

## **BOND RIDER**

| To be attached to and form a part of: |                                      | 2020 002250  |                   | STATE OF INDIANA                    |
|---------------------------------------|--------------------------------------|--|-------------------|-------------------------------------|
| Bond No.:                             | 601109399                            | 2020-083250  |                   | LAKE COUNTY<br>FILED FOR RECORD     |
| Cross Ref Bond No.:                   |                                      | 2020 Nov 17  | 1:18 PM           | MICHAEL B BROWN<br>RECORDER         |
| Type of Bond:                         | General Contracting                  |  |                   |                                     |
| Dated effective:                      | August 23, 2016                      | cument is  |                   |                                     |
| Executed by:                          | Olson Construction Management        | Services, Inc. <b>DFFICIA</b>  | IL!               | , as Principal,                     |
| •                                     | The Ohio Casualty Insurance Con      | County Recor   | rder              |                                     |
| In favor of:                          | Board of Commissioners of the C      | County of Lake State of  | IN and all Cities | s, Towns and Municipalities of Lake |
|                                       | County IN                            |  |                   |                                     |
| In consideration of the               | mutual agreements herein containe    | ed the Principal and the   | Surety hereby c   | onsent to:                          |
|                                       | Principal Name and/or Address        |  |                   |                                     |
| From:                                 | Olson Construction Management        | Services, Inc.   |                   |                                     |
|                                       | PO Box 10665, Merrillville, IN 4     | 6411   |                   |                                     |
| To                                    | Olson Construction Management        | OFDER'S  |                   |                                     |
| 10.                                   |                                      |  |                   |                                     |
|                                       | PO Box 10665, Merrillville, IN 4     | 6411   |                   | /                                   |
| Nothing herein contain                | ed shall vary, alter or extend any p | rovision or condition of   | f this bond exce  | pt as herein expressly stated.      |
| This rider is effective:              | July 16, 2019                        | WANTED THE PROPERTY OF THE PRO |                   |                                     |
| Signed and Sealed on:                 | July 16, 2019                        | _  |                   |                                     |
| Principal Name:                       | Olson Construction Management        | Services, LLC  | <u>-</u>          |                                     |
| Ву                                    | ·                                    | <del></del>  |                   |                                     |
| Surety Name:                          | The Ohio Casualty Insurance Co.      | mpany  |                   | NATY INSUS                          |
| Ву                                    | Ashley Rayn Rayn                     |  | (§                | 1919                                |