 2293 N. Main Street, Crown Point, IN 46307

\_\_\_\_\_, as Obligee, in the sum of Five Thousand Dollars And Zero Cents  
( \$5,000.00 )

for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns,  
jointly and severally, firmly by these presents.

Sealed with our seals, and dated this 9th day of November, 2020

**THE CONDITION OF THIS OBLIGATION IS SUCH, THAT WHEREAS**, the Principal has been or is about to be  
granted a license or permit to do business as Painter \_\_\_\_\_ by the Obligee.

**NOW, THEREFORE**, if the Principal well and truly comply with applicable local ordinances, and conduct business in  
conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

**PROVIDED, HOWEVER:**

1. This bond shall continue in force:  
 Until 9th day of November, 2021 or until the date of expiration of any Continuation  
Certificate executed by the Surety

**OR**

Until canceled as herein provided.  
2. This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less  
than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

\*\*I affirm, under the penalties for perjury, that I  
have taken reasonable care to redact each social  
security number in this document, unless  
required by law.\*\*

MANUEL MEDINA DBA H & M PROFESSIONAL  
PAINTING AND

By [Signature] \_\_\_\_\_ Principal

The Ohio Casualty Insurance Company

By Timothy A. Mikolajewski \_\_\_\_\_  
Timothy A. Mikolajewski Attorney-in-Fact

**2020-083248**

2020 Nov 17 12:53 PM

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





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

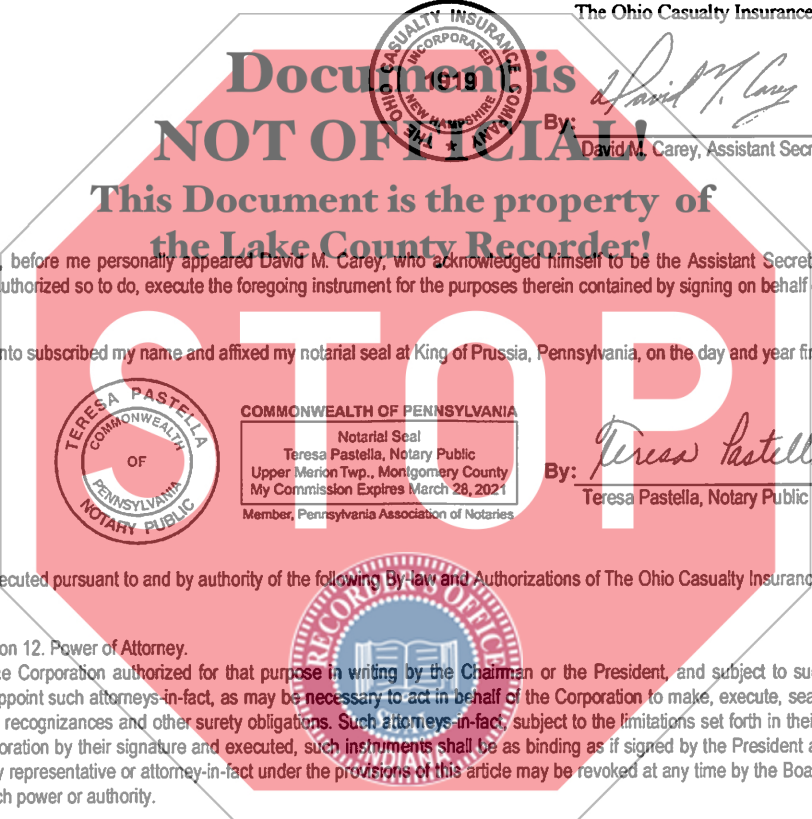
Principal: MANUEL MEDINA DBA H & M PROFESSIONAL PAINTING AND
Agency Name: ALL INSURANCE SERVICES LLC Bond Number: 999077167
Obligee: The Board of Commissioners of the County of Lake, State of Indiana, and Any Cities and Towns in Lake County Indiana
Bond Amount: (\$5,000.00 ) Five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty 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. Mikolajewski 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.

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



The Ohio Casualty Insurance Company



By: [Signature of David M. Carey]

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
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 The Ohio Casualty 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 Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: [Signature of Teresa Pastella]

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the By-law and Authorizations of The Ohio Casualty 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-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety 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 The Ohio Casualty 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 9th day of November, 2020.



By: [Signature of Renee C. Llewellyn]

Renee C. Llewellyn, Assistant Secretary